

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 1 of 23

Student Identification Number 082008M074

Eligible (OHI)

Student HENN DANIEL M
Last First MI

Date of Birth 20-AUG-2008

Section A: Meeting Information

Table with 2 columns: Pertinent Dates and Type of Meeting. Includes fields for meeting dates and types like Initial, Annual Review, etc.

Section B: Student Information

Form containing student details: Date of Birth, Age, Grade, Gender, Ethnic Code, Location of folders, Home Language, Address, Telephone, School of Attendance, Parent/Guardian info, etc.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 2 a b c of 23

Student HENN DANIEL M Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 23

Student HENN DANIEL M Date of Birth 20-AUG-2008 Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: English Language Development

Assessment/Monitoring Process Used:

State/District Assessment Results: CELDT SCORE (31-OCT-2015) - 4

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

Strengths: Daniel enjoys sharing his knowledge with the class. He participates in grade level writing and reading assignments.

Needs: Daniel needs help organizing, revising and editing his writing.

Impact of Disability: Daniel's other health impairment (OHI) impedes his writing, which impacts his access to and involvement in the general education ELD curriculum.

Supports/Accommodations: extended time, directions repeated or re-explained, selective seating.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 23

Student HENN

DANIEL

M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: teacher input, observation, work samples, WJIV, cumulative records

State/District Assessment Results: Dynamic Indicators of Basic Early Literacy Success (DIBELS): Core

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

Reading Strengths: Daniel decodes regular multi-syllabic words. He reads narrative and expository text fluently and accurately with appropriate pacing, intonation and expression. Daniel uses a dictionary or glossary to learn the meaning and other features of unknown words. He demonstrates emerging skills in using his knowledge of prefixes and suffixes to determine the meaning of unknown words. He has shown growth in his ability to determine what characters are like by what they say or do and by how the author or illustrator portrays them. He is learning to determine the underlying theme or author's message in fiction and nonfiction texts. Per the Dynamic Indicators of Basic Early Literacy Success (DIBELS) test middle-of-year assessment, Daniel read an average of 108 words per minute at 100% accuracy, with the passing criterion being 86 words per minute at 96% accuracy. Daniel retold each passage using an average of 29 words per story, with the passing criterion being 26 words per story. Given a three minute silent reading time limit, Daniel answered 20 questions about what he read, with the passing score being 11. Per WJIV testing data, Daniel scored in the average range (SS-109) in the area of Broad Reading.

Reading Needs: Daniel is not meeting grade level standards in reading. Per reporting period two of third grade, Daniel scored a '2-Partially Proficient' in reading. Daniel needs help following multiple-step directions regarding reading assignments. Third grade teacher shares, 'Daniel needs to actively listen during discussions to improve his understanding of the texts. Daniel participates in a small literature circle discussion group where he receives supplemental instruction in reading comprehension and additional supervision to do his work.'

Performance Area: Reading (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):

Impact of disability on student performance: Daniel's other health impairment (OHI) impedes his reading comprehension, which impacts his access to and involvement in the general education reading curriculum.

Supports/Accommodations: assignments broken into smaller parts, directions repeated or re-explained, selective seating, extended time, graphic organizers, color coding, small group instruction, visual display of directions.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 23

Student HENN

DANIEL

M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: Written language

Assessment/Monitoring Process Used: teacher input, observation, work samples, WJIV, cumulative records

State/District Assessment Results: n/a

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

Writing Strengths: Daniel is able to identify and use past, present, and future verb tenses properly in writing and speaking. He correctly spells words that have blends and contractions. Daniel demonstrates emerging skills when writing a single paragraph. He is learning to write descriptions that use concrete sensory details to present and support unified impressions of people, places, things or experiences. He is also learning how to include well chosen details in a narrative to develop the plot of his story. Third grade teacher shares, 'Daniel has recently written very detailed descriptions of his Math Champ Challenge (a weekly math story problem) thinking and problem solving.'

Writing Needs: Daniel is not meeting grade level standards in written language. Per reporting period two of third grade, Daniel scored a '1-Not Proficient' in writing. Daniel needs help understanding and using complete declarative, interrogative, imperative, and exclamatory sentences in writing and speaking. Daniel struggles with completing graphic organizers to help him organize his thinking. Third grade teacher shares, 'When Daniel refuses to write, I try to clarify any questions he may have about the assignment and work with him individually until he gets started. Clear, predictable consequences are needed for when he still refuses to begin.'

Performance Area: Writing (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):

Impact of disability on student performance: Daniel's other health impairment (OHI) impedes his writing production, which impacts his access to and involvement in the general education written language curriculum.

Supports/Accommodations: assignments broken into smaller parts, directions repeated or re-explained, selective seating, extended time, graphic organizers, color coding, small group instruction, visual display of directions, access to technology.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 23

Student HENN DANIEL M Date of Birth 20-AUG-2008 Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: Math

Assessment/Monitoring Process Used: teacher input, observation, work samples, WJIV, cumulative records

State/District Assessment Results: n/a

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

Math Strengths: Daniel identifies and uses place value to the ten-thousands place. He demonstrates automaticity with multiplication facts and uses the inverse relationships between multiplication and division facts to solve problems. Daniel is learning to solve simple problems involving multiplication of multi-digit numbers by a one-digit number. He can identify and describe geometric shapes and fractional parts. Third grade teacher shares, 'Daniel enjoys sharing his knowledge of math facts with the class.' Per WJIV testing data, Daniel scored in the high average range in the area of Broad Mathematics.

Math Needs: Daniel is not meeting grade level standards in mathematics. Per reporting period two of third grade, Daniel scored a '2-Partially Proficient' in math. Daniel has difficulty determining when and how to break a word problem into smaller parts. He has difficulty following a whole class lesson when a new problem solving concept is being introduced. Third grade teacher shares, 'He often rushes through problems and solves them incorrectly.'

Impact of disability on student performance: Daniel's other health impairment (OHI) impedes his reading comprehension, which impacts his access to and involvement in the general education reading curriculum.

Supports/Accommodations: manipulatives, assignments broken into smaller parts, directions repeated or re-explained, selective seating, extended time, graphic organizers, color coding, small group instruction, visual display of directions.

Performance Area: Prevocational

Assessment/Monitoring Process Used: teacher input, observation, work samples, WJIV, cumulative records

State/District Assessment Results: n/a

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

Strengths: Daniel enjoys sharing his background knowledge with the class when he is interested in a topic. When he is engaged, he attains grade level academic standards. Daniel completes homework accurately most of the time. He demonstrates emerging skills in organizing his materials in the classroom.

Needs: Daniel needs directions repeated or re-explained, selective seating, and tasks divided into smaller parts to complete his work. Daniel requires less prompting when he is participating in a small group with an adult leader, however he is easily distracted and has difficulty staying on task during most whole class activities. Daniel frequently refuses to complete assignments and needs encouragement to ask for help. He tries to gain peer attention by distracting others around him and using inappropriate language. He has difficulty with cooperating with adults and peers, maintaining positive peer relationships, and finishing work on time.

Impact of disability on student performance: Daniel's other health impairment (OHI) impedes his ability to turn in assignments, which impacts his access to and involvement in the general education prevocational curriculum.

Supports/Accommodations: assignments broken into smaller parts, behavior charts, selective seating, directions repeated or re-explained.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 23

Student HENN DANIEL M Date of Birth 20-AUG-2008 Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: assessment and interview

State/District Assessment Results:

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

Health history was received from mother. Daniel was a full term birth. He experience slight jaundice at birth which resolved and Daniel was able to go home with mother from the hospital. He did not have any early childhood illnesses but did break his leg when he was 3.5 years old. He is fully recovered from his injury. Daniel does not require any medication on a regular basis. He does not have any known allergies to food or medications. Mother states her concern for Daniel is for his emotional well being. Daniel is frequently referred to the administrative staff for behavioral support. Daniel wears glasses for reading.

Strengths: Passed vision for distance without correction in health office on 3/9/16 and hearing on 5/29/16 per LAUSD screenings.

Area of Need: None for health

Accommodations and Supports: Placement per IEP team.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text area for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 23

Student HENN

DANIEL

M

Date of Birth 20-AUG-2008


Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: General Ability

Assessment/Monitoring Process Used: Alternative Assessment Tools

State/District Assessment Results: N/A

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

Daniel is functioning within the average to low average range of cognitive ability (i.e. the ability to learn, apply knowledge, generalize, utilize abstract concepts, and evaluate), based on alternative procedures of measuring intellectual ability.

Daniel's better-developed skills: Auditory processing, visual processing, sensory motor processing, and cognitive language areas dealing with expression, association and conceptualization.

Daniel's less-developed skills: Attention processing.


Impact: Attention processing is impacting him in class work and academic progress. Daniel overall is a very intelligent, social, friendly, self-confident child. He has a positive perspective on learning however it appears he becomes easily frustrated and unmotivated in school work when there are assigned tasks, schedules, and expectations which appear to impact him in class work and in establishing healthy social relationships with peers.

Supports: Structure and consistency, immediate feedbacks, seating free from distractions when possible, modeling and prompts as needed.

Performance Area: Social Emotional

Assessment/Monitoring Process Used: Observations, Interviews, Rating Scales, School Records

State/District Assessment Results: N/A

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

Strengths: Parent reported Daniel has a good sense of humor, is bright, can be a team player at sports, and likes to argue in other words get his way when talking to parents. Daniel reports he likes school, playing soccer, handball and hockey. He reported his hardest subject is doing homework and easiest subject at school is math and physical education class. When asked what he wants to be when grown up? He said he had no idea. Overall he was observed to enjoy having conversations with examiner however required prompts to stay on topic or clarify for he tended to rush through as if trying to get all his thoughts in without missing anything. Teacher described Daniel as being good at transferring previous learning to new learning situations and appears to have a positive self-image.

Challenges: Parents current concerns they have is that Daniel is constantly getting in trouble at school for disturbing the class, does not want to do homework, lacks motivation to work, and is afraid to engage in reading and writing activities. Parent checked off on parent interview form 'always requires parent assistance' under following two to three step directions, using planning skills, in reading out loud, handwriting, and in when repairing things. Teacher described Daniel's challenges are he 'has difficulty' under the following: grasping new concepts, relating positively to peers and staff in classroom, assuming responsibility for his actions, making acceptable or appropriate decisions independently, begin work on time, stay with task until completed, participate in large group activities, frequently out of seat, is openly defiant and oppositional to requests, and has difficulty demonstrating respect for authority figures.

Impact: Attention processing is impacting him in class work and in establishing healthy social relationships with peers.

Supports: Structure and Consistency, immediate feedbacks on behavior, praises when appropriate, school counseling and outside family counseling is recommended.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 4 of 23

Student HENN DANIEL M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

Section F: Eligibility

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

Other Health Impairment

For Initial IEP, interventions attempted prior to determining eligibility:

Assignments broken down into smaller parts, teacher prompts used for appropriate social cues, selective seating, rules clarification, change seating, provide routine schedule, increase positive comments, individualized instruction, provide immediate feedback, increase praise, ignore misbehavior, parent conference, use of proximity control, time out/break, and individual counseling.

Eligible as a student with the disability of:

Code: OHI Other Health Impairment

- Not Applicable, Blind or Partially Sighted

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

Code: [] []

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): []

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

Final IEP Reason: []

Final IEP Effective Date: []

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 23

Student HENN DANIEL M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: English Language Development

Annual Goal # 1 GB

Daniel will plan, edit and revise his writing with the help of peers and adults in 2 of 3 opportunities 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: _____

Incremental objective #1 related to the goal:

Daniel will plan, edit and revise his writing with the help of peers and adults in 2 of 3 opportunities with 70% accuracy.

Date to be achieved June 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will plan, edit and revise his writing with the help of peers and adults in 2 of 3 opportunities with 75% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 23

Student HENN DANIEL M **Date of Birth** 20-AUG-2008 **Meeting Date** 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Reading

Annual Goal # 2 GB

Daniel will identify orally or in writing similarities and differences in the most important points and key details presented in two texts on the same topic in 2 out of 3 trials with at least 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: _____

Incremental objective #1 related to the goal:

Daniel will identify orally or in writing similarities and differences in the most important points and key details presented in two texts on the same topic in 2 out of 3 trials with at least 70% accuracy.

Date to be achieved _____ MO/YR

Incremental objective #2 related to the goal:

Daniel will identify orally or in writing similarities and differences in the most important points and key details presented in two texts on the same topic in 2 out of 3 trials with at least 75% accuracy.

Date to be achieved _____ MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 23

Student HENN DANIEL M **Date of Birth** 20-AUG-2008 **Meeting Date** 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Writing

Annual Goal # 3 GB

With guidance and support from adults, Daniel will write 4 or more paragraphs in which the development/ organization are appropriate to the task and/ or purpose in 3 out of 5 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: _____

Incremental objective #1 related to the goal:

With guidance and support from adults, Daniel will write 2 or more paragraphs in which the development/ organization are appropriate to the task and/ or purpose in 2 out of 3 trials with 80% accuracy.

Date to be achieved June 2017 MO/YR

Incremental objective #2 related to the goal:

With guidance and support from adults, Daniel will write 3 or more paragraphs in which the development/ organization are appropriate to the task and/ or purpose in 2 out of 3 trials with 80% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 23

Student HENN DANIEL M **Date of Birth** 20-AUG-2008 **Meeting Date** 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Math

Annual Goal # 3 GB

Daniel will solve two-step word problems using the four operations and will represent the problem using an equation and a written explanation in 2 out of 3 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: _____

Incremental objective #1 related to the goal:

Daniel will solve two-step word problems using the four operations and will represent the problem using an equation in 2 out of 3 trials with 70% accuracy.

Date to be achieved June 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will solve two-step word problems using the four operations and will represent the problem using an equation in 2 out of 3 trials with 75% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 23

Student HENN DANIEL M **Date of Birth** 20-AUG-2008 **Meeting Date** 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Social Emotional

Annual Goal # GB

Social Management: Daniel will establish and maintain healthy and rewarding relationships based on cooperation. Daniel will learn to resist inappropriate social pressure, constructively prevent, manage, and resolve interpersonal conflict, and seek and provide help when needed in 4/5 instances.

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:

Daniel will establish and maintain healthy and rewarding relationships based on cooperation in 2/5 trials.

Date to be achieved August 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will learn to resist inappropriate social pressure, constructively prevent, manage, and resolve interpersonal conflict, and seek and provide help when needed in 3/5 trials.

Date to be achieved December 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 23

Student HENN DANIEL M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Prevocational

Annual Goal # 4 GB

Daniel will complete assignments according to established classroom timelines in of 6 of 7 opportunities with at least 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: _____

Incremental objective #1 related to the goal:

Daniel will complete assignments according to established classroom timelines in of 4 of 7 opportunities with at least 70% accuracy.

Date to be achieved June 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will complete assignments according to established classroom timelines in of 5 of 7 opportunities with at least 75% accuracy.

Date to be achieved November 2017 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 7 of 23

Student HENN

DANIEL

M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

Section K: Participation in State and District-wide Assessments

Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.

Student will participate in Regular State and District Assessments.
(Designated Supports and/or Accommodations identified below are applicable)

CAASPP Subject
ELA and Math

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 9 of 23

Student	HENN	DANIEL	M	Date of Birth	20-AUG-2008	Meeting Date	21-APR-2017
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated: all pages of the IEP to be translated

Special Requests:

[Empty text box for special requests]

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student HENN DANIEL M Date of Birth 20-AUG-2008 Meeting Date 21-APR-2017

Section Q: Parent Participation and Consent

Table with 2 columns: Parent Participation and Parent Notification. Includes radio buttons for participation status 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 buttons for agreement levels: AGREES to all components, AGREES with specific exceptions (Assessment, Eligibility, Instructional Setting, Services), and DOES NOT AGREE.

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

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

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

Signature(s) / Date 21-APR-2017

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

**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)
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 11 of 23

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="Adi Werthaim"/>	
Parent/Guardian	<input type="text" value="Oren Henn"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Melissa Russ"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Allison Browne"/>	
General Education Teacher	<input type="text" value="Kathy Wien"/>	
School Psychologist	<input type="text" value="Sandra Osorio-Hakimi"/>	
School Nurse	<input type="text" value="Cynthia Bitterman"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
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 HENN

DANIEL

M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

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.

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

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

Los Angeles Unified School District

Student HENN

DANIEL

M

Date of Birth 20-AUG-2008

Meeting Date 21-APR-2017

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:		
Eligibility: (from Page 4)		Eligible (OHI)	
	<i>Final IEP Reason Final IEP Effective Date:</i>		//
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	HANCOCK PARK EL	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	1(English Language Development),2(Reading),4(Prevocational),3(Math),(Social Emotional),3(Writing)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	manipulatives, access to technology, assignments broken into smaller parts, directions repeated or re-explained, selective seating, extended time, graphic organizers, color coding, small group instruction, visual display of directions	//
	Instructional Modifications		//
	Other Supports, including Non-Academic and Extra-curricular Activities		//
Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)	Is formal assessment needed to re-establish eligibility?	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	If yes, specify area(s) to be reassessed		//
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in			

General Education

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

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student HENN DANIEL M **Date of Birth** 20-AUG-2008

Meeting Date 21-APR-2017

Effective With This IEP

**Future Changes
Related To This IEP**

Service 1

04

Counseling and Guidance

This service addresses the following **goals:**

(Social Emotional)

Start Date: Effective on Signature Date
End Date:
Service applies to: Regular
Frequency: 2
Interval: Monthly
Minutes/Interval: 60
Minutes/Interval (Pullout from Gen Ed): 30
Service Delivery Model: Direct Service (By a Single Provider)*
Responsible Personnel: Licensed/Credentialed Provider

*

Service 2

RSP

RSP

This service addresses the following **goals:**

4(Prevocational)

Start Date: Effective on Signature Date
End Date: 20-Apr-2018
Service applies to: Regular
Frequency: 1-5
Interval: Weekly
Minutes/Interval: 10
Minutes/Interval (Pullout from Gen Ed): 0
Service Delivery Model: Direct Service (Collaborative)*
RSP Area: Multiple Academic Areas
Responsible Personnel: Resource Specialist Teacher
 General Education Teacher
 District Assigned Qualified Provider

*

Service 3

RSP

RSP

This service addresses the following **goals:**

3(Math)

Start Date: Effective on Signature Date
End Date: 20-Apr-2018
Service applies to: Regular
Frequency: 1-5
Interval: Weekly
Minutes/Interval: 30
Minutes/Interval (Pullout from Gen Ed): 0

Individualized Education Program (IEP)

Service Delivery Model: Direct Service (Collaborative)*
 RSP Area: Math
 Responsible Personnel: Resource Specialist Teacher
 General Education Teacher
 District Assigned Qualified Provider

*

Service 4

RSP
RSP

Start Date: Effective on Signature Date

End Date: 20-Apr-2018

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

This service addresses the following **goals:**

1(English Language Development)

2(Reading)

3(Writing)

Minutes/Interval: 60

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)*

RSP Area: Literacy/ELA/ELD

Responsible Personnel: Resource Specialist Teacher

General Education Teacher

District Assigned Qualified Provider

*

Notes:

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

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	0 %	

Part 4 - Additional Discussion (This section is optional)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 12 a b c d of 23

Student HENN DANIEL M **Date of Birth** 20-AUG-2008 **Meeting Date** 21-APR-2017

FAPE Summary Grid

Program: GE **Setting:** General Education
Eligibility: Eligible (OHI) **Curriculum:** General Education
Transportation: None **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	2	~	60	Social Emotional	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	30	Math	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Multiple Academic Areas	10	Prevocational	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	60	English Language Development, Reading, Writing	--

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.