

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 060313M010

Eligible (AUT)

Student KUSHNIR BEN I
Last First MI

Date of Birth 03-JUN-2013

Section A: Meeting Information

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	08-AUG-2016	<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated
Date of Present Meeting	16-MAR-2018	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	16-MAR-2019	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	16-MAR-2021	<input checked="" type="radio"/> Other Re-Evaluation	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	08-AUG-2016		
Transition to Kindergarten to be conducted by			
Location of Meeting:	Lockhurst Drive CES	District Name:	Los Angeles Unified School District

Section B: Student Information

Date of Birth 03-JUN-2013 Age 4 Grade -1 Gender Male Female Limited English Proficient Student Yes No

Ethnic Code White

Location of the Psych Folder: SUPPORT UNIT NORTH Student has no Psych Folder:

Location of the Cum Folder: LOCKHURST DR CEL Student has no Cum Folder:

Home Language Hebrew Student Language Hebrew

Alternate Mode of Communication

Home Address of Student 6650 KENTLAND AV

City WEST HILLS CA ZIP Code 91307

Home Telephone (310) 382-7477 Daytime Telephone Emergency Telephone

School of Attendance Lockhurst Dr Cel Location Code 4887

School of Residence Hamlin Ca Location Code 4349

Name of Parent/Guardian Naama Solfain Telephone

Address same as above

City CA ZIP Code

Surrogate Parent Telephone

Attends CURRENT SCHOOL as a result of one of the following:
 Special Education Placement PAL

Is the student living in a Family Foster Home (FFH)? No Yes FFH# Is FFH Provider related to student? No Yes

Relationship

Licensed Children's Institution No Yes LCI Name LCI#

Out of home placement made by: Department of Mental Health Department of Children's Services Regional Center Superior Court

Other Child's family living within LAUSD's boundaries? No Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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Student Date of Birth Meeting Date

Section C: Language Acquisition

Language Classification: Start Date: Reclassification Date:

Parent Waiver: Yes No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. Social Emotional	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2. Behavior Support	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
3. Literacy	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
4. Math	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
5. Self Help	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
6. Language	<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. Tactile Sensitivity	<input type="radio"/>	<input checked="" type="radio"/>	In progress, Ben continues to need prompts
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. Sensory Modulation	<input type="radio"/>	<input checked="" type="radio"/>	Has shown more progress due to bx approach
Objective 1 met	<input type="radio"/>	<input checked="" 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"/>	

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Student KUSHNIR BEN I

Date of Birth 03-JUN-2013

Meeting Date 16-MAR-2018

Section E: Present Level of Performance

Performance Area: HEALTH
Assessment/Monitoring Process Used: LAUSD Health Assessment, Review of Records, Interview with Parent
State/District Assessment Results:

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

Health Summary: Student is in pre kindergarten with no known health issues.
Strength: Ben is in general good health with normal growth and development. He is independent to activities of daily living. He passed vision screening done on 2/26/2018 and passed LAUSD audio screening done on 7/8/2016. There has been no serious or chronic illness, allergy, accident, surgery, hospitalization and counseling.
Area of Need: Health is not an area of need.
Impact of Disability: Student's health does not adversely impact participation, progress and access in the educational program.
Accommodation/Modification: None in health.
Cynthia Sevilla RN, school nurse

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 box for current performance/assessment summary]

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Meeting Date

Section E: Present Level of Performance

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): 


Background: Ben was made eligible for special education as a student with autism at his initial IEP in August of 2016. Placement was in a Preschool for All Learners (PAL) class at Lockhurst Charter Academy, with embedded services of Language and Speech (LAS) as part of the curriculum. The IEP was signed on September 20, 2016. LAS services through a nonpublic agency were granted through a due process agreement. Focus has been on speech production and expanded use of language to communicate. Ben has shown significant progress.

Strengths: Ben understands conversational speech and expresses himself using sentences that are age appropriate in grammar, length and complexity in English, despite Hebrew being reported as his native language. He has consistently met and exceeded his communication/language goals, including his current goal to ?expand language by using novel phrases/sentences to comment/describe during engagement in play or stories (related to books, video shows seen) in 4/5 opportunities.? He readily engages in conversation, and maintains topic by responding, commenting, inquiring and expanding. He uses language effectively for reasoning and for communication. He engages with peers when he sees common interests, and accepts guidance for interaction when offered, if he wants to engage. He has shown application of positive play and interaction when modeled and guided. Ben scored in the average to high average range in formal testing. He achieved a standard score of 101 on the Oral Expression section and a standard score of 106 on the Listening Comprehension section yielding an Oral Language Composite score of 103. The comparison between his Listening Comprehension score and his Oral Expression score was not considered to be a significant difference.

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): 

Needs: No current needs are identified in the area of language/communication.

Impact of disability on educational performance: Ben?s speech/language skills enable him to fully access his general education curriculum without additional support.

Accommodations and modifications: None needed in the area of language and speech.

For further information see LAS report dated 3/15 18

S. Jacobs, M.S., CCC-SLP, Language and Speech therapist, Lockhurst

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Section E: Present Level of Performance

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): 

Strengths:
 Ben's social skills have soared over the past year. He is able to express his feelings, wants and needs clearly, as well as hold simple conversations with peers and adults. Ben is always concerned about his peers when they are upset. He will sometimes approach them and ask 'what is wrong', 'can I help you', and even 'it's ok'. He continually participates in all classroom activities. He is capable of following classroom rules and routines, but continues to need some adult prompting. Ben now enjoys playing in all areas of the classroom, though the fire truck continue to be a favorite. He is very capable transitioning from one activity/area to another independently, pending on his mood. Classroom routines are extremely important in order for Ben's school success.


Needs:
 Ben continues to have much difficulty transitioning away from mom in the morning and after recess. He will refuse to let go of mom and an adult needs to hold him until mom has left the classroom. He will lie on the floor, take his shoes off (sometimes throwing them) and remain there until he calms himself. This can be anywhere from 3 minutes-30 minutes. When it is time to transition from outside back into the classroom, Ben will refuse to get off the tricycle and/or will drop to the ground when told it is time. It takes much adult prompting and holding his hand to get him to stand up and walk.

Impact of Disability:
 Ben's autism is impacting his social/emotional development, which impacts his access to the general education curriculum.

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): 

Strengths:
 Ben continues to enjoy participating in music and movement daily. He sings along with songs being played and will dance to silly songs with his peers. Ben has great gross motor planning (thinking ahead). He is able go up and down both of the apparatus' on the yard and will go down the slide appropriately and is learning how to go across the monkey bars. He loves riding the tricycles especially the one with two seats because his friends will get on the back. Ben is able to combine two or more loco-motor movements together in effective ways (i.e. crouches down and jumps forward using both legs. Ben has no issues when playing with classroom manipulatives in order to complete functional tasks.

Needs:
 None

Impact of Disability:
 Ben's autism does not impact his ability to access, participate, and progress in the curriculum in the area of physical development.

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Section E: Present Level of Performance

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): 

Strengths:
 Ben's understanding of the world around him is amazing. He has great observational skills and is constantly questioning everything. He demonstrates awareness of basic needs and process that are unique to living things (e.g. need for water and food, change and growth in all living things). Ben's focus and attention during classroom lessons has improved, he is able to concentrate and complete a task with minimal adult prompting. Ben knows his first and last name, how old he is, his mother and father's first names and the name of the school he attends.


Needs:
 None at this time.

Impact of Disability:
 Ben's autism may impact his ability to access, participate, and progress in the curriculum in the area of cognitive development.

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): 

Strengths:
 Ben shows much strength in letter identification and is currently learning the sounds that correspond. Ben has strong comprehension and prediction skills. And will often ask questions during stories being read aloud. Ben is now tracing his name better and enjoys writing it on his classwork using all capital letters while using a tripod grasp. When writing his name in lowercase letters, he struggles with the /e/. He is able to trace straight and round lines independently. Ben's cutting skills have improved tremendously, he is. He continues to show much enthusiasm in learning.

Needs:
 Though Ben has improved tremendously with his ability to understand and predict when listening to a story, he continues to need assistance when putting his thoughts into a complete idea, whether it be dictating, drawing a picture and/or writing a simple sentence. He needs to be able to participate in class discussions about a particular topic. He needs to be able to help with the brainstorming process with his peers and use thinking maps and sentence starters to guide his writing.

Impact of Disability:
 Ben's autism may affect his ability to put his thoughts in writing which affects his participation and progress in the general education curriculum.

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Section E: Present Level of Performance

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): 

Strengths:
Ben's number concept comprehension continues to improve daily. He has great one-to-one correspondence understanding. Ben can identify numbers 1-10 easily, but struggles with numbers 11-25. He is able to rote count 1-29. Ben is able to put numbers 1-10 in their correct order while saying the number as he places them.


Needs:
None

Impact of Disability:
Ben's disability of autism may affect his ability to access, participate, and progress in the general education curriculum.

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): 

Areas of Need:
Ben continues to have difficulty transitioning away from his mother/father, and from Recess/Outdoor Play inside. When transitioning from the outside to the inside Ben will be asked to be a helper, which has had some success. The reinforcer of playing with his 'special' fire truck had had very little success as well. Self-regulation strategies are continually being taught throughout each school day. Ben, does however have successful school days.

Areas of Strength:
He has met his goal due to the fact that he calms himself down after being left alone to decompress. Once in the classroom Ben is able to transition independently, and will complete all tasks.

Ben's attendance is still an issue as well as there continues to be many changes happening around him that make it difficult for him to handle. Ben continues to arrive well after the bell rings and has many absences. In order for Ben to be successful in school, he must arrive on time and daily. He responds well to structure and routine.

Impact of Disability:
Ben's autism may affect his ability to access, participate, and progress in the general education curriculum.

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Meeting Date 16-MAR-2018

Section E: Present Level of Performance

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): 

Student's areas of strengths:
 Ben has the foundational neuromuscular skills needed to successfully participate in a preschool curriculum. He has functional muscle strength, joint range of motion, muscle tone, endurance and balance and equilibrium reactions to interact appropriately with an educational environment. He demonstrates the gross motor skills access the playground apparatus and ride a tricycle on his own. Ben has functional fine motor, proximal stability, and praxis (motor planning) skills to successfully manipulate and manage classroom materials. Ben appears to have functional motor, visual skills for emergent writing as he is using a static tripod grasp for writing tools and a pincer grasp to pick up smaller objects. He is able to write his own name with proper letter formation and spelling. Ben presents with optimal arousal and attention to tasks of interest to him. He is emerging the skill to create patterns, he can complete 26 piece inset puzzles and interlocking puzzles independently demonstrating good visual perceptual skills. He can imitate vertical, horizontal, circular, and diagonal lines using a functional tripod grasp. Ben can trace lines such as a spiral, zig zag, and simple geometric shapes such as a triangle or square with 80% accuracy. He demonstrates bilateral integration as he uses bimanual skills to stabilize his paper with his non-dominant left hand. He can also string small beads on a string or pipe cleaner independently. He is able to load his fingers using non-adapted scissors, and have the skills to open/close scissors independently and cut straight lines on the paper with minimal deviation. He has functional skills to independently access tools (proprioceptive and vestibular) a scooter board, therapy ball, large bolster with an appropriate response. Ben demonstrates functional proprioceptive and vestibular modulation and discriminatory skills.

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): 

Student's areas of need:
 Ben is currently demonstrating difficulties with regulatory skills in regards to transitions. His inability to organize his behavior once he is overstimulated is poor. He requires maximum support to regulate his body and calm down. Ben has difficulties transitioning to come into class in the morning and to come/leave therapy sessions. Although he has greatly improved in this area, he continues to require moderate assistance from an adult. Ben does not show an adaptive response from using sensory equipment such as a scooter board, large bolster, trampoline, or heavy work (proprioceptive/vestibular input) for self-regulation. The most successful approach for Ben thus far is a behavioral approach and use of a timer with warnings before transitions. Ben's sensitivities to auditory and tactile input impact his participation in the classroom. He has tactile defensiveness and avoidance, impacting his ability to engage with classroom materials. His auditory sensitivities impact his performance during bells, assemblies and large setting classrooms.

Impact of student's disability on academic and overall performance:
 Ben's eligibility of Autism and his challenges in his behavior and the resulting difficulties with sensory processing and modulation skills impact his involvement and progress in the educational curriculum. His sensitivity to auditory and tactile stimuli and input impact his ability to engage in his classroom. His challenges in behaviors such as sensory avoidance, stubborn and uncooperative behaviors when distressed or during transitions, impacts his ability to participate and engage in his classroom.

Christina Vargo-Sanchez OTR/L
School Based Occupational Therapist

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Date of Birth 03-JUN-2013

Meeting Date 16-MAR-2018

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: AUT Autism

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:

- Checkboxes for 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)

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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Ben will transition appropriately away from parent, between classes, between activities, from recess, etc. with 80% accuracy in 4 out of 5 days.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Ben will enter the classroom on time and transition away from parent without excessive hesitation, complaining, and keeping his hands and feet to himself with 80% accuracy in 4 out of 5 days.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Ben will line up and walk appropriately to and from recess with 80% accuracy in 4 out of 5 days.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

To improve tactile sensitivity and modulation, with no more than 1 visual or verbal cue, Ben will be able to participate in an art based task, including wet/sticky/messy (non-preferred) textures to completion in 4 out of 5 opportunities.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

To improve tactile sensitivity and modulation, with no more than 2 visual or verbal cue, Ben will be able to participate in an art based task, including wet/sticky/messy (non-preferred) textures to completion in 2 out of 5 opportunities.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

To improve tactile sensitivity and modulation, with no more than 2 visual or verbal cue, Ben will be able to participate in an art based task, including wet/sticky/messy (non-preferred) textures to completion in 3 out of 5 opportunities.

Date to be achieved MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Ben will use a combination of drawing, dictating, and/or writing to narrate a single event or several loosely linked events in order to express his thoughts as measured by student writing sample 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:

Ben will use a combination of drawing, dictating, and/or writing to narrate a single event or several loosely linked events in order to express his thoughts as measured by writing samples in 3 out of 5 trials with 40% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Ben will use a combination of drawing, dictating, and/or writing to narrate a single event or several loosely linked events in order to express his thoughts as measured by writing samples in 3 out of 5 trials with 60% 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)	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 KUSHNIR

BEN

I

Date of Birth 03-JUN-2013

Meeting Date 16-MAR-2018

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.

ELPAC

(Designated Supports and/or Accommodations identified below are applicable)

Designated Supports:

- Covered overlay, masks, or other means to maintain visual attention to the test
- Scheduling during most beneficial time of day
- Noise buffers

DRDP-A - (Adaptations identified below are applicable)

Adaptations:

- Sensory support
- Visual support

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	KUSHNIR	BEN	I	Date of Birth	03-JUN-2013	Meeting Date	16-MAR-2018
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

Section Q: Parent Participation and Consent

Parent Participation	Parent Notification		
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> 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.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Method	Whom	When
	Student	K Bella	20-FEB-2018
<i>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.)</i>			

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

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

Parent/Student (18-21) **AGREES** to all components of the IEP.

Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:

- Assessment Specify
- Eligibility Specify
- Instructional Setting Specify
- Services Specify

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

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

Parent Concerns and Comments

Signature(s) _____ / _____ 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

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

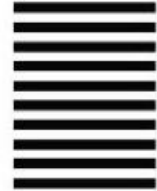


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Naama Solfain"/>	
Parent/Guardian	<input type="text"/>	
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="Krista Bella"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Michele Feigelson"/>	
General Education Teacher	<input type="text"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Sharon Jacobs"/>	
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Christina Vargo-Sanchez"/>	
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" value="Advocate"/>	<input type="text" value="Michelle Biggs"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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

Student's Current Placement Type:

<input 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.
<div style="border: 1px solid black; height: 40px;"></div>		

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

Student

Date of Birth

Meeting Date

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date

	Effective With this IEP	Future Changes Related to this IEP
As of Date:	<input type="text"/>	<input type="text" value="14-AUG-2018"/>
Eligibility: (from Page 4)	Eligible (AUT)	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>	
Curriculum	<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School <input type="text" value="District Non-Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School <input type="text" value="LOCKHURST DR CEL"/>	<input type="text" value="HAMLIN CA"/>
Instructional Setting	Setting <input type="text" value="Special Education"/>	<input type="text" value="General Education"/>
	Program <input type="text" value="PAL"/>	<input type="text" value="GE"/>
	Special Day Minutes/Wk <input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals <input type="text" value="1(Behavioral Support),(Tactile Sensitivity)"/>	<input type="text" value="2(Tactile Sensitivity),1(Behavioral Support)"/>
Additional Factors	Low Incident Support <input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support <input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation <input type="text" value="None"/>	<input type="text" value="None"/>
	Extended School Year/Intersession Yes <input checked="" type="radio"/> No <input type="radio"/>	
	Parent Counseling and Training (PCT) Yes <input checked="" type="radio"/> No <input type="radio"/>	
	ESY Transportation <input type="text" value="No"/>	
Accommodation, Modifications, Supports	<p>Instructional Accommodations</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Use highly motivating materials, visual, and concrete cues. Speak slowly and clearly, modeling sounds and sentences. Visuals, tasks broken down in parts, pre-teaching, re-teaching, simple directions, repeated directions, one-step directions, sentences frames, model to follow, redirecting, highlighting, repetition of skill. Allow for a long response time. Present information and directions in manageable amounts. Allow for breaks as needed. Signal transitions.</p> </div> <div style="width: 45%;"> <p>Use highly motivating materials, visual, and concrete cues. Speak slowly and clearly, modeling sounds and sentences. Visuals, tasks broken down in parts, pre-teaching, re-teaching, simple directions, repeated directions, one-step directions, sentences frames, model to follow, redirecting, highlighting, repetition of skill. Allow for a long response time. Present information and directions in manageable amounts. Allow for breaks as needed. Signal transitions.</p> </div> </div>	
	Instructional Modifications	
	Other Supports, including Non-Academic and Extra-curricular Activities	
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.)	<p>Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? Yes <input checked="" type="radio"/> No <input type="radio"/></p> <p>If the Parent does not agree, specify the area(s) to be reassessed.</p>	

Comments, as appropriate	
Low Incidence Equipment	<input type="text"/>
Assistive Technology Equipment	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Participation in General
Education**

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student

Date of Birth

Meeting Date

	Effective With This IEP	Future Changes Related To This IEP
<p>Service 1</p> <p style="text-align: center;">16</p> <p style="text-align: center;">Occupational Therapy</p> <p>This service addresses the following goals:</p> <p>2(Tactile Sensitivity)</p>	<p>Start Date: Effective on Signature Date</p> <p>End Date:</p> <p>Service applies to: Regular</p> <p>Frequency: 10-20</p> <p>Interval: Yearly</p> <p>Minutes/Interval: 300</p> <p>Minutes/Interval (Pullout from Gen Ed): 0</p> <p>Service Delivery Model: Direct Service (Collaborative)*</p> <p>Responsible Personnel: Other Provider(s)</p>	

<p>Service 2</p> <p style="text-align: center;">RSP</p> <p style="text-align: center;">RSP</p> <p>This service addresses the following goals:</p> <p>1(Behavioral Support)</p> <p>3(Writing)</p>	<p>Start Date: Effective with Future Changes</p> <p>End Date:</p> <p>Service applies to: Regular</p> <p>Frequency: 1-5</p> <p>Interval: Weekly</p> <p>Minutes/Interval: 60</p> <p>Minutes/Interval (Pullout from Gen Ed): 60</p> <p>Service Delivery Model: Direct Service (Collaborative)**</p> <p>RSP Area: Literacy/ELA/ELD</p> <p>Responsible Personnel: Licensed/Credentialed Provider</p>	<p>14-Aug-2018</p>
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**

<p>Service 3</p> <p style="text-align: center;">16</p> <p style="text-align: center;">Occupational Therapy</p> <p>This service addresses the following goals:</p> <p>2(Tactile Sensitivity)</p>	<p>Start Date: Effective on Signature Date</p> <p>End Date:</p> <p>Service applies to: ESY</p> <p>Frequency: 1-5</p> <p>Interval: Monthly</p> <p>Minutes/Interval: 30</p> <p>Minutes/Interval (Pullout from Gen Ed): 0</p> <p>Service Delivery Model: Direct Service (Collaborative)*</p> <p>Responsible Personnel: Licensed/Credentialed Provider</p>	
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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		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	85 %	

Part 4 - Additional Discussion (This section is optional)

For the remainder of the 2017-2018 school year the IEP team recommends a Preschool for All Learners classroom (PAL). The PAL is an educationally-based special day program that operates 4 hours and 30 minutes 5 days a week. The preschool curriculum is delivered through evidenced-based practices. Ben's Communication goals, included in the IEP, will be supported in an integrated fashion by a multidisciplinary on-site team comprised of a speech-language pathologist, early childhood special education teacher, and District special education assistants. The Speech-language pathologist will provide 2 hours of direct and collaborative support to the classroom each week.

The team discussed placement options for next year and agree that Ben is ready to learn with typical peers in a general education program for kindergarten next year with RSP support for writing.

Parent shared concerns about sensory needs that she feels may be met with OT Clinic. She also has concerns about Ben's and ability to communicate appropriately with peers as well as express his emotions, and self-regulation. Parents were provided information regarding Parent Counseling and Training.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

FAPE Summary Grid

Program: PAL **Setting:** Special Education
Eligibility: Eligible (AUT) **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
16	Occupational Therapy	Effective on Signature Date	Regular	Yearly	10-20	~	300	Tactile Sensitivity	--
16	Occupational Therapy	Effective on Signature Date	ESY	Monthly	1-5	~	30	Tactile Sensitivity	--
RSP	RSP	Effective with Future Changes 14-Aug-2018	Regular	Weekly	1-5	RSP- Literacy/ELA/ELD	60	Behavioral Support, 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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 1 of 3)

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

Student Date of Birth Meeting Date

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
3. The need for a Behavior Support 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 I 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 checked="" type="checkbox"/> Time of day | <input checked="" type="checkbox"/> Internal physical/emotional state | <input type="checkbox"/> Peer conflict | <input 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 type="checkbox"/> Events from previous environments | <input type="checkbox"/> Under stimulation | | |
- Other Describe:
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: Classroom seating arrangement Noise levels Interactions (adult and/or peers)
- Peer status gained for misbehavior Inappropriate materials (age-appropriate, size, etc.)
- Missing in the environment: Transition skills Schedule Conflict resolution skills
- Re-teaching Task structuring Effective communication with parent
- Social skills instruction Consequences not clear to student Communications system
- Choices
- Other (Missing/Present):

Remove student's need to use the problem behavior

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 2 of 3)

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

Student Date of Birth Meeting Date

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

Describe:

9. 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: Tangible (desired activity) Ben will transition from a highly preferred tangible/activity to a less preferred with use of verbal prompts.

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? Who will monitor? Frequency

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

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

Selection of reinforcer based on:

- reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Frequency

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)

Prompt student to make a good choice given options that are less desired activities. Provide reinforcement when he transitions appropriately.

Personnel?

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 3 of 3)

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

Student Date of Birth Meeting Date

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #:

Ben will transition effectively away from parent, between classes, between activities, from recess, etc. with 80% accuracy in 4 out of 5 days.

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 BSP 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?