

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200247X466 SSID 8639974765

Eligible (AUT)

Student GOLDBERG SHAYELL I MI
Last First MI

Date of Birth: 30-OCT-2017

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 02-JUN-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 02-JUN-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 02-JUN-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 01-MAY-2023	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 02-JUN-2022	
Transition to Kindergarten to be conducted by: 01-MAY-2023	
Location of Meeting: ECSE Intake @ Melvin	District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 30-OCT-2017	Age: 4	Grade: -1
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student: <input type="radio"/> Yes <input type="radio"/> No	Ethnic Code: White
Location of the Psych Folder: SUPPORT UNIT NOF	Student has no Psych Folder: <input type="checkbox"/>	
Location of the Cum Folder:	Student has no Cum Folder: <input checked="" type="checkbox"/>	
Home Language:	Student Language:	Alternate Mode of Communication:
Home Address of Student: 5514 MASON AVE		
City: WOODLAND HILL CA	ZIP Code: 91367	
Home Telephone: (310) 925-6257	Daytime Telephone:	Emergency Telephone:
School of Attendance: Sp Ed Inf/Pre (1017)	Location Code: 1017	
School of Residence: Calvert Ces	Location Code: 2712	
Name of Parent/Guardian: Doron and Orly Goldb	Telephone:	
Address: same		
City: CA	ZIP Code:	
Surogate Parent:	Telephone:	
Attends CURRENT SCHOOL as a result of one of the following: Preschool Program		
Is the student living in a Family Foster Home (FFH)? <input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#	
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes	Relationship	
Licensed Children's Institution: <input checked="" type="radio"/> No <input type="radio"/> Yes	LCI Name	
	LCI#	
Out of the home placement made by: <input type="radio"/> Regional Center <input type="radio"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Other	
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes	

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Los Angeles Unified School District

Student **GOLDBERG**
Last

SHAYELL
First

I

Date of Birth 30-OCT-2017

MI Section C: Language Acquisition

Language Classification:

Start Date:

Withdrawal by Parent Request:

 Yes No

Reclassification Date:

ELPAC Performance Level and Performance Descriptor:

Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GOLDBERG SHAYELL I Date of Birth 30-OCT-2017 Meeting Date 02-JUN-2022
Last First MI

Section E: Present Level of Performance

Performance Area: Health and Development including Vision and Hearing
Category: Health
Assessment/Monitoring Process Used: Parent Interview; Record Review
State/District Assessment Results:

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

LAUSD Initial Health Assessment was completed by Teresa Bernaldo, RN, CSN on 03/31/2022 with information provided by the mother, Orly Goldberg and review of school health records.
HEALTH SUMMARY: Shayell is a four-year-five-month-old student born full-term without significant birth and newborn histories. Developmental milestones as reported by parent were delayed for motor skills and speech development. Student has Asthma with treating medication as needed and symptom includes coughing. Asthma is triggered by changes in weather. Shayell does not take any medication on a daily basis. No allergies to food. No recent history of accident, injury, surgery, or hospitalization. Unable to condition student for hearing screening on 03/31/2022. Audiologic Resource Unit (ARU) referral sent via email and school mail.
STRENGTH: Student eats a regular diet, self-feeds using utensils and hands, and drinks from a sipper cup. Shayell communicates by using words, pointing at the desired object, and pulling parent/adult. Student is toilet trained and walks independently. Shayell passed vision screening using Spot screener on 03/31/2022. Parent has no concern with student's hearing.
AREAS OF NEED: Student has Asthma and needs monitoring for respiratory problems. Parent reports that student at times overstuff the mouth with food during feeding.
IMPACT OF DISABILITY: Health does not impact student's participation, performance, and access to the educational program.
ACCOMMODATIONS/MODIFICATIONS: Trained staff to assist student with feeding to cut food into small bite-size pieces and remind to eat one piece at a time. Trained staff to observe for any respiratory problems such as coughing, wheezing, chest tightness, and shortness of breath, provide first aid as needed, and notify parent and School Nurse immediately.
Teresa Bernaldo, RN, BSN, Credentialed School Nurse
Early Childhood Special Education
03/31/2022
6/2/22 At the IEP meeting, Parent stated that child needs to be prompted and needs to be reminded to use the restroom every two hours, and is not fully toilet trained. JC

Performance Area:
Category:
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 box for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

Performance Area: Category: ▼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, Shayell's current functioning in cognition/general ability is estimated to be in the well below average based on performance on the MSEL and information gathered via observation and interview on the DP3.

Shayell's profile as examined on the MSEL reflects strengths in that he was able to complete a 4-piece formboard and stack blocks. Based on the DP3, as rated by parent, Shayell can point to at least 1 body part, when playing with a doll can demonstrate that it represents a living thing, name or point to at least 20 things seen in pictures, point correctly to at least two colors, make marks on a paper, and can correctly count up to 15.

Areas of need/challenge: Based on the DP3, as rated by parent, Shayell cannot use size words, copy a circular form, and is showing emerging skills in number concepts.

Potential factors impacting the validity of the findings include: limited joint attention and self-directed behaviors.

Educational Impact: A general ability/cognition impact was identified at this time.

Performance Area: Category: ▼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, Shayell's current functioning in school readiness is not developing as expected given the student's chronological age and school experience to date, based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Developmental Profile 3rd Edition (DP3).

Shayell's demonstrates strengths/relative strengths in general fund of information (identifying two body parts, distinguishing by colors and labeling colors), Pre-Mathematics (distinguishing by at least three shapes, concept of more, and rote counting), pre-reading (attending to pictures in a book, labeling items in a book), and pre-writing (experimenting with grasps in writing).

Areas of need/challenge were identified in general fund of information (labeling body parts, personal information), pre-mathematics (identifying shapes, labeling shapes, understanding number concepts), pre-reading (describing what is happening in a book), and pre-writing (imitating pre-writing lines).

Educational Impact: An academic performance/school readiness impact was identified at this time. Shayell's school readiness skills are not developing as expected given his limited school experience.

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Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

Section E: Present Level of Performance

Performance Area:

Category: ▼

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

The following is a summary of occupational therapy findings:

Student's areas of strengths: Shayell demonstrates functional neuromuscular skills to sit in a standard chair and transition between various postures independently. He demonstrates good range of motion to reach above his head for desired items, and good visual skills to navigate his environment to locate desired items. Parent reports Shayell can recognize his first name in print. He demonstrates a neat pincer grasp to pick up coins and deposit into a slot. He demonstrates an intact three jaw chuck grasp to pick up and stack six blocks. He demonstrates good hand and finger strength to pull open a Velcro closure, and intact bilateral coordination to expand a rapper snapper tube.

Student's areas of needs: Shayell demonstrates delayed sensory processing skills. Parent reports Shayell is continuously climbing furniture and fences. Additionally, parent reports Shayell is continuously seeking pressure and hugs. Per interview with Shayell's occupational therapist, Maggie Barnes, engagement is a primary concern for Shayell, impacting his goal achievement for medical based goals.

Impact of disability on academic and overall performance: Shayell's delays in sensory processing impact his ability to access his educational curriculum without the intervention of skilled school based occupational therapy.

Talia Cohen, M.S. OTR/L
LAUSD school based occupational therapist

Performance Area:

Category: ▼

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
Last
First
MIDate of Birth Meeting Date

Section E: Present Level of Performance

Performance Area: Category: ▼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, Shayell's social-emotional skills are found to be in the well below average range.

Based on observations, informal interviews, and the raters responses on formal rating scales, Student exhibits the following strengths: Per parent, he enjoys watching television and playing with dolls. He is able to engage in a preferred activity for up to 10 minutes with adult support. Per teacher comments, he is described as a loveable and good boy. Based on the DP3, as rated by parent, Shayell frequently shows interest in things or games other children like, can greet a familiar adult by reaching for a hug or a sound that indicates hello, expresses fondness for an adult who is seen less than weekly, shows that he knows what my means, and can name a friend whom he frequently spends time with.

Student evidences the following needs/challenges: Based on parent reports, Shayell has difficulty following directions, engaging in a non-preferred activity, and overall socialization. Per teacher reports, Shayell has difficulty following the routines of the class, needs adult assistance for most tasks, and engages in parallel play. Shayell will perseveratively play with dolls and line up objects and is showing emerging pretend play skills. Has difficulty with socialization/prefers to play alone and is bothered by loud noises. Based on the DP3, as rated by parent, Shayell cannot bring something to someone or someplace, keep busy or content for at least 15 minutes when engaged in an activity of his choice, does not express the desire for play time with peers, and prefers much of the time to play alone as opposed to playing with similar aged peers.

Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

Based on rating scales, both teacher and parent noted concerns has difficulty using appropriate verbal and non-verbal communication for social contact, engages in unusual behaviors, has difficulty relating to children and adults, has difficulty providing appropriate emotional responses to people in social situations, uses language in an atypical manner, engages in stereotypical behaviors, has difficulty tolerating changes in routine, overreacts to sensory stimulation, and has problems with inattention and/or motor and impulse control.

Educational Impact: A social emotional impact was identified at this time.

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Student
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Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

BACKGROUND: Shayell is a 4-years 5-months old child referred for a comprehensive evaluation and possible placement into a school based intervention program. Parents reported concerns about verbal language and overall communication. Per parent report, Shayell's primary language is Hebrew. Currently, Shayell receives speech and language services three times a week and occupational therapy once a week through the private insurance. Additionally, Shayell has a shadow when at school due to safety concerns.

STRENGTHS: Shayell is an active child with emerging communicative intent. He is a verbal child. In the area of expressive language, he is using more words than gestures to communicate and his vocabulary is growing. According to parents, Shayell uses words and physical manipulation (e.g. pulling, bringing items) and gestures (e.g., pointing) to communicate his wants and needs, to request, to refuse (e.g., walking away, pushing items away). He is able to produce verbalizations to label objects and actions, some colors, and some body parts (e.g., eyes, nose) spontaneously and when asked a question (e.g., What's this? What doing? What color?). However, Shayell's responding to verbal prompts and questions depends on his level of motivation and engagement in the activity. His spontaneous verbalizations are mostly single words. In terms of receptive language, Shayell demonstrated some non-verbal turn-taking, knowledge of cause and effect, goal directed behavior and knowledge of object function. Shayell followed simple one-step directions with repetitions, located objects in response to 'where' question and gave toys on verbal request often supported by prompts and redirection. He identified common objects in the environment and in pictures (e.g. show me the ball, show me the bird). In the area of pragmatic use of language, Shayell demonstrated some functional play (e.g. feeding baby dolls, building with blocks). Shayell displayed mostly solitary play. Cont. below

Performance Area: Category: ▼Assessment/Monitoring Process Used: State/District Assessment Results:

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

Cont. from above

AREAS OF CONCERN: Shayell's functional language is significantly limited and he typically uses 1- word utterances in his spontaneous output. Additionally, the number of communicative functions for which he uses verbal language is limited. At this time Shayell produces verbalizations mostly to greet and bid farewell to familiar people when prompted, to request and to refuse (e.g., 'no!') an object or action. He also relies excessively on preverbal means of communication (e.g., pointing and physical manipulation) to make requests. Shayell did not display appropriate eye contact, joint attention, non-verbal turn-taking or intentional communication skills during this assessment. Shayell consistently displayed self-directed behavior and engaged in self-directed play. Shayell did not engage in interactions with the assessors even briefly and did not respond to the attempts to involve him into associative or cooperative play. However, he tolerated sharing the play space well.

IMPACT ON EDUCATION: Based on parent report, clinical observation and assessment results, Shayell's functional communication skills are delayed and impact participation in a preschool setting.

Olia Shchepochkina M.A. CCC-SLP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

Section E: Present Level of Performance

Performance Area:

Category:

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, Shayell's self-help/adaptive behaviors are found to be in the well below average range.

Based on observations, informal interviews and the rater's responses on formal rating scales, Shayell evidences the following strengths: Shayell can drink from a sippy cup, look for and retrieve a toy that is at least 2 feet away, use a spoon or fork for feeding, and can take off his shoes or socks without help. At the IEP, parent shared that Shayell can now take off a loosely fitted shirt and put on slip on shoes. In addition, he is showing emerging skills in drinking from an open cup with some spilling.

Shayell evidences the following needs/challenges: Shayell cannot undo fasteners and put things away in at least three different places indicating knowledge of where things are kept. In addition, Shayell is not aware of dangers and does not respond to safety words. Furthermore, parent reported Shayell often climbs furniture, fence, and has a high tolerance for pain. Parent's responses on the Adaptive Behavior Composite (ABC), which provides an overall summary measure of Shayell's adaptive functioning, were within the Low range, indicating well below age expected self-help skills.

Educational Impact: A self-help/adaptive behavior impact was identified at this time.

Performance Area:

Category:

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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Los Angeles Unified School District

Student
Last

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MI

Date of Birth

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Section F: Eligibility

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

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

For Initial IEP, interventions attempted prior to determining eligibility:

Parent Referral- Private preschool
Private Speech- 3 x wk, 45 mins each session
Ot- 45 mins 1 x wk

Eligible as a student with the disability of:

Code:

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

- Social Maladjustment
- 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

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Shayell will stay involved in a teacher-selected activity , on at least 3 occasions during a school day, for 3 consecutive days.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shayell will stay involved in a teacher-selected activity , with maximal adult support, on at least 3 occasions during a school day, for 3 consecutive days.

Incremental objective #2 related to the goal:

Shayell will stay involved in a teacher-selected activity , with moderate adult support, on at least 3 occasions during a school day, for 3 consecutive days.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

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Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2022**

Section G: Annual Goals and Objectives

Performance Area: **Social Emotional Dev** Category: **Social Emotional Dev** Annual Goal #: **2**

Shayell will play cooperatively with one other child (taking turns, sharing, etc.) for at least 5 minutes, on 4 occasions during a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shayell will play cooperatively with one other child (taking turns, sharing, etc.) for at least 3 minutes, with maximum teacher prompts and guidance (5-6 times) on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Shayell will play cooperatively with one other child (taking turns, sharing, etc.) for at least 4 minutes, with moderate teacher prompts and guidance (3-4 times) on 4 occasions during a school week.

Date to be achieved: **October** **2022** MO/YR

Date to be achieved: **February** **2023** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Meeting Date **02-JUN-2022**

Section G: Annual Goals and Objectives

Performance Area: **Social Emotional Dev** Category: **Social Emotional Dev** Annual Goal #: **3**

When given a teacher selected, non-preferred task, Shayell will go without verbal or physical protest, then will stay on task, with minimal non-verbal prompts (1-2 times), for 5 minutes at a time in 4 of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a teacher selected, non-preferred task, Shayell will go with minimal verbal or physical protest, then will stay on task, with maximum verbal and non-verbal prompts (5-6 times), for 3 minutes at a time in 4 of 5 opportunities.

Incremental objective #2 related to the goal:

When given a teacher selected, non-preferred task, Shayell will go with minimal verbal or physical protest, then will stay on task, with moderate verbal and non-verbal prompts (3-4 times), for 4 minutes at a time in 4 of 5 opportunities.

Date to be achieved: **October** **2022** MO/YR

Date to be achieved: **February** **2023** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GOLDBERG**
Last

SHAYELL
First

I
MI

Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2022**

Section G: Annual Goals and Objectives

Performance Area: **Social Emotional Dev** Category: **Social Emotional Dev** Annual Goal #: **4**

On a daily basis, Shayell will practice classroom safety rules (e.g. stay in the designated area and not elope from the classroom, use classroom tools appropriately, keep hands to self, respond to name to stop, and refrain from mouthing non food items) with minimal teacher prompts (1-2 times), at least 80% of the time in 4 of 5 days per week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

On a daily basis, Shayell will practice classroom safety rules (e.g. stay in the designated area and not elope from the classroom, use classroom tools appropriately, keep hands to self, respond to name to stop, and refrain from mouthing non food items) with maximum teacher prompts and guidance (5-6 times), at least 60% of the time in 3 of 5 days per week.

Incremental objective #2 related to the goal:

On a daily basis, Shayell will practice classroom safety rules (e.g. stay in the designated area and not elope from the classroom, use classroom tools appropriately, keep hands to self, respond to name to stop, and refrain from mouthing non food items) with moderate teacher prompts and guidance (3-4 times), at least 70% of the time in 3 of 5 days per week.

Date to be achieved: **October** **2022** MO/YR

Date to be achieved: **February** **2023** MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Student will use a multimodal communication system (signs, words, word approximations, gestures, etc.) to greet, request, label, respond to communicative bids of others and/or answer simple questions that are familiar or part of a routine on 7/10 occasions throughout the school day given minimal-moderate models, prompting and cues.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Student will use a multimodal communication system (signs, words, word approximations, gestures, etc.) to greet, request, label, respond to communicative bids of others and answer simple questions that are familiar or part of a routine on 5/10 occasions throughout the school day given maximal models, prompting and cues.

Incremental objective #2 related to the goal:

Student will use a multimodal communication system (signs, words, word approximations, gestures, etc.) to greet, request, label, respond to communicative bids of others and/or answer simple questions that are familiar or part of a routine on 6/10 occasions throughout the school day given maximal-moderate models, prompting and cues.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

To demonstrate improved sensory processing skills, following the use of sensory strategies, Shayell will participate in a teacher led table top activity with improved regulation, to completion of the activity, with minimal verbal/visual/tactile cues (1-2), 4/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To demonstrate improved sensory processing skills, following the use of sensory strategies, Shayell will participate in a teacher led table top activity with improved regulation, to completion of the activity, with maximum verbal/visual/tactile cues (5+), 2/5 opportunities.

Incremental objective #2 related to the goal:

To demonstrate improved sensory processing skills, following the use of sensory strategies, Shayell will participate in a teacher led table top activity with improved regulation, to completion of the activity, with moderate verbal/visual/tactile cues (3-4), 3/5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

To improve visual motor skills and motor planning, Shayell will be able to imitate pre-writing shapes such as vertical lines, horizontal lines, circle and cross 3/4 opportunities with mod. assistance.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To improve visual motor and motor planning, Shayell will be able to imitate pre-writing shapes such as vertical lines, horizontal lines, circle and cross 1/4 opportunities with max. assistance.

Incremental objective #2 related to the goal:

To improve visual motor and motor planning, Shayell will be able to imitate pre-writing shapes such as vertical lines, horizontal lines, circle and cross 2/4 opportunities with mod. assistance.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

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: - Visual support

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last GOLDBERG

SHAYELL

I MI

Date of Birth 30-OCT-2017

Meeting Date 02-JUN-2022

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 informal translation? Yes No Select Preferred Language:

Is the parent/guardian requesting official translation? Yes No Select Preferred Language: Hebrew

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined:
Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required.
Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services.
Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4.
Compensatory education consideration was documented on IEP dated

Recoupment Services Consideration:

- The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined:
Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended.
Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).
Recoupment services consideration was documented on IEP dated

- Preschool Only Consideration (Transition IEP)
30-Day IEP Consideration (Out-of-District)
Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last: GOLDBERG, First: SHAYELL, MI: I

Date of Birth: 30-OCT-2017

Meeting Date: 02-JUN-2022

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Includes entries for J. Cho on 31-MAR-2022 and J. Cho on 10-MAY-2022.

I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)

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

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

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional Setting Specify
Services Specify

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

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

Parent Concerns and Comments

Signature(s)

Signature(s)

Date

- Parent (checked), Guardian, Student age 18-21 years age 18-21 years, Surrogate Parent, Emancipated Minor, Foster Parent

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

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

Signature(s)

Signature(s)

Date: 2-JUN-2022

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.

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Doron Goldberg- via Zoom"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Orly Goldberg- via Zoom"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Rebecca Bismejian - School Psychol"/>	<input type="text" value="Rebecca Aroch Bismejian"/>
Special Education Teacher	<input type="text" value="Joanne Cho- TSF"/>	<input type="text" value="Joanne Cho"/>
General Education Teacher	<input type="text" value="Rina Duarte- via Zoom"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Judy Taur"/>	<input type="text" value="J"/>
Related Service Staff <input type="text" value="Speech-Language Pathologist"/>	<input type="text" value="Olia Shchepochkina M.A. CCC-SLF"/>	<input type="text" value="Olga Shchepochkina"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text" value="Nadav Halevy- via Zoom"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="ABA Provider"/>	<input type="text" value="Rita Izralson- via Zoom"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GOLDBERG**
Last

SHAYELL
First

I
MI

Date of **30-OCT-2017**
Birth

Meeting **02-JUN-2022**
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. After reaching the Step that indicates YES, it is also required to complete Step F.

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

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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?
	<input type="radio"/> Yes <input type="radio"/> No If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **GOLDBERG**
Last

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Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2022**

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

Student **GOLDBERG**
Last

SHAYELL
First

I
MI

Date of Birth **30-OCT-2017**

Meeting Date **02-JUN-2022**

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):	
	<input type="checkbox"/>	Diminished access to the full range of the curriculum
	<input type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input type="checkbox"/>	Lack of opportunity for social interaction
	<input type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP FAPE Part 1 - Eligibility, Placements and Supports

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text" value="15-AUG-2022"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text" value="District Non-Resident School"/>
	Name of School	<input type="text" value="WILBUR CEA"/>	<input type="text" value="SHIRLEY AVE EL"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text" value="General Education"/>
	Program	<input type="text" value="PAL"/>	<input type="text" value="UTK/CC"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Cognitive Dev),2(Social Emotional Dev),3(Social Emotional Dev),4(Social Emotional Dev),5(Pragmatics),6(sensory processing)"/>	<input type="text" value="1(Cognitive Dev),2(Social Emotional Dev),3(Social Emotional Dev),4(Social Emotional Dev),5(Pragmatics),6(sensory processing)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="Home to School"/>	<input type="text" value="Home to School"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="Home to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning; sensory strategies as needed"/>	<input type="text" value="Check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning; sensory strategies as needed"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text" value="Trained staff to assist student with feeding to cut food into small bite-size pieces and remind to eat one piece at a time. Trained staff to observe for any respiratory problems such as coughing, wheezing, chest tightness, and shortness of breath, provide first aid as needed, and notify parent and School Nurse immediately."/>	<input type="text" value="Trained staff to assist student with feeding to cut food into small bite-size pieces and remind to eat one piece at a time. Trained staff to observe for any respiratory problems such as coughing, wheezing, chest tightness, and shortness of breath, provide first aid as needed, and notify parent and School Nurse immediately."/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		

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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 **GOLDBERG** **SHAYELL** **I**
 Last First MI

Date of Birth **30-OCT-2017** Meeting Date **02-JUN-2022**

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective with Future Changes	15-AUG-2022
10	End Date:		
Language/Speech	Service applies to:		Regular
	Frequency:		1-5
This service addresses the following goals:	Interval:		Weekly
5(Pragmatics)	Minutes/Interval:		30
	Minutes/Interval (Pullout from Gen Ed):		0
	Service Delivery Model:		Direct Service (Collaborative)**
	Area:	School-Based	
	Responsible Personnel:		Licensed/Credentialed Provider
**			
Service 2	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
5(Pragmatics)	Minutes/Interval:	30	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	

	Responsible Personnel:	Licensed/Credentialed Provider	
		Other Provider(s)	

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	<input type="text" value="85"/>	

Part 4 - Additional Discussion (This section is optional)

Shayell was referred by parent for Preschool Assessment. An eligibility was determined based on in person LAUSD Assessment. Shayell will receive educational and related services.

For the Remainder of the 2021-22 School Year:

A range of program options was discussed. Based on Shayell's current needs, the IEP team recommends Preschool for All Learner's class (PAL). The Preschool for All Learners is an educationally-based specialized program that operates 4 hours and 30 minutes, 5 days a week. The preschool curriculum is delivered through evidence-based practices.

Shayell's goals, included in the IEP, will be supported in an integrated model by a multidisciplinary onsite team comprised of an early childhood special-education teacher, district special-education assistants, and a speech-language pathologist. The Speech Language Pathologist will provide 2 hours of support in the classroom each week.

For the 2022-23 School Year:

A range of program options was discussed. Based on Shayell's current needs, the IEP team recommends the Universal Transition Kindergarten (UTK) and Collaborative (CC) class. The UTK/CC class is an educationally based inclusive program that operates 6 hours a day, 5 days a week. The preschool curriculum is delivered through evidence-based practices.

Shayell' goals, included in the IEP, will be supported by a collaborative team comprised of a credentialed teacher, an early childhood special education teacher, special education assistant, and general education classroom assistant. If any additional related services are needed to access this program, they are noted above

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.

For IEP Team Information

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

**INDIVIDUALIZED EDUCATION PROGRAM
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)**

Los Angeles Unified School District

Attachment B

Student: HAYELL I. GOLDB

Date
of
Birth: 30-OCT-2017Meeting
Date: 02-JUN-2022

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.

