

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 062814M013

Eligible (SLI)

Student LEVI DANIEL MI (Last First MI)

Date of Birth 28-JUN-2014

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates, location, and meeting type (Annual Review, etc.).

Section B: Student Information

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

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 LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 21-MAY-2018

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. Receptive Language	<input type="radio"/>	<input checked="" type="radio"/>	continues to need maximum prompting
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2. 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"/>	
3. Safety/Adaptive	<input type="radio"/>	<input checked="" type="radio"/>	needs maximum prompts
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
4. School Readiness	<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	<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. 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.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8.	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9.	<input type="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"/>	

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Los Angeles Unified School District

Student LEVI

DANIEL

Date of Birth 28-JUN-2014


Meeting Date 21-MAY-2018

Section E: Present Level of Performance

Performance Area: Social/Emotional Development

Assessment/Monitoring Process Used: DRDP/Observation

State/District Assessment Results:

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

Strengths: Daniel engages with peers during most class activities, and during music and movement. He uses verbal language to talk to his friends and will use communicative gesture also. He is learning turn taking and sharing materials and space with peers. He imitates other students actions. He relies on adults to regulate behaviors in most situations. Daniel enjoys imitating songs and rhymes. He has an understanding of symbolic play.


Needs: Daniel appears to be a typical three year old. He would benefit from engaging with typical age peers in a general education setting.

Impact; At this time Daniel can access the preschool curriculum.

Performance Area: Math Development

Assessment/Monitoring Process Used: DRDP/Observation

State/District Assessment Results:

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

Strengths: Daniel can group objects by one property and can match pictures or objects that are the same. He understands the concept of one to one correspondence and can count to 10 with some cues. He understands the concept of more to identify which has more objects and give me one more. He understands the concept of size and can repeat a pattern with fading cues. He can match shapes and can name some simple shapes.

Needs: no needs at this time

Impact; At this time Daniel can access the preschool curriculum.

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Section E: Present Level of Performance

Performance Area: Physical Development

Assessment/Monitoring Process Used: DRDP/Observation

State/District Assessment Results:

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

Strengths; Daniel can run, walk backwards, hop, jump, walk on step stones, and or balance beam. He can manipulate his body in different ways freeze dance or imitate movements. He can throw a ball or bean bag. He can kick a stationary ball. His fine motor skills appear to be age appropriate. He can use pencils, crayons, scissors as his age development progresses.


Needs: None and this time.

Impact; At this time Daniel can access the preschool curriculum.

Performance Area: Literacy Development

Assessment/Monitoring Process Used: DRDP/Observation

State/District Assessment Results:

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

Strengths: Daniel enjoys listening and responding to stories read to him. He uses gestures and words to participate in the discussion about the story. Daniel has age appropriate comprehension of stories read to him. He can identify his own name. He likes to act out stories and imitate the characters.

Needs: None at this time.

Impact; At this time Daniel can access the preschool curriculum.

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Los Angeles Unified School District

Student LEVI

DANIEL

Date of Birth 28-JUN-2014


Meeting Date 21-MAY-2018

Section E: Present Level of Performance

Performance Area: Language/Communication

Assessment/Monitoring Process Used: Observation, staff/parent interview, record review

State/District Assessment Results: n/a

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

Background: Daniel was made eligible for special education as a student with Speech or Language Impairment (SLI) in May of 2017. Placement was in the PAL program at Lockhurst, to support needs in the areas of language, speech and communication development, safety/adaptive skills, school readiness, and social-emotional skills. Support for language, speech & communication have been provided by the LAS therapist for 2 hours per week through the school year. Daniel is learning English as a second language. He has shown significant progress in his language understanding and attempts at expanded speech production.


Strengths: Daniel shows a solid language foundation and generally understands spoken language. He is friendly and engages well with adults and peers. He uses single words and 2-3 word phrases which may be intelligible in context to comment, respond, inquire, request, expand on a topic when engaging with adults and with peers. He shows attempts to use longer phrases and sentences.

Needs: Daniel's speech production is often unintelligible if unpredictable based on prior knowledge and context. His speech is characterized by multiple and inconsistent errors as he simplifies the phonology of English to meet his ability. He may omit initial or final phonemes and syllables, stop sibilants (t/for s or sh), reduce clusters ('lock' for 'clock', 'boo' or 'loo' for 'blue'), or duplicate syllables ('daduh' for 'dinosaur'). He often uses an open mouth position producing bilabials with upper teeth on lip rather than closed lips. When he attempts to expand his sentences to more than 2 words, he often uses one or two intelligible words among a string of unintelligible syllables.

Performance Area: Language/Communication-continued

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Impact of Disability on Academic and Overall Educational Performance: Daniel's difficulty expressing himself in an intelligible manner, impact his ability to fully participate his general education preschool curriculum. He may have difficulty having expressing feelings, problems, past and future events, participating in classroom discussions, and participating in social interactions in the same way as typically developing peers.

Modifications/Accommodations: Allow ample time for Daniel to express his thoughts. Provide face-to-face direct model for improved speech production, along with visual/text support as appropriate.

S. Jacobs, M.S., CCC-SLP, Language and Speech Therapist, Lockhurst
5/7/18

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLI Speech Or Language Impairment

- 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:

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

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Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 21-MAY-2018

Section G: Annual Goals and Objectives

Performance Area: language/communic

Annual Goal # 1 GB

Daniel will produce 3 word phrases regarding current and past events that are intelligible to a familiar listener in 3/5 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:

Daniel will produce 2 word phrases regarding current and past events that are intelligible to a familiar listener in 3/5 opportunities.

Date to be achieved **October** 2018 MO/YR

Incremental objective #2 related to the goal:

Daniel will produce 3 word phrases regarding current and past events that are intelligible to a familiar listener in 2/5 opportunities.

Date to be achieved **February** 2019 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: _____	Date: _____	Date: _____	Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other _____	If "No" please explain: _____

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Section G: Annual Goals and Objectives

Performance Area: Phonology

Annual Goal # 2 GB

Daniel will produce phonemes that are within the range of accuracy for his age in all positions of 1-3 syllable utterances, using appropriate separation of words in 3/5 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:

Daniel will produce phonemes that are within the range of accuracy for his age in all positions of 1-3 syllable utterances, using appropriate separation of words in 3/5 opportunities with immediate model.

Date to be achieved **October** 2018 MO/YR

Incremental objective #2 related to the goal:

Daniel will produce phonemes that are within the range of accuracy for his age in all positions of 1-3 syllable utterances, using appropriate separation of words in 3/5 opportunities with delayed model and prompt.

Date to be achieved **February** 2019 MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

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Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 21-MAY-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.

DRDP-A - (Adaptations identified below are applicable)

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Student	LEVI	DANIEL		Date of Birth	28-JUN-2014		Meeting Date	21-MAY-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 LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 21-MAY-2018

Section Q: Parent Participation and Consent

Table with 2 columns: Parent Participation and Parent Notification. Includes radio button options for meeting participation 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' fields.

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 box for parent concerns and comments.

Signature(s) / Date 31-MAY-2018. 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 21-MAY-2018

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.

Handwriting lines for providing feedback.

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

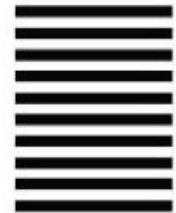


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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 513307
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="Meital Gershoni"/>	
Parent/Guardian	<input type="text" value="Yakir Abdy"/>	
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="Debra Seidman"/>	
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-Cohen"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL

Date of Birth 28-JUN-2014

Meeting Date 21-MAY-2018

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

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

Los Angeles Unified School District

Student LEVI DANIEL

Date of Birth 28-JUN-2014

Meeting Date 21-MAY-2018

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" value="31-MAY-2018"/>	<input type="text" value="14-AUG-2018"/>
Eligibility: (from Page 4)		Eligible (SLI)	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
Curriculum		General Education	General Education
Placement	Type of School	District Non-Resident School	District Non-Resident School
	Name of School	LOCKHURST DR CEL	CANOGA PARK EEC
Instructional Setting	Setting	Special Education	General Education
	Program	PAL	PCC
	Special Day Minutes/Wk	1300	
	Addresses Goals	1(language/communic),2(Phonology)	1(language/communic),2(Phonology)
Additional Factors	Low Incident Support	None	None
	Assistive Technology Support	No	No
	Transportation	Home to School	Home to School
	Extended School Year/Intersession	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	repetition, modeling, rephrasing with additional time for verbal processing and responding to questions, adult facilitated peer interactions, repetitive verbal routines, daily visual routine of activities, review classroom rules regularly, breaking up tasks into workable and obtainable steps, signal transitions, provide redirection	repetition, modeling, rephrasing with additional time for verbal processing and responding to questions, adult facilitated peer interactions, repetitive verbal routines, daily visual routine of activities, review classroom rules regularly, breaking up tasks into workable and obtainable steps, signal transitions, provide redirection
	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.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	If the Parent does not agree, specify the area(s) to be reassessed.		//

Comments, as appropriate

Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 21-MAY-2018

Effective With This IEP

Future Changes Related To This IEP

Service 1

Start Date:

Effective with Future Changes
31-May-2018

14-Aug-2018

10

End Date:

Language/Speech

Service applies to:

Regular

Frequency:

10-40

This service addresses the following goals:

Interval:

Yearly

1(language/communic)

Minutes/Interval:

1200

2(Phonology)

Minutes/Interval (Pullout from Gen Ed):

0

Service Delivery Model:

Direct Service (Collaborative)**

Area:

School-Based

Responsible Personnel:

Licensed/Credentialed Provider
Special Education Teacher

**

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	82 %	

Part 4 - Additional Discussion (This section is optional)

Based upon Daniel's current needs, the IEP team recommends a Preschool for All Learners classroom (PAL) for the remainder of th 2017-2018 school year. 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. Daniel'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 agrees that Daniel's needs in the area of speech production require additional intervention.

For the 2018-2019 school year the IEP team agrees that Daniel will benefit from learning with typical peers in the Pre-school Collaborative Classroom (PCC) program at Canoga Park ES, which is not his home school, so home to school transportation will be offered.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 21-MAY-2018

FAPE Summary Grid

Program: PAL Setting: Special Education
 Eligibility: Eligible (SLI) 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 with Future Changes 14-Aug-2018	Regular	Yearly	10-40	School-Based	1200	language/communic, Phonology	--

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.