

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Document Added

Los Angeles Unified School District

Student Identification Number 060313M010

Eligible (AUT)

Student KUSHNIR

BEN

I

Date of Birth 03-JUN-2013

Last

First

MI

Section A: Meeting Information

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	08-AUG-2016	<input type="radio"/> Initial	<input checked="" type="radio"/> Amendment of IEP dated 10-MAY-2017
Date of Present Meeting	30-NOV-2017	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	10-MAY-2018	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	08-AUG-2019	<input type="radio"/> Other	<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 saem 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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   I  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. Communication	<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. Behavioral 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. Social Emotional #1	<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. Cognitive Development	<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. Social Emotional #2	<input type="radio"/>	<input checked="" type="radio"/>	
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	still needs direct assistance
6. communication	<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"/>	
7. Gross Motor	<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"/>	
8. communication	<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"/>	
9.	<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="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

Section E: Present Level of Performance

Performance Area: Language/Communication

Assessment/Monitoring Process Used: Observation, staff collaboration, NPA report (CDI, dated 5/5/17)

State/District Assessment Results: n/a

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

Background: Ben has been attending a Preschool for All Learners (PAL) class at Lockhurst Charter Academy during the 2016-17 school year. Support from the Language and Speech program is embedded in the class has been provided weekly. Ben is a bilingual student, and has shown gains in his use of the English language. Strengths: Ben is generally friendly with adults and enjoys engaging with them during play and during structured activities of interest. He understands spoken language and can maintain a brief conversation over at least 3-4 turns. He uses language for a variety of purposes (requesting, inquiring, directing, commenting, describing), speaking in phrases and simple sentences. He is able to answer yes/no questions related to his wants/needs, and some 'wh' questions. Needs: As Ben is an English Language learner and is making expected gains in acquiring English, his current needs in the area of communication relate mostly to his manner of engagement with peers and social skills, which will be addressed in the present level of performance in the social-emotional area. Ben's ability to respond to 'why' and 'how' questions is emerging, which is age appropriate. He produces /y/ for /l/, but is stimuable for correction, which is age-appropriate. Impact of Disability on Educational Performance: Ben's speech and language skills are adequate for full participation in his preschool curriculum. Secondary to his eligibility of autism, his communication skills when relating to peers need support for social interaction during class activities. Modifications and Accommodations: facilitate peer interaction during structured activities and during indoor play to encourage positive experiences and relationships (turn taking, collaborating on building with blocks...). S. Jacobs, M.S., CCC-SLP, Language and Speech Therapist, Lockhurst 5/9/17

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text area for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

Section E: Present Level of Performance

Performance Area: Social Emotional

Assessment/Monitoring Process Used: DRDP, Teacher Observation

State/District Assessment Results:

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

Strengths:

Ben is a very smart little boy. He enjoys participating in circle time songs and activities. He is capable of following classroom routines, but still needs adult prompting. Ben enjoys playing in all areas of the classroom, especially the cars area and the library. He is able to transition from one activity to the next independently and with little adult assistance. Ben does very well with routines. He is able to express simple ideas about himself and connection to others. Ben will adjust his behavior when he sees a peer or familiar adult upset. He will approach teacher and say 'What happened?'; 'Why is \_\_\_\_\_ crying?'. He is extremely friendly to all, most of the time.

Needs:

Ben continues to need much guidance from the teacher in order to attempt to regulate his emotional and behavioral actions in stressful/upsetting situations, especially transitions (i.e. clean-up time, disagreements with peers, toy removed from his possession, sharing, screaming, tantrums). Ben also needs to learn how to play more cooperatively and lessen his impulsivity with his peers. He tends to grab items away from his classmates, knock things down that are built by others, cry, scream and will act out violently towards others when they do not play the way he wants.

Impact of Disability:

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

Performance Area: Language

Assessment/Monitoring Process Used: DRDP, Teacher Observation

State/District Assessment Results:

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

Ben's language has soared since he began school. He is now speaking in 4+ word sentences. He has improved his turn taking skills when having a conversation with an adult and some peers. Ben's receptive language has improved as well. He is learning how to articulate words. He can express himself independently. He loves answering questions and talking to his peers.

Needs:

Though Ben understands directives given to him, he still seems to get confused with 'yes?' or 'no?' questions. Ben does have difficulty with the /s/, /th/, which is age appropriate.

Impact of Disability:

Ben's autism is impacting his ability to effectively express his wants and needs, participate in classroom activities, and/or participate in social interactions development, which impacts his access to the general education curriculum.


INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student    Date of Birth  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): 

**Strengths:**  
 Ben enjoys participating in music and movement daily. He enjoys dancing to silly songs with his peers. On the playground, Ben will run in short strides mostly on his tippy toes, often with a friend. He loves riding the bikes and will often ride in the two-seater with a classmate behind him. Ben is eating independently with a fork and a spoon. He is also capable of catching a regular sized, lightweight ball and toss it back. Ben has no issues when playing with manipulatives to complete functional tasks.

**Needs:**  
 Though Ben is eating with a fork and spoon independently, his coordination needs some help when feeding himself. He tends to use one hand for the fork and the other to push the food into his mouth.

**Impact of Disability:**  
 Ben's autism impacts his ability to access, participate, and progress in the curriculum in the area of physical 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's exploration and observational skills are wonderful. He is always asking questions about why things happened, where individuals are at/going, what will happen. He is able to attend to people and things while exploring/playing with classroom materials. Ben is able to maintain focus during preferred activities with minimal adult support. He communicates about events that just happened and will ask questions about what is happening next. Ben is able to hold a crayon with a Supinate grasp (four fingers and thumb wrapped around the instrument).

**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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

Section E: Present Level of Performance

Performance Area: Literacy
Assessment/Monitoring Process Used: DRDP, Teacher Observation
State/District Assessment Results:

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

Strengths:

Ben knows all of his letters both uppercase and lowercase in and out of order. He is learning the sounds of each letter through song. He loves looking at books by himself and with friends and being read to. Ben enjoys looking through books in the library with his friends. He shows much enthusiasm in learning.

Needs:

When holding a crayon, marker or any writing tool, Ben needs to learn to hold it with a correct pincer grasp and to make sure that his wrist is on the table/desk instead of holding it up in the air. He also needs more practice when cutting. He understands the 'open-shut' concept but

Impact of Disability:

Ben's autism affects his ability to access, participate, and progress in the general education curriculum.

Performance Area: Mathematics
Assessment/Monitoring Process Used: DRDP, Teacher Observation
State/District Assessment Results:

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

Strengths:

Benn is able to identify all basic shapes (circle, square, rectangle, triangle, heart and star) and colors (red, orange, yellow, green, blue, purple, pink, brown, black and white.) He is able to rote count visually 1-20. Ben is also able to do simple wooden puzzles independently.

Needs:

Ben needs to be able understand numbers and their quantities. He also needs more practice with understanding patterns and how to extend them.

Impact of Disability:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

Section E: Present Level of Performance

Performance Area: Motor Skills/Sensory Processing

Assessment/Monitoring Process Used: clinical ob, work samples, teacher, parent, therapist interview

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. 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. Ben presented with optimal arousal and attention to tasks of interest to him.

Student's areas of need:

Ben is currently demonstrating difficulties with sensory modulation skills. Ben's sensitivities to auditory and tactile input impact his participation in the classroom. He struggles with sensory regulation/modulation and 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 takes 5-20 minutes to enter the classroom environment. Ben has demonstrated aggressive behaviors towards his peers and adults. 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.

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):

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 becoming aggressive with others, sensory avoidance, stubborn and uncooperative behaviors when distressed, impacts his ability to participate and engage in his classroom.

Christina Vargo-Sanchez OTR/L
School Based Occupational Therapist

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

Section E: Present Level of Performance

Performance Area: Behavior (FBA Summary)
Assessment/Monitoring Process Used: FBA
State/District Assessment Results:

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

Per parent request an FBA was conducted:
Target Behavior: Tantrum as defined as any instance of student falling to the floor in protest, crying and/or hiding and aggression defined as any instance of tripping, pushing, and/or hitting a peer.
Parent reports that both tantrum and aggression happens daily at home. Frequency data for both target behaviors was taken from 10/23-11/7. No incidents of aggression occurred, and 12 incidences of tantrum behavior occurred. All behavior happened during transition from preferred activity or attention (mother or bike) to non-preferred.
Function of Behavior: The function was determined to be attention (adult) and tangible (bike).
Replacement Behavior: When given a choice of activities, Ben will transition from a preferred activity to a less preferred activity with use of a picture prompt and 1-3 verbal prompts as needed within 1 minute in three of five trials as measured by teacher charted observations.
Teaching, antecedent based, and consequence based strategies were shared.
Behavior Support Plan will be implemented and follow up data will be collected to assess effectiveness of interventions.

Performance Area:
Assessment/Monitoring Process Used:
State/District Assessment Results:

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

[Empty text area for current performance/assessment summary]



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** KUSHNIR BEN I **Date of Birth** 03-JUN-2013 **Meeting Date** 30-NOV-2017

**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: [ ] [ ]

- Not Applicable,  Blind or  Partially Sighted

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

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

No Longer Eligible (Effective Date): [ ]

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

Final IEP Reason: [ ]

Final IEP Effective Date: [ ]

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

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

# INDIVIDUALIZED EDUCATION PROGRAM (IEP)

# Document Modified

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Ben will show self-control of his body and voice (good personal space, keeping hands/arms/legs near body, and appropriate voice level) in relation to the expected levels of classroom and peers around him for 80% of a day.

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 show self-control of his body and voice (good personal space, keeping hands/arms/legs near body, and appropriate voice level) in relation to the expected levels of classroom and peers around him for 40% of a day.

Date to be achieved   MO/YR

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

Ben will show self-control of his body and voice (good personal space, keeping hands/arms/legs near body, and appropriate voice level) in relation to the expected levels of classroom and peers around him for 60% of a day.

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

When given a choice of activities, Ben will transition from a preferred activity to a less preferred activity with use of a picture prompt and 1-3 verbal prompts as needed within 1 minute in three of five trials as measured by teacher charted observations.

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:**

When given a choice of activities, Ben will transition from a preferred activity to a less preferred activity with use of a picture prompt and 1-5 verbal prompts as needed within 1 minute in one of five trials as measured by teacher charted observations.

Date to be achieved   MO/YR

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

When given a choice of activities, Ben will transition from a preferred activity to a less preferred activity with use of a picture prompt and 1-3 verbal prompts as needed within 1 minute in one of five trials as measured by teacher charted observations.

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

# Document Deleted

Los Angeles Unified School District

Student    Date of Birth   Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #  **GB**

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:**

Date to be achieved   MO/YR

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

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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:  <div style="border: 1px solid black; height: 60px;"></div>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

When given a writing tool (i.e. a pencil, crayons, markers), Ben will position the tool between the fingers and the thumb correctly with 80% accuracy in 8 out of 10 activities.

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:**

When given a writing tool (i.e. a pencil, crayons, markers), Ben will position the tool between the fingers and the thumb correctly with 40% accuracy in 2 out of 4 activities.

Date to be achieved   MO/YR

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

When given a writing tool (i.e. a pencil, crayons, markers), Ben will position the tool between the fingers and the thumb correctly with 60% accuracy in 4 out of 6 activities.

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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)

# Document Modified

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:   
 Annual Goal #

When given number cards and manipulatives, Ben will represent numbers through 10 with 80% accuracy in 6 consecutive occasions.

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

**Methods of Evaluation:**

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

**Incremental objective #1 related to the goal:**

When given number cards and manipulatives, Ben will represent numbers through 4 with 80% accuracy in 6 consecutive occasions

Date to be achieved   MO/YR

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

When given number cards and manipulatives, Ben will represent numbers through 6 with 80% accuracy in 6 consecutive occasions.

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

When needing to go to the bathroom, Ben will complete most steps (pull pants down, use urinal/toilet, wipe, pull pants up, wash hands) independently 80% of the time.

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:**

When needing to go to the bathroom, Ben will complete 2-3 steps (pull pants down, use urinal/toilet, wipe, pull pants up, wash hands) independently 80% of the time.

Date to be achieved   MO/YR

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

When needing to go to the bathroom, Ben will complete 3-4 steps (pull pants down, use urinal/toilet, wipe, pull pants up, wash hands) independently 80% of the time.

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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)

# Document Modified

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Ben will 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.

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 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 with model.

Date to be achieved   MO/YR

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

Ben will 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 with no more than one cue.

Date to be achieved   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

To improve tactile sensitivity, with no more than 1 visual or verbal cues, Ben will be able to participate in art based tactile task, including wet/sticky/messy textures to completion, 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, with no more than 3 visual or verbal cues, Ben will be able to participate in art based tactile task, including wet/sticky/messy textures to completion, 2 out of 5 opportunities.

Date to be achieved   MO/YR

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

To improve tactile sensitivity, with no more than 2 visual or verbal cues, Ben will be able to participate in art based tactile task, including wet/sticky/messy textures to completion, 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) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

When presented with a situation known by Ben to be dysregulating, over stimulating, or anxiety producing (i.e. non-preferred task, transitions to school in the morning) obstacle he will demonstrate self-regulation/modulation to his sensory response, through use of sensory strategies and 1 verbal prompt, 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:**

When presented with a situation known by Ben to be dysregulating, over stimulating, or anxiety producing (i.e. non-preferred task, transitions to school in the morning) obstacle he will demonstrate self-regulation/modulation to his sensory response, through use of sensory strategies and 5 verbal prompts, in 2 out of 5 opportunities.

Date to be achieved   MO/YR

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

When presented with a situation known by Ben to be dysregulating, over stimulating, or anxiety producing (i.e. non-preferred task, transitions to school in the morning) obstacle he will demonstrate self-regulation/modulation to his sensory response, through use of sensory strategies and 3 verbal prompts, in out of 3 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) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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** 30-NOV-2017

**Section K: Participation in State and District-wide Assessments**

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

**DRDP-A** - (Adaptations identified below are applicable)

Adaptations:

- Sensory support
- Visual support
- Functional positioning

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Document Modified

Los Angeles Unified School District

Student	KUSHNIR	BEN	I	Date of Birth	03-JUN-2013	Meeting Date	30-NOV-2017
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated: 1-11

Special Requests:

FBA and OT assesment translated as well

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.

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

Section Q: Parent Participation and Consent

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

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

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

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

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

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

Parent Concerns and Comments

Large empty text area for parent concerns and comments.

Signature(s) / Date [ ]
Radio button options: Parent, Guardian, Student age 18-21 years, Surrogate Parent, Emancipated Minor, Foster Parent

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

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

Signature(s) / Date 30-NOV-2017

### PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

<b>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.

Handwritten response area with multiple horizontal lines.

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

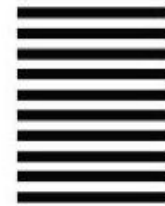


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**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" value="Kasey Chase"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Sharon Jacobs-Cohen"/>	
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 type="radio"/> General Education Class/General Education Site	<input checked="" type="radio"/> Special Day Program/General Education Site
<input type="radio"/> Special Day Program/Special Education Center	<input type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?	
	<input type="radio"/> YES <input 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 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.
Ben continues to need a small learning environment with much adult assistance and guidance.		

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

Los Angeles Unified School District

Student

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.

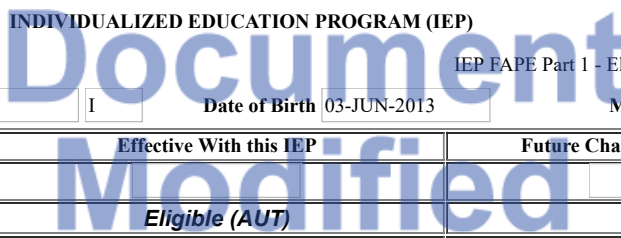
Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> YES <input type="radio"/> NO	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are 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 **KUSHNIR** **BEN** **I** Date of Birth **03-JUN-2013** Meeting Date **30-NOV-2017**



		Effective With this IEP	Future Changes Related to this IEP
	<b>As of Date:</b>		
<b>Eligibility:</b> (from Page 4)	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>	<b>Eligible (AUT)</b>	
<b>Curriculum</b>		General Education	
<b>Placement</b>	<b>Type of School</b>	District Non-Resident School	
	<b>Name of School</b>	LOCKHURST DR CEL	
<b>Instructional Setting</b>	<b>Setting</b>	Special Education	
	<b>Program</b>	PAL	
	<b>Special Day Minutes/Wk</b>	1350	
	<b>Addresses Goals</b>	3(Cognitive ),5(Math),1(Social Emotional ),4(Literacy),6(Self-Help)	
<b>Additional Factors</b>	<b>Low Incident Support</b>	None	
	<b>Assistive Technology Support</b>	No	
	<b>Transportation</b>	Home to School	
	<b>Extended School Year/Intersession</b>	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	<b>Parent Counseling and Training (PCT)</b>	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	<b>ESY Transportation</b>	Home to School	
<b>Accommodation, Modifications, Supports</b>	<b>Instructional Accommodations</b>		

		<p>Use highly-motivating materials, visual, and concrete cues. Speak slowly and clearly, modeling sounds and sentences. Allow for a long response time. Use clear/concrete, simple grammatical utterances to facilitate comprehension. Present information and directions in manageable amounts. Give ample opportunity and encouragement for, use verbal expressions (e.g. greetings, sing-along activities, play activities/games, such as Simon Says, etc.). Pair oral/verbal instructions with non-verbal visual feedback/gestures/cues. Provide opportunities to engage in adult-directed games and social interactions with peers. Adult /peer models of grammatical phrases/sentences, using clear speech with correct articulation of sounds.</p> <p>Allow for breaks as needed. Allow for choices of teacher-activities at which to participate. Signal transitions. Use tangible rewards to reinforce participation at non-preferred activities.</p> <p>Pre-warn before loud sounds, sit further from sound sources, use of headphones during loud events.</p>	
	<b>Instructional Modifications</b>	na	
	<b>Other Supports, including Non-Academic and Extra-curricular Activities</b>	na	
<b>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.)</b>	<b>Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?</b>	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	<b>If the Parent does not agree, specify the area(s) to be reassessed.</b>		
<b>Comments, as appropriate</b>			
<b>Low Incidence Equipment</b>	na		
<b>Assistive Technology Equipment</b>			
<b>Participation in General Education</b>	Ben will participate with his general education peers for recess, lunch, holiday program, etc.		

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

# Document Modified

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**

Service 1

**16**

**Occupational Therapy**

This service addresses the following goals:

- 6(Tactile Sensitivity)
- (Sensory Modulation)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 30

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)\*

Responsible Personnel: Licensed/Credentialed Provider

\*

Service 2

**10**

**Language/Speech**

This service addresses the following goals:

- 5(Language)

Start Date: Effective on Signature Date

End Date: 16-Mar-2018

Service applies to: Regular

Frequency: 10-40

Interval: Yearly

Minutes/Interval: 2040

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (By a Single Provider)\*

Area: Other District-Assigned Provider

Responsible Personnel: District Assigned Qualified Provider

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

**Part 3 - Percentage of Time Outside of General Education**

	Effective With this IEP	Future Changes Related to this IEP
<b>% of Time per Week outside of General Education</b>	85 %	

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

IEP amendment was conducted to review OT and FBA assessment requested by parent.

OT services were added, and Behavior Support Plan and related interventions were discussed.

**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:** Home to School **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
10	Language/Speech	Effective on Signature Date	Regular	Yearly	10-40	Other District-Assigned Provider	2040	Language	--
16	Occupational Therapy	Effective on Signature Date	Regular	Weekly	1-5	~	30	Tactile Sensitivity, Sensory Modulation	--

**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 KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

- 1. The behavior impeding learning is: other Describe what it looks like: tantrum- dropping to floor, crying, takes off shoes, may throw shoes
It impedes learning because: lack of work production disrupts other students requires instruction to stop instructional time is lost
2. negative interaction with peers other
3. The need for a Behavior Support Plan: early stage intervention moderate serious extreme
Frequency or intensity or duration of behavior: Frequency (x) 2 Period daily Intensity medium Duration (min) 3
4. Reported by Teacher and/or observed by Teacher / Assistants

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.)
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?)

7. Remove student's need to use the problem behavior
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)



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 KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

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) student will transition from highly preferred to less preferred activity with use of visual and verbal prompts.

To avoid: Task (too difficult) student will choose given multiple options of alternate activities with use of visual and 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? Teacher Who will monitor? Teacher Frequency daily

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: e.g. play with truck

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: student interest

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

By whom? Teacher Frequency daily

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 choice given options of less desired activities. Provide reinforcement when he transitions appropriately.

Personnel? Teacher

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 KUSHNIR BEN I Date of Birth 03-JUN-2013 Meeting Date 30-NOV-2017

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #: 7 GB X

When given a choice of activities, Ben will transition from a preferred activity to a less preferred activity with use of a picture prompt and 1-3 verbal prompts as needed within 1 minute in three of five trials as measured by teacher charted observations.

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?

Fape 1

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? Parent and Teacher Frequency?

As needed