

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 092707M050 SSID 2714610835

Eligible (SLD)

Student HAFNER NOAM R
Last First MI

Date of Birth: 27-SEP-2007

Section A: Meeting Information

| Pertinent Dates | Type of Meeting |
|---|---|
| Date of Initial IEP Team Meeting: 01-MAR-2012 | <input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan |
| Date of Present Meeting: 06-NOV-2020 | |
| Annual Review to be conducted by: 06-NOV-2021 | |
| Next Three Year Review will be conducted by: 06-NOV-2023 | |
| Three Year Review or Evaluation was conducted on: 06-NOV-2020 | |
| Transition to Kindergarten to be conducted by: | |
| Location of Meeting: Roy Romer Middle School | District Name: Los Angeles Unified School Dis |

Section B: Student Information

| | | |
|--|---|---|
| Date of Birth: 27-SEP-2007 | Age: 13 | Grade: 7 |
| Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female | Limited English Proficient Student: <input type="radio"/> Yes <input checked="" type="radio"/> No | Ethnic Code: White |
| Location of the Psych Folder: SUPPORT UNIT NOF | Student has no Psych Folder: <input type="checkbox"/> | |
| Location of the Cum Folder: ROMER MS | Student has no Cum Folder: <input type="checkbox"/> | |
| Home Language: English | Student Language: English | Alternate Mode of Communication: |
| Home Address of Student: 12407 Debby St. | | |
| City: North Hollywood CA | ZIP Code: 91606 | |
| Home Telephone: 310-279-6619 | Daytime Telephone: | Emergency Telephone: |
| School of Attendance: Private School Office (| Location Code: 1536 | |
| School of Residence: Romer Ms | Location Code: 8116 | |
| Name of Parent/Guardian: Talia Hefner | Telephone: 310-279-6619 | |
| Address: | | |
| City: | CA | ZIP Code: |
| Surogate Parent: | Telephone: | |
| Attends CURRENT SCHOOL as a result of one of the following: | Private School Enrollment | Private School: Emek Hebrew Academy Teichman Family Torah |
| 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 checked="" type="radio"/> No <input type="radio"/> Yes | Relationship: |
| Licensed Children's Institution: | <input type="radio"/> No <input type="radio"/> Yes | LCI Name: |
| | | LCI#: |
| Out of the home placement made by: | <input type="radio"/> Regional Center <input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services <input type="radio"/> Superior Court <input type="radio"/> Other | |
| Child's family living within LAUSD's boundaries? | <input type="radio"/> No <input checked="" type="radio"/> Yes | |
| If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? | | <input type="radio"/> No <input type="radio"/> Yes |

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Student Date of Birth
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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 (VCCALPS): Test Date:

Section D: Goal Achievement from Current IEP

| | | Achieved | | |
|-------------------------------|--------------------------------------|----------------------------------|----------------------------------|---|
| Goal for: (example - Reading) | | Yes | No | If No, explain the reason the goal/objective was not achieved |
| 1 | <input type="text" value="Reading"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Not to grade level mastery"/> |
| Category | <input type="text"/> | | | |
| | Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| | Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 2 | <input type="text" value="Writing"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Not to grade level mastery"/> |
| Category | <input type="text"/> | | | |
| | Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| | Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 3 | <input type="text" value="Math"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="text" value="Not to grade level mastery"/> |
| Category | <input type="text"/> | | | |
| | Objective 1 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| | Objective 2 met | <input checked="" type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 4 | <input type="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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="text"/> | <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"/> |

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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):

Strengths:

According to his records, Noam is reading below grade level. He enjoys reading books of his preference. Noam is able to identify main characters, conflict, resolution, setting and plot. He can verbally summarize a story.

Needs:

Noam needs to be able to read and comprehend grade level material. He needs to be able to recall details from his reading assignments that support his ideas. Noam needs to be able to apply learned comprehension strategies to remember story facts and details. Noam is able to complete simple below grade level sentences with the correct vocabulary word, but needs help with creating verbal responses.

Impact of Disability:

Noam's Specific Learning Disability makes it difficult for him to comprehend grade level material which impact his progress and involvement in the general English general education curriculum.

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):

STRENGTHS:

According to teacher reports, Noam has excellent penmanship. Teachers state that he is able to spell simple common words with predictable patterns.

He was able to verbally tell his ideas and thoughts, but in written form spelling, grammar and sentence structure interfered with the readability.

NEEDS:

Noam needs to be able to create grade level sentences with correct spelling, grammar, and syntax. Noam needs to write simple sentences to express his ideas. Teacher's report that his sentences are not always easy to read and he requires supports during writing assignments. Noam needs to be able to write 5 sentences to compose coherent paragraphs. His teacher's state that writing is his most difficult task. He needs to be able to rewrite, correct and redo his writing assignments and check them for correct capitalization and punctuation to earn passing grades. Teachers state that he has great ideas and he includes a lot of great details but he needs to write coherent sentences. Additionally, Noam needs to be able to use text evidence to support his ideas. According to a parent private assessment, Noam has been diagnosed with dyslexia making copying from the board and writing very challenging for him. When needed, Noam should have the ability to use a computer to compose his writing assignments.

IMPACT OF DISABILITY:

Noam's Specific Learning Disability makes it difficult for him to write correct grade level sentences and complete his writing assignments without supports which impact his progress and involvement in the English general education curriculum.

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Last First MI

Date of Birth 27-SEP-2007

Meeting Date 06-NOV-2020

Section E: Present Level of Performance

Performance Area: Health

Category: [dropdown arrow]

Assessment/Monitoring Process Used: parent interview, review of records

State/District Assessment Results:

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

LAUSD schools are closed at this time due to the COVID-19 pandemic. Health information is gathered from a review of health records and conference with parent/guardian. Vision and hearing information are the most current documented in the health record.

Health assessment updated for this 13 yr. 1 mo. old, male, 7th grade student at Emek Hebrew Academy with information obtained from his mother and review of health records. Immunizations were up to date. Noam has unremarkable physical examination last August 2020. He was diagnosed with ADHD at 7 years old and takes medication at home once daily. Noam has an allergy to dogs and olive trees and takes medication as needed at home daily. There were no reported incidents of surgery, injury, accidents or hospitalizations.

AREAS OF STRENGTH: Noam is able to perform all activities of living independently. As per mother, student was seen by his private MD and was tested for vision and hearing which were all reportedly normal.

AREAS OF NEED: Physical health is not an area of need.

IMPACT OF DISABILITY: The current diagnosis of ADHD impact the student's participation, performance and access in the educational curriculum.

RECOMMENDATION: None at this time.

MT Ricaflanca, Credentialed SN, RN, BSN
10/27/2020

Performance Area:

Category: [dropdown arrow]

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]

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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):

Strengths:

According to his records, Noam is able to add, subtract, simple numbers with regrouping. He has knowledge of his multiplication facts. He is able to solve real life word problems and can read and solve simple math word problems. Per teacher reports, Noam can compute most of his attempted math problems accurately.

Areas of Need:

Noam needs to be able to solve grade level division problems. He needs to be able to add, subtract, multiply and divide integers. Noam needs to be able to understand the relationship between percents, fractions, and decimals. Noam needs to be able to apply learned math strategies and steps to his solving skills. He needs to understand new concepts and practice them until he is able to do them independently.

Impact of Disability:

Noam's Specific Learning Disability makes it difficult for him to understand grade level math problems which impacts his progress and involvement in the general education Math curriculum.

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):

Strengths:

According to teacher reports, Noam is able to have classroom discussions about class subjects. He enjoys reading. In classes he likes, he can have a good attitude and he smiles a lot and has a good sense of humor. Teachers also report that when motivated he can be a hard worker. He benefits from verbal praise.

Areas of Need:

According to teacher reports, Noam needs to stay on task and complete his work without constant teacher prompting. He did not do well through distance learning. He is currently not passing all his classes. Teachers report very low completion of work and distractibility. Teachers state he refuses to take notes and participate in classes he does not like. Recently, Noam has been shouting out in class and is disruptive. Noam needs to follow all school and class rules and be able to complete work. Per parent reports of private assessment, Noam has dyslexia which impacts all his academic areas. He would benefit from using a computer to finish writing assignments, and taking notes. Noam has many accommodations that keep him on task: using an object in his hand, verbal praise, re-direction, prompting to stay on task, graphic organizers, chunking of information and working in small groups for less distractions.

Impact of Disability:

Noam's Specific Learning Disability makes it difficult for him to stay on task and complete required work in his academic classes without the necessary supports which impact his involvement and progress in the general education curriculum.

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

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): [Empty]

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

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Noam will verbally cite at least 3 pieces of textual evidence to support analysis of what the text says explicitly in class as measured teacher in 8 out of 10 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Noam will verbally cite at least 3 pieces of textual evidence to support analysis of what the text says explicitly in class as measured teacher in 7 out of 10 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Noam will verbally cite at least 3 pieces of textual evidence to support analysis of what the text says explicitly in class as measured teacher in 7 out of 10 trials with 75% accuracy.

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"/> |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given samples of prewriting strategies (outline, note-taking, graphic organizers) Noam will choose one strategy to use for expository answers and essay writing with 80% accuracy in 8 of 10 writing assignments as measured by student work samples.

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 samples of prewriting strategies (outline, note-taking, graphic organizers) Noam will choose one strategy to use for expository answers and essay writing with 70% accuracy in 7 of 10 writing assignments as measured by student work samples.

Incremental objective #2 related to the goal:

When given samples of prewriting strategies (outline, note-taking, graphic organizers) Noam will choose one strategy to use for expository answers and essay writing with 75% accuracy in 7 of 10 writing assignments as measured by student work samples.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Noam will be able to identify the relationship between fractions, decimals and percents in class as measured by teacher in 8 out of 10 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Noam will be able to identify the relationship between fractions, decimals and percent's in class as measured by teacher in 7 out of 10 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Noam will be able to identify the relationship between fractions, decimals and percent's in class as measured by teacher in 7 out of 10 trials with 75% accuracy.

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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Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Noam will stay on task to complete assignments with 3 non-verbal and verbal teacher prompts in 8 out of 10 trials with 80 % accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Noam will stay on task to complete assignments with 5 teacher prompts in 8 out of 10 trials with 80 % accuracy.

Incremental objective #2 related to the goal:

Noam will stay on task to complete assignments with 4 teacher prompts in 8 out of 10 trials with 80 % accuracy.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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.

| | |
|--|---------------------------------------|
| Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i> | CAASPP Subject ELA and Math |
| Designated Supports: <ul style="list-style-type: none">- Text-to-speech software enabled (for math items and ELA items except for reading passages)- Test in a separate/smaller setting | |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

First

MI

Date of Birth

Meeting Date

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HAFNER NOAM R MI
Last First MI

Date of Birth 27-SEP-2007

Meeting Date 06-NOV-2020

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

| Method | Whom | When |
|--------|-------------|-------------|
| Email | Crosthwaite | 22-OCT-2020 |

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 o all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
 - Assessment Specify
 - Eligibility Specify
 - Instructional SettingSpecify
 - 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

Empty box for Parent Concerns and Comments.

Signature(s) Date

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

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

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

Signature(s) Date 06-NOV-2020

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.

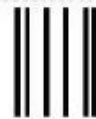
| A. Regarding your child's current IEP: | Yes | No | Does Not Apply |
|---|--------------------------|--------------------------|--------------------------|
| 1. I am satisfied with the IEP meeting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I feel that the 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!

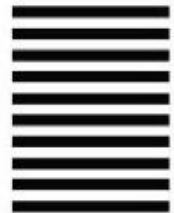


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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="Talia Hafner"/> | <input type="text"/> |
| Parent/Guardian | <input type="text"/> | <input type="text"/> |
| Student Age 18 - 21 years | <input type="text"/> | <input type="text"/> |
| Student Under Age 18 years | <input type="text"/> | <input type="text"/> |
| Surrogate Parent | <input type="text"/> | <input type="text"/> |
| Foster Parent | <input type="text"/> | <input type="text"/> |
| Family Foster Home Provider | <input type="text"/> | <input type="text"/> |
| Administrator | <input type="text" value="Karen Williams"/> | <input type="text" value="Karen Williams"/> |
| Administrative Designee | <input type="text"/> | <input type="text"/> |
| Special Education Teacher | <input type="text" value="Aida Crosthwaite"/> | <input type="text" value="Aida Crosthwaite"/> |
| General Education Teacher | <input type="text" value="Paula Scanlon"/> | <input type="text" value="Paula Scanlon"/> |
| School Psychologist | <input type="text"/> | <input type="text"/> |
| School Nurse | <input type="text" value="Maria Teresa Ricaflanca"/> | <input type="text" value="Maria Teresa Ricaflanca"/> |
| Related Service Staff <input type="text" value="Private School Consultant"/> | <input type="text" value="Nancy A. Essenpreis"/> | <input type="text" value="Nancy A. Essenpreis"/> |
| Related Service Staff <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Related Service Staff <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Interpreter | <input type="text"/> | <input type="text"/> |
| Sign Language Interpreter | <input type="text"/> | <input type="text"/> |
| Agency Representative | <input type="text"/> | <input type="text"/> |
| Agency Representative | <input type="text"/> | <input type="text"/> |
| Agency Representative | <input type="text"/> | <input type="text"/> |
| Other <input type="text" value="Ed Resource Coordinator"/> | <input type="text" value="Stephie Bregman"/> | <input type="text" value="Stephie Bregman"/> |
| 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
Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

Yes 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.

Yes No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.

Step B. Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?

Yes 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.

Yes 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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

| | | |
|----------------|--|--|
| 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
Last

First

MI

Date of
Birth

Meeting
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

| | | |
|----------------|--|---|
| Step 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 checked="" 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)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

| | | Effective With this IEP | Future Changes Related to this IEP |
|---|---|---|--|
| | As of Date: | <input type="text"/> | <input type="text"/> |
| Eligibility: (from Page 4) | | Eligible (SLD) | |
| | Final IEP Reason Final IEP Effective Date: | | |
| Curriculum | | <input type="text" value="General Education"/> | <input type="text"/> |
| Placement | Type of School | <input type="text" value="District Resident School"/> | <input type="text"/> |
| | Name of School | <input type="text" value="ROMER MS"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Instructional Setting | Setting | <input type="text" value="General Education"/> | <input type="text"/> |
| | Program | <input type="text" value="GE"/> | <input type="text"/> |
| | Special Day Minutes/Wk | <input type="text" value="0"/> | <input type="text"/> |
| | Addresses Goals | <input type="text" value="1(Reading),2(Writing),3(Math),4(Vocational Education)"/> | <input type="text"/> |
| Additional Factors | Low Incident Support | <input type="text" value="None"/> | <input type="text"/> |
| | Assistive Technology Support | <input type="text" value="No"/> | <input type="text"/> |
| | Transportation | <input type="text" value="None"/> | <input type="text"/> |
| | Extended School Year/Intersession | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| | Parent Counseling and Training (PCT) | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| | ESY Transportation | <input type="text"/> | |
| Accommodation, Modifications, Supports | Instructional Accommodations | <input type="text" value="extra time for assignments/assessments, re-take assessments as needed. Directions read aloud if needed, visual charts of math facts,, allow use of recording device, clarify/simplify written directions, chunk information, step by step instructions, develop reading guides, highlight important information, work in small groups when needed, provide additional practice activities, use of computer devices for writing assignments, pre-writing strategies, graphic organizers, sentence starters, word banks,"/> | <input type="text"/> |
| | Instructional Modifications | <input type="text"/> | <input type="text"/> |
| | Other Supports, including Non-Academic and Extra-curricular Activities | <input type="text"/> | <input type="text"/> |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.) | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? | <input type="radio"/> Yes <input type="radio"/> No | |
| | If the Parent does not agree, specify the area(s) to be reassessed. | <input type="text"/> | <input type="text"/> |

Comments, as appropriate

**Low Incidence
Equipment**

| |
|--|
| |
|--|

**Assistive Technology
Equipment**

| |
|--|
| |
|--|

**Participation in
General Education**

All general education classes.

| |
|--|
| |
|--|

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last First MI

Date of Birth Meeting Date

| | | Effective With This IEP | Future Changes Related To This IEP |
|--|---|---|---|
| Service 1 | Start Date: | Effective on Signature Date | |
| RSP | End Date: | | |
| RSP | Service applies to: | Regular | |
| | Frequency: | 1-5 | |
| This service addresses the following goals: | Interval: | Weekly | |
| <input type="text" value="1(Reading)"/> | Minutes/Interval: | 200 | |
| <input type="text" value="2(Writing)"/> | Minutes/Interval (Pullout from Gen Ed): | 0 | |
| <input type="text" value="4(Vocational Education)"/> | Service Delivery Model: | RSP: Collaborative Teaching and Planning* | |
| | RSP Area: | Math | |
| | Responsible Personnel: | Resource Specialist Teacher | |
| | | General Education Teacher | |
| | | | |
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| * | | | |
| | | | |
| Service 2 | Start Date: | Effective on Signature Date | |
| RSP | End Date: | | |
| RSP | Service applies to: | Regular | |
| | Frequency: | 1-5 | |
| This service addresses the following goals: | Interval: | Weekly | |
| <input type="text" value="1(Reading)"/> | Minutes/Interval: | 150 | |
| <input type="text" value="2(Writing)"/> | Minutes/Interval (Pullout from Gen Ed): | 0 | |
| | Service Delivery Model: | RSP: Collaborative Teaching and Planning* | |
| | RSP Area: | Literacy/ELA/ELD | |

| | | | |
|--|------------------------|-----------------------------|--|
| | Responsible Personnel: | Resource Specialist Teacher | |
| | | General Education Teacher | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education

| | Effective With this IEP | Future Changes Related to this IEP |
|--|--------------------------------|------------------------------------|
| % of Time per Week outside of General Education | <input type="text" value="0"/> | |

Part 4 - Additional Discussion (This section is optional)

Parent participated via phone conference.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student HAFNER NOAM R
Last First MI

Date of Birth 27-SEP-2007

Meeting Date 06-NOV-2020

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings. It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

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

If Yes, describe

Empty text box for describing medical conditions.

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

If Yes, describe

Empty text box for describing behavior.

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

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

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
Last First MIDate of Birth Meeting Date

FAPE Summary Grid

| | | | | | | | | |
|---|---------------------|------------------------------|---------------------------|-----------------|------------------|----------------------|----------------------|--|
| Program: | GE | Setting: | General Education | | | | | |
| Eligibility: | Eligible (SLD) | Curriculum: | General Education | | | | | |
| Transportation: | None | Low Incident Support: | None | | | | | |
| Date District Received Parent Signature: | | | | | | | | |
| Service Code | Service Desc | Start Date | Service Applies To | Interval | Frequency | Area | Total Minutes | Addresses Goal(s) |
| RSP | RSP | Effective on Signature Date | Regular | Weekly | 1-5 | RSP-Math | 200 | Reading , Writing , Vocational Education |
| RSP | RSP | Effective on Signature Date | Regular | Weekly | 1-5 | RSP-Literacy/ELA/ELD | 150 | Reading , Writing |

Alternative Remote/Distance Learning Services During Emergency Conditions

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):

| | Teacher-posted lessons, asynchronous (online or other media) | Virtual class meetings, synchronous | Personalized learning tools (virtual or paper packets, as available) | Scheduled teacher appointments (virtual or in-person, as available) | Scheduled email check-ins (parent or student) | Virtual office hours (drop-in; parent or student) |
|---|--|-------------------------------------|--|---|---|---|
| Specialized Academic Instruction and Related Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Transition Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Supplementary Aids and Services (provided in general education classes and other general ed environments) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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 (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

- Student was invited to IEP meeting: Yes
- Student received mentoring:^{info} Yes No
- Student referred and placed in an outside agency:^{info} Yes No
- If yes, name of agency:
- Student participated in Work Experience Education:^{info} Yes No
- Student received college awareness preparation:^{info} Yes No
- Student received career awareness:^{info} Yes No

Achievement of Transition Activities from Current ITP (not if first ITP)

| Area | Completed | | | If no, indicate reason |
|--|---------------------------|--------------------------|--|------------------------|
| Education/Training Activity | <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> First ITP | <input type="text"/> |
| Employment Activity | <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> First ITP | <input type="text"/> |
| Independent Living Skills Activity (as needed) | <input type="radio"/> Yes | <input type="radio"/> No | <input checked="" type="radio"/> N/A | <input type="text"/> |

Section 1: Education/Training

| Assessment (at least one assessment must be completed in this area). | Date | Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable) |
|---|--|---|
| <input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="v"/> If other? <input type="text"/> | <input type="text" value="02-NOV-2020"/> | Noam would like to be earn a high school diploma and attend the high school of his choice. |
| <input type="text"/> <input type="button" value="v"/> If other? <input type="text"/> | <input type="text"/> | |

Education/Training Postsecondary Goal

Upon completion of high school, the student will: If other?

| Education/Training Activity to Support Goal | Timeline | Person/Agency Responsible |
|---|--|--|
| develop a list of high school courses needed for college entrance and develop a schedule for completing them in the remaining years of high school If other? <input type="text"/> | <input type="text" value="05-NOV-2021"/> | <input type="text" value="Special Education Teacher"/> <input type="button" value="v"/> <input type="text" value="Counselor"/> <input type="button" value="v"/> <input type="text" value="General Education Teacher"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> <input type="text"/> <input type="button" value="v"/> |



Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (IEP)

Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.

A course of study (or IGP) was reviewed with parent and student in relation to:

- Courses completed: Yes No
 Courses currently enrolled in: Yes No
 Courses still needed: Yes No

IGP or course of study was provided to the parent or student over age 18 as required: Yes

Student is working towards: Certificate of Completion Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

Noam will participate in at least one school activity.

Future Agency Involvement:

Are there agencies currently or prospectively providing or paying for transition services? Yes No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed? Yes No

- Agency Name:
- Agency Name:
- Agency Name:

- | | |
|--|---|
| 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? <i>info</i> | 1. <input checked="" type="checkbox"/> Yes |
| 2. Are the postsecondary goals updated annually? <i>info</i> | 2. <input checked="" type="checkbox"/> Yes |
| 3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? <i>info</i> | 3. <input checked="" type="checkbox"/> Yes |
| 4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? <i>info</i> | 4. <input checked="" type="checkbox"/> Yes |
| 5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? <i>info</i> | 5. <input checked="" type="checkbox"/> Yes |
| 6. Is (are) there annual IEP goal(s) related to the student's transition services needs? <i>info</i> | 6. <input checked="" type="checkbox"/> Yes |
| 7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? <i>info</i> | 7. <input checked="" type="checkbox"/> Yes |
| 8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? <i>info</i> | 8. <input type="radio"/> Yes <input checked="" type="radio"/> N/A |