

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification  
Number

011901F002

SSID

4138245630

Eligible (ID)

Student IAMBURG  
LastAMIT  
First

MI

Date of Birth:

19-JAN-2001

## Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting	<input type="radio"/> Initial
Date of Present Meeting	<input type="radio"/> Amendment of IEP dated
Annual Review to be conducted by	<input checked="" type="radio"/> Annual Review
Next Three Year Review will be conducted by	<input type="radio"/> Three Year Review
Three Year Review or Evaluation was conducted on	<input type="radio"/> Early Start Transition
Transition to Kindergarten to be conducted by	<input type="radio"/> Expulsion Analysis
	<input type="radio"/> Individual Transition Plan
Location of Meeting	District Name
	Los Angeles Unified School Dis

## Section B: Student Information

Date of Birth	19-JAN-2001	Age	19	Grade	12
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No	Ethnic Code	White
Location of the Psych Folder	MILLER CTC	Student has no Psych Folder	<input type="checkbox"/>		
Location of the Cum Folder	MILLER CTC	Student has no Cum Folder	<input type="checkbox"/>		
Home Language	Hebrew	Student Language	Hebrew	Alternate Mode of Communication	
Home Address of Student	5919 TOPEKA DR				
City	TARZANA CA	ZIP Code	91356		
Home Telephone	(818) 996-9103	Daytime Telephone		Emergency Telephone	
School of Attendance	Miller Ctc	Location Code	1910		
School of Residence	Reseda Charter Hs	Location Code	8814		
Name of Parent/Guardian		Telephone			
Address					
City		CA	ZIP Code		
Surogate Parent		Telephone			
Attends <b>CURRENT SCHOOL</b> as a result of one of the following	Special Education Placement				
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#			
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship			
Licensed Children's Institution	<input 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 checked="" type="radio"/> Yes

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Student **IAMBURG** **AMIT**   
 Last First MI

Date of Birth **19-JAN-2001**

**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
<b>1</b>	<input type="text" value="Fine Motor"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Fine Motor"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>2</b>	<input type="text" value="Func Reading/Writing"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Functional Reading"/> ▼			
	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"/>
<b>3</b>	<input type="text" value="Functional Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Per mom's, not met yet in real world application"/>
<b>Category</b>	<input type="text" value="Functional Math"/> ▼			
	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"/>
<b>4</b>	<input type="text" value="Communication"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Communication"/> ▼			
	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"/>
<b>5</b>	<input type="text" value="Vocational"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text" value="Able to accomplish with guiding prompts per goal."/>
<b>Category</b>	<input type="text" value="Vocational Education"/> ▼			
	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"/>
<b>6</b>	<input type="text" value="Behavioral Support"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Behavior Intervention"/> ▼			
	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"/>
<b>7</b>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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"/>
<b>8</b>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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"/>
<b>9</b>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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"/>
<b>10</b>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text"/> ▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student IAMBURG  
Last

AMIT  
First

MI

Date of Birth 19-JAN-2001

Meeting Date 03-NOV-2020

Section E: Present Level of Performance

Performance Area: English Language Development

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results: CAPA ELA LEVEL - 5, CAPA MATH LEVEL - 4, CELDT SCORE (31-OCT-2016) - 1

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

Amit was re-designated.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Functional Math

Category: [dropdown arrow]

Assessment/Monitoring Process Used: Informal/ observation

State/District Assessment Results:

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

Areas of strength: Amit is able to read a calendar, identifying the the days of the week and the months. She is able to identify most bills and coins with some guidance. Amit is able to follow a schedule familiar to her. She can estimate using the dollar up strategy.

Areas of need: Amit needs to be familiar with counting inventory and identifying how many are needed. She can build on this skill in any employment setting.

Impact of Disability: Amit's intellectual challenges impair her ability to learn to count accurately and identify needed items to improve her functional math skills which impacts her involvement and progress in the general education curriculum to such a degree that her instruction is based on the alternate achievement standards using the Alternate Curriculum.

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 summary]

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Section E: Present Level of Performance

Performance Area: Functional Reading

Category:   
▼

Assessment/Monitoring Process Used: Informal/ observation

State/District Assessment Results:

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

Areas of strength: Amit is able to read most words in a sentence. She is able to write familiar sight words, her name and the date. Amit will read curriculum text aloud in class with support. Amit is able to generate check list of things she does to get ready in the morning. She is able to read 15/16 community signs.Amit can order off a menu with visuals. She is able to answer simple who, what, where, why, and how questions from short informational text discussed in class.

Areas of need: Amit needs to be able to follow a set of directions such as a recipe or steps to a task with pictorial supports.

Impact of Disability: Amit's intellectual challenges impair her ability to follow a set of directions in functional reading/writing which impacts her involvement and progress in the general education curriculum to such a degree that her instruction is based on the alternate achievement standards using the Alternate 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):

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Section E: Present Level of Performance

Performance Area: Vocational Education

Category: [dropdown arrow]

Assessment/Monitoring Process Used: Informal/ observation

State/District Assessment Results:

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

Areas of strength: This school year, Amit is enrolled in Miller CTC. She has demonstrated she is responsible in following her class schedule and being present for class discussions. Amit demonstrates she is helpful, respectful, and polite towards staff and her peers. Amit is eager to participate in class discussions and willing to participate when called upon.

Areas of need: Amit needs to work on staying on topic with appropriate topics in work or academic settings. At times, Amit will bring up topics unrelated to work or academic discussions.

Impact of Disability: Amit's Intellectual challenges impair her ability to stay on appropriate topics in work and academic settings to expand her skills in vocational education which impacts her involvement and progress in the general education curriculum to such a degree that her instruction is based on the alternate achievement standards using the Alternate Curriculum.

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: Communication

Category: [dropdown arrow]

Assessment/Monitoring Process Used: Informal/ observation

State/District Assessment Results:

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

Areas of strength: Amit is able to communicate her immediate wants and needs to others. She is able to make a comment in relation to the topic in a group discussion. Amit likes being around other people and makes an effort to participate in activities and conversations with them. She will greet her peers and staff.

Areas of need: Amit needs to work on asking questions for clarification about certain tasks or directions. At times she might get off topic and needs to make sure she understand the given directions to complete the task.

Impact of Disability: Amit's Intellectual challenges impair her ability to learn to ask questions for clarification to improve her communication skills which impacts her involvement and progress in the general education curriculum to such a degree that her instruction is based on the alternate achievement standards using the Alternate Curriculum.

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: Behavior

Category:

Assessment/Monitoring Process Used: Informal/ Observational

State/District Assessment Results:

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

Strengths: Amit will greet her peers and staff appropriately. She will often participate in class discussion independently and when called upon. She enjoys engaging in conversation with peers and staff. She will asks questions in discussions.

Needs: Amit needs to identify various types of people and the appropriate volume and tone that corresponds to that person (ex: Boss/co-worker not screaming, or angry voice, or family you can express yourself more). This will help her build independent skills and appropriate interaction skill in the work setting.

Impact of Disability: Amit's Intellectual challenges impairs her ability to communicate with others appropriately in her vocational education program which impacts her involvement and progress in the general education curriculum to such a degree that her instruction is based on the alternate achievement standards using the Alternate 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):



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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: ID Intellectual 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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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Amit will use a list to count and keep track of inventory, by counting out materials and identifying how many are needed, with no more than 1 prompts, in 3 out of 4 opportunities, with 80% accuracy as observed by staff.

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:

Amit will use a list to count and keep track of inventory, by counting out materials and identifying how many are needed, with no more than maximum support, in 2 out of 4 opportunities, with 60% accuracy as observed by staff.

Incremental objective #2 related to the goal:

Amit will use a list to count and keep track of inventory, by counting out materials and identifying how many are needed, with no more than 2 prompts, in 3 out of 4 opportunities, with 70% accuracy as observed by staff.

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 G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

By November 2021, Amit will be able to follow a set of directions such as a recipe with pictorial support, with no more than 1 prompt, in 3 out of 4 trials, with 80% accuracy as measured by staff.

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:

Amit will be able to follow a set of directions such as a recipe with pictorial support, with unlimited prompts, in 2 out of 4 trials, with 60% accuracy as measured by staff.

Incremental objective #2 related to the goal:

Amit will be able to follow a set of directions such as a recipe with pictorial support, with no more than 3 prompts, in 3 out of 4 trials, with 70% accuracy as measured by staff.

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"/>

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

By November 2021, Amit will be make comments and questions that are work/academic appropriate topics during her work program or academic class, with no more that 2 prompts, in 3 out 4 opportunities, with 80% accuracy and observed by staff.

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:

Amit will be make comments and questions that are work/academic appropriate topics during her work program or academic class, with moderate support, in 2 out 4 opportunities, with 60% accuracy and observed by staff.

Incremental objective #2 related to the goal:

Amit will be make comments and questions that are work/academic appropriate topics during her work program or academic class, with no more that 4 prompts, in 3 out 4 opportunities, with 70% accuracy and observed by staff.

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"/>

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Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

Amit will ask questions for clarification and understanding about how to perform a task or what to do next, and ask for help when a task or directions are too difficult or she doesn't understand, with no more than one prompt, in 4 out of 5 trials, with 80% accuracy, as observed and recorded by staff.

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:**

Amit will ask questions for clarification and understanding about how to perform a task or what to do next, and ask for help when a task or directions are too difficult or she doesn't understand, with maximum support, in 3 out of 5 trials, with 60% accuracy, as observed and recorded by staff.

**Incremental objective #2 related to the goal:**

Amit will ask questions for clarification and understanding about how to perform a task or what to do next, and ask for help when a task or directions are too difficult or she doesn't understand, with no more than 2 prompts, in 3 out of 5 trials, with 70% accuracy, as observed and recorded by staff.

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)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Amit will identify various types of people and the appropriate volume and tone that corresponds to that person (ex: Boss/co-worker not screaming, or angry voice, or family you can express yourself more) in role play scenarios and in the work and classroom setting, with 80% accuracy in 3 out of 4 trials with no more than 2 prompts.

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:

Amit identify various types of people and the appropriate volume and tone that corresponds to that person (ex: Boss/co-worker not screaming, or angry voice, or family you can express yourself more) in role play scenarios and in the work and classroom setting, with 60% accuracy in 2 out of 4 trials with moderate support.

Incremental objective #2 related to the goal:

Amit identify various types of people and the appropriate volume and tone that corresponds to that person (ex: Boss/co-worker not screaming, or angry voice, or family you can express yourself more) in role play scenarios and in the work and classroom setting, with 70% accuracy in 3 out of 4 trials with no more than 3 prompts.

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** IAMBURG  
Last

AMIT  
First

MI

**Date of Birth** 19-JAN-2001

**Meeting Date** 03-NOV-2020

**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.

**No assessment tests found.**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student IAMBURG  
Last

AMIT  
First

MI

Date of Birth 19-JAN-2001

Meeting Date 03-NOV-2020

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:

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 IAMBURG AMIT MI Last First MI

Date of Birth 19-JAN-2001

Meeting Date 03-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

Table with 3 columns: Method, Whom, When. Row 1: Work Visit, SHuey, 23-SEP-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

Signature(s)

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)

Signature(s)

Date 4-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>B. Regarding your child's previous IEP (if relevant):</b>	
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.

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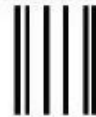
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Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!



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 IAMBURG

AMIT

Date of Birth 19-JAN-2001

Meeting Date 03-NOV-2020

Last

First

MI

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Shoshana Iamburg	SI
Parent/Guardian	Ehud Iamburg	
Student Age 18 - 21 years	Amit Iamburg	AI
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Kendell Smith	KS
Administrative Designee		
Special Education Teacher	Anabel Vedolla	AV
General Education Teacher		
School Psychologist		
School Nurse		
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

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 type="radio"/> General Education Class/General Education Site	<input type="radio"/> Special Day Program/General Education Site
<input checked="" 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.

<b>Step A.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" 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.
The nature of Amit's disability of intellectual challenges is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.		

<b>Step B.</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 checked="" 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 checked="" 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.
The nature of Amit's disability of intellectual challenges is such that education in a special day program on a regular campus with the use of supplementary aids and services cannot be achieved satisfactorily.		

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Last

First

MI

**ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)**

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

<b>Step C.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?	
	<input checked="" 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.
<div style="border: 1px solid black; height: 80px;"></div>		

<b>Step D.</b>	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.
<div style="border: 1px solid black; height: 80px;"></div>		

<b>Step E.</b>	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.
	<div style="border: 1px solid black; height: 80px;"></div>	

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

<b>Step F.</b>	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)		<b>Eligible (ID)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="Alternate Curriculum"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="Career and Transition Center"/>	<input type="text"/>
	Name of School	<input type="text" value="MILLER CTC"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="CTC"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1885"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Functional Math),2(Functional Reading),3(Vocational Education),4(Communication),5(Behavior)"/>	<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="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
	ESY Transportation	<input type="text" value="Home to School"/>	<input type="text"/>
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Visual models, visual cues, verbal prompts, opportunity to practice skill, additional time for response, verbal praise, scaffolding, frequent checks for comprehension, offer choices, redirecting prompts"/>	<input type="text"/>
	Instructional Modifications	<input type="text" value="Amit receives all materials and lessons at her instructional level and is being taught utilizing the alternative methods of assessment and curriculum."/>	<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	<input type="text"/>
	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	<input type="text"/>		



<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student IAMBURG

AMIT

Date of Birth 19-JAN-2001

Meeting

03-NOV-2020

Last

First

MI

Date

		<b>Effective With This IEP</b>	<b>Future Changes Related To This IEP</b>
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**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

	<b>Effective With this IEP</b>	<b>Future Changes Related to this IEP</b>
<b>% of Time per Week outside of General Education</b>	100	

### Part 4 - Additional Discussion (This section is optional)

Annual 11-04-2020:

The Family attended the IEP by smartphone. Smartphones are given the capability to have 'remote control' on Zoom to sign the Signature Page. Thus, the Family gave permission to sign their initials for them.

The Career and Transition Center Communication Support Model is offered as a support to communication programs already in place within the school setting. Communication development is a component of the special education curriculum. The LAS therapist will collaborate with the special education teacher on a regular basis on current classroom-based communication goals within the classroom setting. For students who may be enrolled in an off campus setting goals can be addressed by the classroom teacher.

Amit was reclassified as English proficient and therefore no longer needs an English Language Development Goal or Present Level of Performance. She will also no longer be required to participate in state testing for English Language Learners.

LAUSD schools are closed at this time due to the COVID-19 national pandemic. Amit will receive educational services as described in the Distance Learning Plan (DLP) recommended by the IEP team.

School Bus Safety 2020 - 21

Amit is entitled to transportation and has received instruction in school bus emergency procedure and passenger safety. To meet the mandate of Section 3983.15 of the Education Code, each teacher at Miller CTC submits verification that all students assigned to their record room have viewed the video take titled SCHOOL BUS SAFETY

Mother expressed concerns that she would like Amit to have additional supports and services. She is requesting educational therapy. The Mother would like to request and Independent Dispute Resolution.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student IAMBURG

AMIT

Date of Birth 19-JAN-2001

Meeting Date 03-NOV-2020

Last

First

MI

## FAPE Summary Grid

<b>Program:</b>	CTC	<b>Setting:</b>	Special Education						
<b>Eligibility:</b>	Eligible (ID)	<b>Curriculum:</b>	Alternate Curriculum						
<b>Transportation:</b>	Home to School	<b>Low Incident Support:</b>	None						
<b>Date District Received Parent Signature:</b>									
<b>Service Code</b>	<b>Service Desc</b>	<b>Start Date</b>	<b>Service Applies To</b>	<b>Interval</b>	<b>Frequency</b>	<b>Area</b>	<b>Total Minutes</b>	<b>Addresses Goal(s)</b>	<b>No Consent</b>

## 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"/>
Extended School Year 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 Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student IAMBURG AMIT MI Date of Birth 19-JAN-2001 Meeting Date 03-NOV-2020

1 The behavior impeding learning is: Describe what it looks like:

2 It impedes learning because: lack of work production  disrupts other students  requires instruction to stop   
 instructional time is lost  negative interaction with peers   
 other

3 The need for a Behavior Intervention Plan:  early stage intervention  moderate  serious  extreme

4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)  
     
 Reported by  and/or  observed by

### PREVENTION

### PART 1

### ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input type="checkbox"/> Work level higher than student's ability	<input type="checkbox"/> Verbal directives	<input type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input checked="" type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input checked="" type="checkbox"/> Over stimulation
<input type="checkbox"/> Unstructured time	<input type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input type="checkbox"/> Specific room arrangement
<input checked="" type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe:

### Observation Analysis 6

What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment:	<input type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input type="checkbox"/> Interactions (adult and/or peers, size, etc.)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input type="checkbox"/> Inappropriate materials (age-appropriate)	<input checked="" type="checkbox"/> Conflict resolution skills
	<input checked="" type="checkbox"/> Transition skills	<input type="checkbox"/> Schedule	<input type="checkbox"/> Effective communication with parent
	<input type="checkbox"/> Re-teaching	<input type="checkbox"/> Task structuring	<input type="checkbox"/> Communications system
	<input checked="" type="checkbox"/> Social skills instruction	<input type="checkbox"/> Consequences not clear to student	
	<input type="checkbox"/> Choices		

Other (Missing/Present):

### REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

### Intervention 7

What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:	<input type="checkbox"/> Give more time on tasks	<input type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input checked="" type="checkbox"/> Signal transition	<input checked="" type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input type="checkbox"/> Preferred seating	<input type="checkbox"/> Different work areas	<input type="checkbox"/> Study carrels
Interaction:	<input type="checkbox"/> Personal space	<input type="checkbox"/> Hands-on learning	<input type="checkbox"/> Tasks organized
	<input checked="" type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input type="checkbox"/> High interest materials	<input type="checkbox"/> Cue the student	<input checked="" type="checkbox"/> Model
	<input checked="" type="checkbox"/> Use specific supportive words	<input type="checkbox"/> Praise successes	<input type="checkbox"/> Peer Models
	<input checked="" type="checkbox"/> Verbally praise student	<input checked="" type="checkbox"/> Use calm, de-escalating language	
	<input type="checkbox"/> Use specific support communications		

Other

Who will establish?  Who will monitor?  Frequency



INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student IAMBURG AMIT MI Date of Birth 19-JAN-2001 Meeting Date 03-NOV-2020

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8

Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

- To Get: Sensory input, Attention (peer), Attention (staff)
To Avoid: Tangible (desired item), Tangible (desired activity), Attention (staff), Sensory input, Attention (peer), Task (too long), Task (too difficult), Task (too easy)

Describe:

Observation 9 Analysis

What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

To get: Attention (peer) Amit will engage in interactions during appropriate times (unstructured) and after work is completed.
To get: Tangible (desired activity) Amit will be allowed to talk about areas and people of interest to him at appropriate times only. (breaks)

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

- Better communication skills, Anger management, Communication system, Self-management systems, Following schedules & routines, Learning new social skills, Learning how to negotiate, Learning structured choice, Learning new scripts, Learning notebook organization, Learning to use conflict resolution, Learning to request breaks, Other

Who will establish? teacher/other staff Who will monitor? teacher/ other staff Frequency: on-going

Intervention 11

What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

- Physical: High-fives, Smiles, Handshake
Verbal: Use specific praises, Recognition of student's ... Peer recognition, Listen to music
Contingent Access: Preferred activity, Free time, Other
Tangibles: Positive phone calls or notes to home, Certificate sent home, Seating Location
Tokens and Points: Tokens, Points
Privileges: Exempt assignment, Extra test points

Other ideas:
Selection of reinforcer based on: student preference
reinforcer for using replacement behavior, reinforcer for general increase in positive behaviors
By whom? teacher/ other staff Frequency on-going

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

1. Cue student to identify emotion 2. Prompt students to select method to cope with emotion 3. Praise student in implementing coping strategy and de-escalation 4. No further consequence necessary

Personnel? teacher/ other staff

INDIVIDUALIZED EDUCATION PROGRAM  
Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student IAMBURG AMIT MI  
Last First MI

Date of Birth 19-JAN-2001

Meeting Date 03-NOV-2020

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 5

Amit will be able to identify various types of people and the appropriate volume and tone that corresponds to that person (ex: Boss/co-worker not screaming, or angry voice, or family you can express yourself more) in role play scenarios and in the work and classroom setting, with 80% accuracy in 3 out of 4 trials with no more than 2 prompts.

The above behavioral goal is to:  Increase use of replacement behavior and may also include:  
 Reduce frequency of problem behavior  Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes  No

Are environmental supports/changes necessary?

Yes  No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes  No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes  No

This BIP to be coordinated with other agency's service plans? Agency?

Yes  No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:

- Phone calls  Email  Written notes
- Daily reports  Daily charting  Behavioral logs
- Weekly reports
- Other

Between?  Frequency?   
teacher and parents as needed



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:<sup>info</sup>  Yes  No
- Student referred and placed in an outside agency:<sup>info</sup>  Yes  No
- If yes, name of agency:  ▼
- Student participated in Work Experience Education:<sup>info</sup>  Yes  No
- Student received college awareness preparation:<sup>info</sup>  Yes  No
- Student received career awareness:<sup>info</sup>  Yes  No

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

Area	Completed	If no, indicate reason
Education/Training Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input 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"/> ▼ If other? <input type="text"/>	<input type="text" value="30-OCT-2020"/>	STUDENT TRANSITION SURVEY: Based on student survey and interview Amit states that she would want to have full time employment in the future. She is interested in working with children perhaps as a counselor.
<input type="text"/> ▼ If other? <input type="text"/>	<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
<input type="text" value="research a vocational training program (s) / college(s), their location, and the cost of the program"/> If other? <input type="text"/>	<input type="text" value="29-OCT-2021"/>	<input type="text" value="Student"/> ▼ <input type="text" value="Parent/Guardian/Family"/> ▼ <input type="text" value="Special Education Teacher"/> ▼ <input type="text" value="Other School Staff"/> ▼ <input type="text"/> ▼ <input type="text"/> ▼ <input type="text"/> ▼

Student IAMBURG

AMIT

Date of Birth

19-JAN-2001

Meeting Date

03-NOV-2020

Last

First

MI

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

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)
Transition Surveys, Checklists, or Informal Questionnaires <input type="checkbox"/> If other? <input type="text"/>	30-OCT-2020	STUDENT TRANSITION SURVEY: Based on student survey and interview Amit states that she is interested in working with children. She would like to get job coach and supported employment. She states that she would like to work full time.
<input type="checkbox"/> If other? <input type="text"/>		

<b>Employment Postsecondary Goal</b>	If other?
Upon completion of high school, the student will:	
participate in supported employment <input type="checkbox"/>	

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
research supported employment options available through outside agencies	29-OCT-2021	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian/Family <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Other School Staff <input type="checkbox"/> <input type="checkbox"/>
If other? <input type="text"/>		

Section 3: Independent Living (as needed)

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)
Transition Surveys, Checklists, or Informal Questionnaires <input type="checkbox"/> If other? <input type="text"/>	29-OCT-2020	STUDENT TRANSITION SURVEY: Based on student survey and interview Amit states that she helps with chores around the house. She helps cook, clean, do laundry, clean her room and put stuff away, Amit states that she does not yet do her own laundry.
<input type="checkbox"/> If other? <input type="text"/>		

<b>Independent Living Postsecondary Goal</b>	If other?
Upon completion of high school, the student will:	
live with family/relatives <input type="checkbox"/>	

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
sort, wash, dry, fold, and put away laundry	29-OCT-2021	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian/Family <input type="checkbox"/> Special Education Teacher <input type="checkbox"/> Other School Staff <input type="checkbox"/> <input type="checkbox"/>
If other? <input type="text"/>		



Student IAMBURG

AMIT

Date of Birth

19-JAN-2001

Meeting Date

03-NOV-2020

Last

First

MI

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:

Amit is participating in a certificate of completion course of study which includes specialized academic instruction, a functional living skills curriculum and independent living skill-building activities in order to facilitate independent living as an adult.

**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:

Regional Center

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 |