

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200013X442

Eligible (ID)

Student GURVITCH MEIR L
Last First MI

Date of Birth 10-JUN-2015

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, location (Shenandoah), and district name (Los Angeles Unified School District).

Section B: Student Information

Date of Birth 10-JUN-2015 Age 2 Grade -1 Gender Male Limited English Proficient Student Yes No

Ethnic Code White

Location of the Psych Folder: SUPPORT UNIT CENTRAL WEST Student has no Psych Folder: []

Location of the Cum Folder: Student has no Cum Folder: [x]

Home Language Student Language

Alternate Mode of Communication

Home Address of Student 1428 S SHERBOURNE DR

City LOS ANGELES CA ZIP Code 90035

Home Telephone (424) 382-1176 Daytime Telephone 213-422-1176 Emergency Telephone 310-904-3630

School of Attendance Sp Ed Inf/Pre (1017) Location Code 1017

School of Residence Crescent Hts Bl El Mg Location Code 3288

Name of Parent/Guardian Sarah and Yosef Gurvitch Telephone (424) 382-1176

Address

City CA ZIP Code

Surrogate 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)? 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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section C: Language Acquisition

Language Classification: Start Date: Reclassification Date:

Parent Waiver: Yes No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
5. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
6. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
7. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
8. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
9. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
10. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GURVITCH

MEIR

L

Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Perceptual Motor Function and Object Control

Assessment/Monitoring Process Used: PSMA, CARE-R, Parent Interview and Observation

State/District Assessment Results:

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

This information is based on Meir's initial Adapted Physical Education assessment completed on April 27, 2018, at Shenandoah St. Elem. School. Meir was 2.10 years old at the time of the assessment. (Please see his health report regarding his diagnoses of Down Syndrome and hypothyroidism).

Areas of Relative Strength: Based on assessment results, in the area of Perceptual Motor Function, Meir stands on his tip-toes 5-6 seconds with support. He independently climbs in and out of a child size chair. In the area of Object Control, Meir stops a rolled ball with his hands from a sitting position on the floor.

Areas of Need: In the area of Perceptual Motor Function, Meir is unable to balance on 1 foot for 1 second or consistently imitate gross motor movements. In the area of Locomotor Skills, Meir was observed to walk around the classroom with an immature pattern avoiding the obstacles such as furniture. He is unable to run or jump and he doesn't yet bounce his knees in preparation to jump. (He is not developmentally at a level to run and jump). Stairs are challenging for Meir. In the area of Object Control, he rolls the ball in a random direction (not in the direction of this assessor). He pushes a 7 inch ball from his chest with both hands to throw it; not throwing the ball overhead or underhand with both hands. Meir does not trap-catch the 7 inch ball dropped into his hands at chest level; however, he grasps it with both hands. In the task of kicking, Meir either walks into the ball or quickly and softly push kicks it with his foot. Observe for safety during activities.


Impact of the Disability on Academic and Educational Performance: Meir's intellectual disability (ID) and the delays in his gross motor skills will impact his ability to safely and successfully participate in a general education gross motor curriculum.

Kathy McCool-Adapted Physical Education Teacher

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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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GURVITCH

MEIR

L

Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Communication

Assessment/Monitoring Process Used: REEL-3, Parent interview, Observation

State/District Assessment Results:

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


Background: This is an initial/transitional comprehensive evaluation including a speech and language assessment to determine if Meir is eligible for special education services. This referral was made by Westside Regional Center due to concerns about his overall development.

Areas of Strength: Meir presents with borderline receptive language skills. Receptively, mom reported that he is able to do simple requests (?Give me five!?), listens and seems interested when someone talks to him, say/imitate social greetings, understand new words each week, recognize the mood of most speakers, points to pictures or objects named by others, anticipate what will happen in familiar routines, point to major body parts on himself, understands about certain toys in the other room, enjoys listening to nursery rhymes/finger play/songs, performs actions without gestural cues, follows commands such as ?give it to her.?, understands the meaning of most objects and actions talked about or shown in pictures and points to pictures involving five simple actions. Expressively, mom reported that Meir responds to his name when called, uses word-like expressions so he appears to be naming some things in his language, makes noises while his body is still, plays games such as ?pat-a-cake?, uses the same word forms so you can recognize that he associates them with certain situations, uses exclamations such as ?Uh-oh?, starts games such as ?peekaboo?, gestures and uses a firm voice when he wants others to get something or do something, says some words the same way each time so most people who hear him understand what those words mean, frequently responds to songs or rhymes by vocalizing or trying to sing along or talk, tries to get others attention when they are not paying attention, sometimes shows frustration when not understood and tell that he needs help with personal needs.

Performance Area: Communication Cont.

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: His articulation skills should be monitored as his expressive language skills increase. Meir was non-verbal throughout the assessment time. He presents with borderline receptive language skills and below average expressive language skills. He has difficulty imitating what he hears, using nonsense words in sentences or phrases, making noises that begin with ?t-ah?/?p-ah?/?k-ah?, combining words with gestures to let you know he wants something, using real words while talking, greeting and saying good-bye to people with words such as ?hi? and ?bye?, using real words and gestures when talking with others, having names for all his favorite toys/foods/pets, repeating or practicing certain words he seems to like, using about 50 words, using 2-word sentence or phrase such as ?Throw ball?, saying at least two new words each week, trying to tell what has happened to him using real words, using words such as ?I?, ?it? or ?my?, referring to himself by his name, using words ending in ?ing, telling where something might be using prepositions, using plurals, using complicated sentences and using words that tell about color and size.

Impact of Disability: Meir's receptive and expressive language delays impact his ability to communicate effectively with teachers and peers and participate in a general education curriculum.

Alissa Marshak, M.S., CCC-SLP

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Health and Development

Assessment/Monitoring Process Used: Vision and Audio Screening, parent interview, observation

State/District Assessment Results:

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

Birth and Developmental History: Pregnancy was medically uneventful until full term, during delivery there were some concerns about his heart rate and he had respiratory difficulties at birth. He remained in the NICU for 4 days for oxygen and monitoring and was discharged home in good health without any treatments. Developmental milestones as reported by parent: he sat at 8 months, did not crawl, walked at 24 months, he is not using any words at all but makes sounds. He is not toilet trained and wears diapers. He is not fully aware of common dangers within his environment and parent reports he will wander/run away.

Health Summary: He is diagnosed with Down Syndrome and Hypothyroidism. He takes daily medication for hypothyroidism. He has a history of overstuffing his mouth and holding food in his mouth that has caused him to choke. Parent reports she cuts his food into small pieces.

Strengths: Meir is in good general health. He passed the Spot Screener vision screening on 5/22/18. There were no valid results for the Audio Screening on 5/22/18 and has been referred to ARU for further testing. Parent reports no concerns regarding his hearing and he responds when his name is called. He eats a regular diet and is a selective eater. He is capable of using utensils to feed himself but uses his fingers or prefers to have parent feed him. He can drink from a sippy cup. He is able to communicate his needs using some signs and pulling. He is alert, active and ambulatory.


Areas of need: There are no areas of health to be addressed.

Impact of disability: His diagnosis of Down Syndrome adversely impacts his ability to access, participate and progress in the educational program.

Performance Area: Health continued

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Accommodations: None based on health. Trained school staff will assist him with his toileting needs: diaper changes. Trained school staff will assist him with the use of utensils when feeding and will monitor closely and observe choking precautions (child should be seated when eating, cut food into small pieces).

Health Assessment conducted by Christine Odom, RN on 5/22/18

Per IEP dated 5/30/18, Father reports that Meir is not able to use utensils nor eat independently (he tends to play or throw food). Meir needs assistance and supervision during the eating process.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GURVITCH

MEIR

L

Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Fine Motor, Visual Motor, Sensory Modulation

Assessment/Monitoring Process Used: Formal, informal, observation, parent interview

State/District Assessment Results: n/a

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


Student's areas of strengths:

Meir presents with many relative strengths. He can maintain an upright posture when seated, transitions between positions (i.e. seated to standing) independently, and access all areas of the school campus. Meir has adequate range of motion to reach items above his head or on the floor. He has adequate praxis to complete routine classroom activities and sequence classroom tasks with minimal to maximum verbal cues to initiate and maintain participation in tasks. He has adequate tactile discrimination to tolerate input in the classroom environment and manipulate items within his hands (school tools such as pencils and scissors). He has intact foundational visual motor skills to locate items and use them appropriately. He has intact fine motor skills to manipulate and use classroom tools such as pencils, crayons, scissors and toys. He is able to sit and attend to an academic task for 2-5 minutes with appropriate task participation.

Performance Area: Fine Motor, Visual Motor, Sensory Modulation continued

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Student's areas of need:

School-based occupational therapy identifies and works to remediate and/or accommodate deficits of the underlying foundational performance components and body structures that would impact the development of functional visual processing and neuromuscular, fine, visual motor, and sensorimotor skills necessary for a student to successfully access an educational program, and would otherwise fall outside a teacher's area of expertise. At this time, Meir does demonstrate deficits in the area of fine motor skills that would require the support of school occupational therapy. He will benefit from participation in a preschool program where he is exposed to age appropriate educational activities that will encourage the continued development and continued refinement of his motor skills.

Impact of student's disability on academic and overall performance:

Meir's eligibility does impact skills as they relate to accessing his academic program at this time.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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MEIR

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Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Cognition

Assessment/Monitoring Process Used: Standardized Test, Observation, Interview, Review of Record

State/District Assessment Results:

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

Overall, Meir's current functioning in cognition/general ability is estimated to be in the well-below average range based on performance on the Mullen Scales of Early Learning (MSEL) and information gathered via observation and interview on the Adaptive Behavior Assessment System - Third Edition (ABAS 3).

Meir's profile as examined on the MSEL reflects comparatively stronger skills in receptive language and more significant impairment in visual reception, fine motor and expressive language.


Potential factors impacting the validity of the findings include: None.

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

Performance Area: School Readiness Skills

Assessment/Monitoring Process Used: Standardized Test, Observation, Interview, Review of Record

State/District Assessment Results:

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

Overall, Meir'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 Adaptive Behavior Assessment System - Third Edition (ABAS 3).

Meir demonstrates strengths in identifying body parts, clothing items, attending to pictures in book and making marks on paper with a crayon or pen/pencils.

Areas of need/challenge were identified in general fund of information, pre-mathematics, pre-reading, and pre-writing.

Educational Impact: An academic performance/school readiness impact was identified at this time.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Communication Skills

Assessment/Monitoring Process Used: Standardized Test, Observation, Interview, Review of Record

State/District Assessment Results:

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

Meir's home language is English and Hebrew. He was assessed in English given parent's report that he understands both languages evenly.

Overall, Meir's language skills are found to be below age expectations.

Based on the rater's responses on the ABAS 3, Meir evidences the following strengths: He looks up or smiles when someone says his name or talks to him, laughs when another person laughs, shakes head for 'no' or 'yes', and points to common items in a room when asked. The parent reported Meir is able to lower or raise his voice to express different feelings or needs. The teacher reported Meir can sign names of objects.


Meir evidences the following needs/challenges: He is still learning to use words to express his wants, needs, feelings and ideas, name objects, colors and shapes, and to follow one-step directions that include 'over' and 'under'. Per language and speech and MSEL assessment results, Meir exhibits delays in receptive and expressive language skills.

Educational Impact: A communication impact was identified at this time.

Performance Area: Motor Skills

Assessment/Monitoring Process Used: Standardized Test, Observation, Interview, Review of Record

State/District Assessment Results:

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

Overall, Meir's motor skills are found to be below age expectations.

Based on the rater's responses on the ABAS 3 (Motor), Meir evidences the following strengths: He walks independently for at least 5 steps without falling, bends over to pick up things from the floor, uses two hands to handle objects, and picks up small, flat objects from a table.

Meir evidences the following needs/challenges: Meir is still learning to run without falling, draw a straight line or color within the lines. Per OT assessment results, Meir demonstrates deficit in the area of fine motor skills. Per APE assessment results, his gross motor skills are delayed.

Educational Impact: A gross motor skill impact was identified at this time.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GURVITCH

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L

Date of Birth 10-JUN-2015


Meeting Date 30-MAY-2018

Section E: Present Level of Performance

Performance Area: Social and Emotional Functioning

Assessment/Monitoring Process Used: Standardized Test, Observation, Interview, Review of Record

State/District Assessment Results:

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

Overall, Meir's social emotional status is found to be within age expectations.

Based on observations, informal interviews and the rater's responses on formal rating scales, Meir evidences the following strengths: He smiles when he sees a parent or teacher, displays closeness to his parents, laughs when he is delighted, shows a sense of humor, chooses a game during playtime, and responds differently to familiar and unfamiliar people.


Meir evidences the following needs/challenges: He is still learning to consistently imitate adult actions, follow adult rules, seek friendship with peers, share toys with others, say 'thank you or please', join group of children in games or play group games, and engage in imaginary plays.

Educational Impact: A social and emotional status impact was not identified at this time. Below age level behaviors mentioned above are related to his well below average cognition and severe language delay, and not due to a true deficit in his social and emotional functioning.

Performance Area: Self-Help Skills

Assessment/Monitoring Process Used: Standardized Test, Observation, Interview, Review of Record

State/District Assessment Results:

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

Overall, Meir's self-help/adaptive behavior is found to be in the well below average range.

Based on the rater's responses on the ABAS 3, Meir evidences the following strengths: Meir drinks from a cup, feeds himself with finger foods, eats with a spoon or fork, sits still when adult wipes or washes his hands or face, select or uses books or toys, and helps puts toys away.

Meir evidences the following needs/challenges: He is still learning to take off his shoes, wash his hands, indicate his need to use the toilet, show concern when he spills something, go to his assigned chair when he arrives at school, show, point or tell adults his injury spot on his body, tell adults if he is not feeling well, avoid dangerous things or playing with dangerous things, stay within sight of teacher, and refrain (or refrain consistently) from putting objects or toys in mouth.

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


INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **Date of Birth** **Meeting Date**

Section E: Present Level of Performance

Performance Area:	<input type="text" value="Access/ Mobility"/>
Assessment/Monitoring Process Used:	<input type="text" value="Observation, HELP, Bayley Scales of Infant and Toddler Development"/>
State/District Assessment Results:	<input type="text" value="NA"/>

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

Meir is a 34 month old who was referred to the LAUSD Preschool Assessment Team by Regional Center due to developmental delays.

Testing results include:
 The Hawaii Early Learning Profile (HELP) Gross Motor Strands (Birth to 3) where Meir's gross motor skills fall approximately at the 16-20 month age-range.
 Bayley Scales of Infant and Toddler Development: Meir presents at about the 16 month level.

Student's areas of strengths: Meir presents with functional range of motion and strength for all unassisted sitting and standing activities in the classroom. He is able to sit with erect posture intermittently and reach outside his base of support while sitting on the floor and in a standard preschool chair. He can perform all floor transitions without assistance and transitions from floor sitting to standing using a bear crawl position. He can ambulate around a classroom transitioning from carpet to tile navigating around desks, chairs, and adults with good balance and boundary awareness. He can transition out of a classroom down a ramp and walk >100 feet without assistance over uneven surfaces. Meir can walk on an apparatus and slide down an apparatus slide with 2 handheld assistance and minimum assistance for safety when no peers are present.


Student's areas of need: Meir presents with decreased dynamic standing balance requiring close supervision and upper extremity support to access stairs, apparatus and crowded areas. Meir will benefit from daily repetition and practice in a preschool environment to improve his ability to access stairs with upper extremity support and to access apparatus and crowded areas when peers are present.

Impact of student's disability on academic and overall performance:

Meir's eligibility is to be determined, but his diagnosis of Down Syndrome, and his need for supervision and upper extremity support to access apparatus and stairs, impacts his involvement and progress in the general education curriculum.

Natalie Spiteri, PT, DPT, PCS
 LAUSD Doctor of Physical Therapy

Performance Area:	<input type="text"/>
Assessment/Monitoring Process Used:	<input type="text"/>
State/District Assessment Results:	<input type="text"/>

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

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GURVITCH

MEIR

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Date of Birth 10-JUN-2015

Meeting Date 30-MAY-2018

Section F: Eligibility

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

Health, General Ability, Academic Performance, Language Function, Motor Abilities, Social Emotional Status, Self-Help

For Initial IEP, interventions attempted prior to determining eligibility:

He currently attends the UCLA Intervention Program 3 days weekly for 3 hours daily. He has been going there since April 2017.

Eligible as a student with the disability of:

Code: ID

Intellectual 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).

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:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Social Maladjustment | <input checked="" type="checkbox"/> Temporary Physical Disability | <input checked="" type="checkbox"/> Lack of instruction in reading |
| <input checked="" type="checkbox"/> Lack of instruction in math | <input checked="" type="checkbox"/> Limited English Proficiency | <input checked="" type="checkbox"/> Environmental, Cultural or Economic Factors |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Meir will use a variety of communication strategies (e.g., vocalizations, pointing, gestures, signs, pictures, word approximations, etc.) to express his wants, needs or answer questions, with moderate prompts, with 70% accuracy in 3/5 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:

Meir will use a variety of communication strategies (e.g., vocalizations, pointing, gestures, signs, pictures, word approximations, etc.) to express his wants, needs or answer questions, with maximum prompts and modeling, with 50% accuracy in 3/5 opportunities.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Meir will use a variety of communication strategies (e.g., vocalizations, pointing, gestures, signs, pictures, word approximations, etc.) to express his wants, needs or answer questions, with moderate prompts and modeling as needed, with 60% accuracy in 3/5 opportunities.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

On request with prompts and tactile cues, Meir will imitate 4 out of 5 gross motor warm-up movements or tasks.

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:

On request and with assistance as needed, Meir will imitate 2 out of 5 warm-up movements or tasks.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

On request and with moderate assistance, Meir will imitate 3 out of 5 warm-up movements or tasks.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Object Control and Perceptual Motor:

On request, with a demonstration, Meir will independently maintain balance for 1-2 seconds while kicking a stationary 7-8 inch ball, 3 out of 5 times.

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 moderate support, Meir will maintain balance for 1 second while push-kicking a stationary 7-8 inch ball, 3 out of 5 times.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

With minimal support, Meir will maintain balance for 1 second while kicking (with mild leg swing), a stationary 7-8 inch ball, 3 out of 5 times.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

To demonstrate improved fine motor skills, Meir will trace pre-writing shapes with 75% accuracy within 1 cm using a functional grasp.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

To demonstrate improved fine motor skills. Meir will trace pre-writing shapes with 25% accuracy within 1 cm using a functional grasp.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

To demonstrate improved fine motor skills, Meir will trace pre-writing shapes with 50% accuracy within 1 cm using a functional grasp.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

In collaboration with classroom staff, Meir will safely ascend/descend 4-5 apparatus steps with 1 handrail with typical supervision for safety with peers present, 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

Incremental objective #1 related to the goal:

In collaboration with classroom staff, Meir will safely ascend/descend 4-5 apparatus steps with 1 handrail with stand by assistance for safety with peers present, 2/5 opportunities.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

In collaboration with classroom staff, Meir will safely ascend/descend 4-5 apparatus steps with 1 handrail with stand by assistance for safety with peers present, 3/5 opportunities.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

In collaboration with classroom staff, Meir will demonstrate improved ability to access his campus and playground environment as evidenced by his ability to safely ambulate >300 feet on uneven surfaces keeping pace with his peers during classroom transitions with typical supervision, 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

Incremental objective #1 related to the goal:

In collaboration with classroom staff, Meir will demonstrate improved ability to access his campus and playground environment as evidenced by his ability to safely ambulate >100 feet on uneven surfaces keeping pace with his peers during classroom transitions with typical supervision, 4/5 opportunities.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

In collaboration with classroom staff, Meir will demonstrate improved ability to access his campus and playground environment as evidenced by his ability to safely ambulate >200 feet on uneven surfaces keeping pace with his peers during classroom transitions with typical supervision, 4/5 opportunities.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Meir will play with 5 different toys independently in the way in which they were intended, e.g. putting the pieces in Mr. Potato Head; flattening, rolling and using cookie cutter shapes in play dough; building blocks; etc. with minimal support 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:

Meir will play with 2 different toys independently in the way in which they were intended, e.g. putting the pieces in Mr. Potato Head; flattening, rolling and using cookie cutter shapes in play dough; building blocks; etc. with maximum support in 3 out of 5 opportunities.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Meir will play with 3 different toys independently in the way in which they were intended, e.g. putting the pieces in Mr. Potato Head; flattening, rolling and using cookie cutter shapes in play dough; building blocks; etc. with moderate support in 4 out of 5 opportunities.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Meir will match two items independently (objects or pictures) that are the same in some way, 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:

Meir will match two items (objects or pictures) that are the same in some way, in 3 out of 5 opportunities, with adult prompting.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Meir will match two items (objects or pictures) that are the same in some way, in 4 out of 5 opportunities, with adult prompting.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Meir will maintain participation in a teacher-directed activity for up to 5 minutes with minimal support 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:

Meir will maintain participation in a teacher-directed activity for 3 minutes with moderate support in 4 out of 5 opportunities.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Meir will maintain participation in a teacher-directed activity for 3-5 minutes with minimal support in 4 out of 5 opportunities.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Meir will play cooperatively with one other child for at least 10 minutes, on 4/5 occasions.

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:

Meir will play alongside another child, with at least 3 interactions, for at least 5 minutes, on 4/5 occasions, with moderate support.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Meir will play cooperatively with one other child for at least 5 minutes, on 4/5 occasions, with minimal support.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **Date of Birth** **Meeting Date**

Section 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)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	GURVITCH	MEIR	L	Date of Birth	10-JUN-2015	Meeting Date	30-MAY-2018
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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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student GURVITCH MEIR L Date of Birth 10-JUN-2015 Meeting Date 30-MAY-2018

Section Q: Parent Participation and Consent

Table with 2 main columns: Parent Participation and Parent Notification. Includes radio button options for meeting attendance and a table for notification details (Method, Whom, When).

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.

- Radio button options for agreement: 'AGREES to all components of the IEP.' and 'AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:' followed by checkboxes for Assessment, Eligibility, Instructional Setting, and Services.

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

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

Parent Concerns and Comments

Large empty box for Parent Concerns and Comments.

Signature(s) / Date 08-JUN-2018. Radio button options: 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

Checkmark: 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 30-MAY-2018

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

Handwriting lines for providing feedback.

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

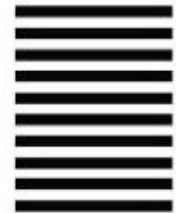


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 513307
LOS ANGELES CA 90099-4093



PARENT INPUT SURVEY
English



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Sara Gurvitch"/>	
Parent/Guardian	<input type="text" value="Yosef Gurvitch"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text"/>	
Administrative Designee	<input type="text" value="Alex Sage"/>	
Special Education Teacher	<input type="text" value="Anne Petersen"/>	
General Education Teacher	<input type="text" value="Rachel Braude"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Phyllis Ross"/>	
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Susan Ramirez"/>	
Related Service Staff <input type="text" value="APE"/>	<input type="text" value="Kathy McCool"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

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

Student's Current Placement Type:

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

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

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

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

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

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	08-JUN-2018	
Eligibility: (from Page 4)	Eligible (ID)		
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	CANFIELD AVE EL	
Instructional Setting	Setting	Special Education	
	Program	PAL	
	Special Day Minutes/Wk	1350	
	Addresses Goals	2(Perceptual Motor),3(Object Control),1(Communication),4(Fine Motor),8(Pre-academic),9(Pre-academic),7(Functional Play),10(Social/Emotional),5(Access/ Mobility),6(Access/ Mobility)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	Positive reinforcement; predictable routines; preferential seating; redirection; repetition; visual/verbal cues; rephrase prompts; physical/sensory breaks; establish routine for activities and transitions; modeling of age-appropriate socialization skills	//
	Instructional Modifications		//
	Other Supports, including Non-Academic and Extra-curricular Activities	Trained school staff will assist him with the use of utensils when feeding and will monitor closely and observe choking precautions (child should be seated when eating, cut food into small pieces).	//
Preparation for Three Year Review IEP (At	Do the Parent and the District (local	Yes <input type="radio"/> No <input type="radio"/>	

the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	educational agency) agree that a reassessment is unnecessary?		
	If the Parent does not agree, specify the area(s) to be reassessed.		
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education			

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student GURVITCH MEIR L **Date of Birth** 10-JUN-2015 **Meeting Date** 30-MAY-2018

Effective With This IEP

**Future Changes
Related To This IEP**

Service 1

Effective as of 3rd Birthday with

Start Date: Parent Signature
10-Jun-2018

09

End Date:

Adapted PE

Service applies to: ESY

Frequency: 1-5

This service addresses the following
goals:

Interval: Yearly

2(Perceptual Motor)

Minutes/Interval: 60

3(Object Control)

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)*

Responsible Personnel: Licensed/Credentialed Provider
Special Education Teacher

*

Service 2

Effective as of 3rd Birthday with

Start Date: Parent Signature
10-Jun-2018

09

End Date:

Adapted PE

Service applies to: Regular

Frequency: 1-5

This service addresses the following
goals:

Interval: Weekly

2(Perceptual Motor)

Minutes/Interval: 20

3(Object Control)

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)*

Responsible Personnel: Licensed/Credentialed Provider
Special Education Teacher

*

Service 3

Effective as of 3rd Birthday with

Start Date: Parent Signature
10-Jun-2018

13

End Date:

Physical Therapy

Service applies to: ESY

Frequency: 1-5

This service addresses the following
goals:

5(Access/ Mobility)

6(Access/ Mobility)

Interval: Weekly

Minutes/Interval: 20

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)*

Responsible Personnel: Licensed/Credentialed Provider
Special Education Teacher

*

Service 4

Start Date: Effective as of 3rd Birthday with
Parent Signature
10-Jun-2018

End Date:

16

Occupational Therapy

Service applies to: ESY

Frequency: 1-5

This service addresses the following
goals:

4(Fine Motor)

Interval: Yearly

Minutes/Interval: 120

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)*

Responsible Personnel: District Assigned Qualified Provider

*

Service 5

Start Date: Effective as of 3rd Birthday with
Parent Signature
10-Jun-2018

End Date:

13

Physical Therapy

Service applies to: Regular

Frequency: 1-5

This service addresses the following
goals:

5(Access/ Mobility)

6(Access/ Mobility)

Interval: Weekly

Minutes/Interval: 30

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)*

Responsible Personnel: Licensed/Credentialed Provider
Special Education Teacher

*

<p>Service 6</p> <p>16</p> <p>Occupational Therapy</p> <p>This service addresses the following goals:</p> <p>4(Fine Motor)</p>	<p>Start Date: Effective as of 3rd Birthday with Parent Signature 10-Jun-2018</p> <p>End Date:</p> <p>Service applies to: Regular</p> <p>Frequency: 1</p> <p>Interval: Weekly</p> <p>Minutes/Interval: 30</p> <p>Minutes/Interval (Pullout from Gen Ed): 0</p> <p>Service Delivery Model: Direct Service (Collaborative)*</p> <p>Responsible Personnel: District Assigned Qualified Provider</p>
--	--

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	85 %	

Part 4 - Additional Discussion (This section is optional)

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

Team offered Meir a PAL classroom at school-of-residence, but parents preferred PAL classroom at Canfield.

DATA/TRANSPORTATION TRANSFER FORM

This information is for data collection and record keeping purposes only. It is not part of the IEP.

At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

Student GURVITCH MEIR L **Date of Birth** 10-JUN-2015 **Meeting Date** 30-MAY-2018

SCHOOL SETTING

- | | | | | |
|--|---|--|--|---|
| <input type="radio"/> District School of Residence | <input type="radio"/> District Non-residence School | <input type="radio"/> Head Start | <input type="radio"/> Community College | <input type="radio"/> District Early Education Center |
| <input type="radio"/> District Special Education School/Center | <input type="radio"/> Nonpublic School | <input type="radio"/> Nonpublic Agency | <input type="radio"/> State Residential School | |
| <input type="radio"/> Dual Enrollment | <input type="radio"/> Home | <input type="radio"/> Hospital | <input type="radio"/> Private/Parochial School | <input type="radio"/> Other <input type="text"/> |

RELATED SERVICES

- Check:
- | | | |
|--|--|--|
| <input type="checkbox"/> Assistant - Class | <input type="checkbox"/> Health Care Assistant - Class | <input type="checkbox"/> Licensed Vocational Nurse - Class |
| <input type="checkbox"/> Assistant - Bus | <input type="checkbox"/> Health Care Assistant - Bus | <input type="checkbox"/> Licensed Vocational Nurse - Bus |

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School Location Code

School	Hours	Begin	End	Arrival time for breakfast program
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Bus Safety Vest | <input type="checkbox"/> G-Tube | <input type="checkbox"/> Seizures | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiac | <input type="checkbox"/> Helmet | <input type="checkbox"/> Shunt | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Behavioral Support Plan | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Lift Bus | <input type="checkbox"/> Sickle Cell | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Bleeder | <input type="checkbox"/> Child Safety Seat | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Blind/Partially Sighted | <input type="checkbox"/> Crutches | <input type="checkbox"/> Medication | <input type="checkbox"/> Suctioning | |
| <input type="checkbox"/> Brittle Bones | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Oxygen - Tank | <input type="checkbox"/> Therapy with Transportation | |
| <input type="checkbox"/> Brace | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Oxygen - Portable | <input type="checkbox"/> Tracheotomy | |

Prepared by Telephone Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

FAPE Summary Grid

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

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
09	Adapted PE	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-5	~	60	Perceptual Motor , Object Control
09	Adapted PE	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	20	Perceptual Motor , Object Control
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1	~	30	Fine Motor
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-5	~	120	Fine Motor
13	Physical Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	30	Access/ Mobility, Access/ Mobility
13	Physical Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Weekly	1-5	~	20	Access/ Mobility, Access/ Mobility

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.