

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, types (Initial, Annual Review, etc.), and location (Preschool Assessment Center Melvin ES).

Section B: Student Information

Form containing student details: Date of Birth (28-JUN-2014), Age (2), Grade (-1), Gender (Male), Ethnic Code (Unknown), Location of Psych Folder (SUPPORT UNIT NORTH), Home Address (4790 EXCELENTE DR), City (WOODLAND HILLS), CA, ZIP Code (91364), School of Attendance (Sp Ed Inf/Pre (1017)), School of Residence (Calabash Ca), Name of Parent/Guardian (Meital Gershoni/Yakir Abdy), Telephone (818) 290-1096, Address (4790 EXCELENTE DR), City (WOODLAND HILLS), CA, ZIP Code (91364).

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 08-JUN-2017

Section C: Language Acquisition

Language Classification: Start Date: Reclassification Date:

Parent Waiver: Yes No

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Table with 4 columns: Goal for (example - Reading), Achieved (Yes/No), and If No, explain the reason the goal/objective was not achieved. Rows 1-10 with Objective 1 and 2 met.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 08-JUN-2017

Section E: Present Level of Performance

Performance Area: Communication
Assessment/Monitoring Process Used: LAS RECORD REVIEW
State/District Assessment Results:

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

Daniel is transitioning from Early Intervention Regional Center services to LAUSD. Documents provided by the parent have been reviewed by this assessor. Information related to Speech and Language appears to still be appropriate as reported by Saba Torabi, Speech-Language Pathologist, MS CCC-SLP in the report dated 03/06/2017. Please refer to the uploaded report attached to this document. Based on the review, present levels are as follows:

Areas of Strength: Based on record review, Daniel demonstrated age-appropriate pragmatic skills and preverbal behavior. He demonstrated a sustained attention span, was observed to take turns and had appropriate eye contact. He demonstrated functional, relational and self-directed play, ability to respond to an inhibitory word, identified body parts and clothing items on self, identified pictures of objects and understood verbs in context. He babbled two syllables together, used a representational gesture, demonstrated joint attention, participated in a play routine for at least one minute while using appropriate eye contact, imitated a word, and named objects in pictures.

Continued below

Performance Area: 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):

Areas of Need: Based on record review, Daniel's Preschool Language Scales- Fifth Edition (PLS-5) and Rossetti Infant Toddler Language Scales scores revealed delays in the following areas: receptive language (26 months; moderately delayed) and expressive language (PLS-5: 23 months- moderately delayed based on preverbal skills, Rossetti: 15-16 months, profoundly delayed). Receptively, Daniel did not yet recognize actions in pictures, understand pronouns, follow commands without gestures, understand use of objects, or understand spatial concepts. Expressively, Daniel did not yet use words more often than gestures to communicate, have an age-appropriate expressive vocabulary, use words for a variety of pragmatic functions, or use two word phrases. Regarding articulation/phonological skills, Daniel did not produce enough true words to determine speech intelligibility. It is recommended that speech be monitored as expressive language increases.

Impact of Disability on Academic and Overall Educational Performance: Daniel demonstrates delays in receptive and expressive language that could impact his ability to participate in the classroom environment. He would have difficulty having his needs met, participating in classroom discussions, and participating in social interactions in the same way as typically developing peers.

Yasmin Luque M.S., CCC-SLP
Speech-Language Pathologist/Preschool Assessor
LAUSD Preschool Intake Team

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 08-JUN-2017

Section E: Present Level of Performance

Performance Area: Health
Assessment/Monitoring Process Used: Parent interview, LAUSD Audio/Vision/Health screening 05/18/2017
State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
Daniel is a 34 months old male with a history of speech delay., resides in a Hebrew speaking household. Birth history: Full term uncomplicated pregnancy, normal delivery. B.W. 5 pounds and 8 ounces. HEALTH: Mother states he has mild allergy to milk and peanut butter showing as rashes. She cannot recall other food allergies through testing.
Developmental milestones: Within normal limits except in the area of speech. Sat at 6-7 months, crawled at 6 months, walked at 12 months. He has limited vocabulary and not speaking in phrases. He is not toilet trained. Drinks chocolate milk from the bottle twice per day. Uses a pacifier.
Current growth measurements are as follows: height at 39 inches weight at 29.4 pounds. Weight lower than normal. He is a picky eater, appears healthy.
STRENGTHS: He needs assistance with diaper changes. is Independent in feeding. Diet: Regular diet. He is alert, active and ambulatory. Passed vision screening both eyes on 05/18/2017 using LEA symbol chart. Passed audio screen bilaterally on 05/18/2017. No hospitalizations, surgery, serious accident, injuries. Allergy: None to drugs, No current medical diagnosis or use of any prescription medications.
AREAS OF NEED: *Omit food he is allergic to (peanut butter, milk or milk products).
IMPACT OF DISABILITY: Student's health does not adversely affect participation, performance or access in her educational curriculum.
ACCOMMODATIONS: Medication form to be completed by his PMD for anti- allergy medication to be available in school. Request for special diet to be completed by his PMD to document food that needs to be omitted since mother cannot recall other food allergies. These forms needs to be submitted at the time of enrollment if attending an LAUSD campus.
Myrna Agorrilla, R.N.
Early Childhood education Support Services
05/18/2017
*At IEP meeting mother wanted to include the following: she states that Daniel can eat dairy and peanut butter but in moderation.

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI

DANIEL

Date of Birth 28-JUN-2014


Meeting Date 08-JUN-2017

Section E: Present Level of Performance

Performance Area: Cognitive

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Daniel's current functioning in cognition/general ability is estimated to be within the well below average to average range based on performance on the MSEL (Mullen Scales of Early Learning), and information gathered via observation and parent interview on the DP3 (Developmental Profile 3). Potential factors that may impact the validity of the findings include: attention challenges, high activity level, and task avoidance behaviors.

Areas of Strength: Daniel's profile as examined on the MSEL reflects a relative strength in visual reception skills (the ability to discriminate, recall, organize, and sequence visual stimuli). Based on parent rating on the DP3, Daniel demonstrated a relative strength in that he is able to draw a cross and group things by color or form or size.


Areas of Need: Daniel's profile as examined on the MSEL reflects relative weaknesses in fine motor skills (the process involving visual motor planning, unilateral, and bilateral manipulation and writing readiness), receptive language skills (the process involving auditory discrimination, linguistic conceptualization, auditory comprehension and memory), and expressive language skills (the ability to employ auditory discrimination, auditory comprehension, and auditory memory in order to verbally demonstrate concept formation). Moreover, he had a short attention span and had difficulty in being able to shift focus from one activity to another. Based on parent rating on the DP3, Daniel demonstrated relative weakness in his ability to name or point to at least twenty objects or pictures when named.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Cognitive impact is identified at this time; which affects Daniel's ability to access the preschool curriculum.

Performance Area: Academic

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Daniel demonstrates average to below average pre- academic skills.

Areas of Strength: Daniel's profile as examined using all forms of alternative assessment suggests a relative strength in pre-writing skills.

Areas of Weakness: Areas of need/challenge were identified in general fund of information skills (identification and labeling of colors, relating personal information of age and gender); pre-mathematics (comprehension of number concepts, differentiation of shapes and sizes) pre-reading; (describing what is happening in a book).

Daniel had difficulty in his ability to sustain attention and shift focus from one activity to another needing continuous redirection and prompting during testing to complete all tasks presented. Attention challenges may impact Daniel's ability to follow directions and attend to, participate, and complete adult directed tasks, involving the acquisition and development of school readiness tasks.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Educational impact is identified at this time; which affects his ability to access the preschool curriculum.

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Student LEVI

DANIEL

Date of Birth 28-JUN-2014


Meeting Date 08-JUN-2017

Section E: Present Level of Performance

Performance Area: Communication

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Mother reported that the dominant language spoken in the home is Hebrew. Daniel is a dual language learner and at this time does not appear to have dominance in either language. Testing was conducted in English with Hebrew translation on all tasks presented. He presently has a vocabulary of approximately 30 to 50 words. He has yet to be able to speak in two word utterances. When he speaks, he is difficult to understand as he omits/ changes sounds in words. Familiar listeners understand approximately 50 percent of his speech and unfamiliar listeners less than 50 percent.

Areas of Strength: Receptively, Daniel exhibits skills in tasks that require the ability to discriminate, and recall basic oral information. Expressively he was able to label a few objects and pictures.

Areas of Weakness: Receptively, Daniel exhibits a delay in skills that require the ability to interpret and grammatically understand what is being said. Tasks include comprehending following related commands, identifying object function, and understanding size concepts. Expressively, he exhibits a significant delay. Daniel uses more gestures than words to indicate his needs and wants. He has yet to be able to demonstrate age appropriate skills in tasks that require the ability to comprehend and respond using developmentally appropriate sentence structures. During the assessment, he was observed to mainly use pointing or jargon in his interactions with the assessor and his family.


Daniel had difficulty in his ability to sustain attention and shift focus from one activity to another needing continuous redirection and prompting during testing to complete all tasks presented. Attention challenges may impact Daniel's ability to follow directions and attend to, participate, and complete adult directed tasks, involving the acquisition and development of communication skills.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Communication impact is identified at this time; which affects his ability to access the preschool curriculum.

Performance Area: Motor

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Areas of Strength: Overall, Daniel's motor skills are found to be in the average range. Per ratings on the DP3, gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing, drawing, and cutting) as based on parent report. Based on mother's responses on the Developmental Profile 3, he is able to catch a ball from an adult who is standing five feet away, and can walk up and down stairs alternating feet.

Areas of Need: None at this time.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Motor impact is not identified at this time.

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Section E: Present Level of Performance

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

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

Overall, Daniel's social emotional status is found to be in the well below average to average range.
Areas of Strength: As based on mother's responses on the Developmental Profile 3, Daniel evidences the following strength in that he prefers to play with other children as opposed to playing alone.

Performance Area: Social-Emotional (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):

Areas of Need: Mother reported that Daniel has a short attention span and is active. As observed during the testing session, his attention was short and he preferred to follow his own agenda. He was impulsive needing continuous redirection to complete tasks as presented.
Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Social Emotional impact is identified at this time;

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Section E: Present Level of Performance

Performance Area: Adaptive

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Daniel's self-help/adaptive behavior is found to be in the below average range.

Strengths: Based on the mother's responses on the Developmental Profile 3, Daniel's evidences the following relative strengths: putting things away independently in at least three different places, and putting on his own shoes.

Needs: As based on results from parent rating on the Developmental 3, Daniel evidences weaknesses in his ability to use a fork to feed himself independently. Additionally, mother reported that Daniel is not aware of common dangers in the community and must be monitored. He does not demonstrate an awareness of other people's feelings. During the assessment it was noted that Daniel demonstrated limited use and understanding of language. He had a short attention span and was impulsive needing continuous redirection to participate in an appropriate manner.

Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Adaptive Behavior impact is identified at this time.

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]

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Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

North Los Angeles County Regional Center (NLACRC)
Child Development Services: 2 hours/week, 2x/week, 4/12/17 - 6/28/17
Speech Therapy: 2 hours/week, 2x/week, 4/12/17 - 6/28/17

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:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

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

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Section G: Annual Goals and Objectives

Performance Area: Receptive Language

Annual Goal # 1 GB

Daniel will follow two- to three-step related and unrelated directions with 80% accuracy given minimal verbal prompts and no gestural cues.

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 follow two-step directions with 80% accuracy given maximum verbal prompts and gestural cues.

Date to be achieved **October** 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will follow two- to three-step related and unrelated directions with 80% accuracy given moderate verbal prompts and decreased gestural cues.

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section G: Annual Goals and Objectives

Performance Area: Communication
 Annual Goal # 2 GB

Daniel will label pictures of nouns, verbs, and descriptors with 80% accuracy given minimal verbal prompts and no more than one direct language model.

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 label pictures of nouns, verbs, and descriptors with 60% accuracy given maximum verbal prompts and cues and direct language models.

Date to be achieved **October** 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will label pictures of nouns, verbs, and descriptors with 70% accuracy given moderate verbal prompts and cues and decreased direct language models.

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 08-JUN-2017

Section G: Annual Goals and Objectives

Performance Area: Communication

Annual Goal # 3 GB

Daniel will produce 3-5 word utterances in order to express wants and needs, make comments and answer questions in 4 out of 5 opportunities given minimal verbal prompts and no more than one direct model.

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 two-word utterances in order to express wants and needs, make comments and answer questions in 3 out of 5 opportunities given maximum verbal prompts and direct language models as needed.

Date to be achieved **October** 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will produce three- to four-word utterances in order to express wants and needs, make comments and answer questions in 4 out of 5 opportunities given moderate verbal prompts and decreased language models.

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 08-JUN-2017

Section G: Annual Goals and Objectives

Performance Area: School Readiness

Annual Goal # 4 GB

Daniel will complete teacher directed tasks (e.g. coloring, tracing letters, etc.) with minimal prompts and cues in 4 out of 5 opportunities with 85% accuracy as measured by teacher observation.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Daniel will complete teacher directed tasks (e.g. coloring, tracing letters, etc.) with maximum prompts and cues in 2 out of 5 opportunities with 80% accuracy as measured by teacher observation.

Date to be achieved **October** 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will complete teacher directed tasks (e.g. coloring, tracing letters, etc.) with moderate prompts and cues in 3 out of 5 opportunities with 85% accuracy as measured by teacher observation.

Date to be achieved **February** 2018 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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Section G: Annual Goals and Objectives

Performance Area: Social/Emotional

Annual Goal # 5 GB

Daniel will engage in turn-taking activities (with a minimum of 6 exchanges) demonstrating adequate social engagement with a peer/adult on 4 occasions in a school week with 85% accuracy as measured by teacher observation.

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 engage in turn-taking activities (with a minimum of 3-4 exchanges) demonstrating adequate social engagement with a peer/adult on 2 occasions in a school week with 85% accuracy as measured by teacher observation.

Date to be achieved **October** 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will engage in turn-taking activities (with a minimum of 5 exchanges) demonstrating adequate social engagement with a peer/adult on 3 occasions in a school week with 85% accuracy as measured by teacher observation.

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 08-JUN-2017

Section G: Annual Goals and Objectives

Performance Area: Safety/Adaptive

Annual Goal # 6 GB

Daniel will demonstrate safety awareness with minimal prompts/reminders by following classroom rules and limits, staying in close proximity with teachers and classmates indoors and outdoors, and responding to adult directives in 5 out of 5 opportunities with 100% accuracy as measured by teacher observation.

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 demonstrate safety awareness with maximum prompts/reminders by following classroom rules and limits, staying in close proximity with teachers and classmates indoors and outdoors, and responding to adult directives in 3 out of 5 opportunities with 100% accuracy as measured by teacher observation.

Date to be achieved **October** 2017 MO/YR

Incremental objective #2 related to the goal:

Daniel will demonstrate safety awareness with moderate prompts/reminders by following classroom rules and limits, staying in close proximity with teachers and classmates indoors and outdoors, and responding to adult directives in 4 out of 5 opportunities with 100% accuracy as measured by teacher observation.

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

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL **Date of Birth** 28-JUN-2014 **Meeting Date** 08-JUN-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)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	LEVI	DANIEL		Date of Birth	28-JUN-2014	Meeting Date	08-JUN-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:

Special Requests:

[Empty text box for special requests]

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 08-JUN-2017

Section Q: Parent Participation and Consent

Table with 2 main columns: Parent Participation and Parent Notification. Includes radio button options for meeting attendance 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: Parent/Student (18-21) AGREES to all components of the IEP. OR Parent/Student (18-21) AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:

- Checkboxes for specific exceptions: Assessment, Eligibility, Instructional Setting, Services. Each has a 'Specify' label and a text input field.

- Radio button option: 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 08-JUN-2017
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 8-JUN-2017

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

Handwriting lines for providing feedback.

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

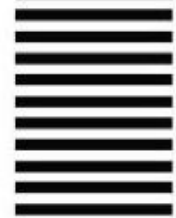


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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"/>	
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"/>	
Administrative Designee	<input type="text" value="Marilyn Bermudez-Alonso"/>	
Special Education Teacher	<input type="text" value="Anita Farsakian"/>	
General Education Teacher	<input type="text" value="Martha G. Martinez"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text" value="Mary Jane Shubow"/>	
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 08-JUN-2017

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

Student's Current Placement Type:

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

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

Los Angeles Unified School District

Student LEVI DANIEL

Date of Birth 28-JUN-2014

Meeting Date 08-JUN-2017

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: <input type="text" value="08-JUN-2017"/>	<input type="text"/>
		Eligible (SLI)	
Eligibility: (from Page 4)	Final IEP Reason Final IEP Effective Date:		//
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	LOCKHURST DR CEL	
Instructional Setting	Setting	Special Education	
	Program	PAL	
	Special Day Minutes/Wk	1350	
	Addresses Goals	1(Receptive Language),2(Communication),3(Communication),6(Safety /Adpative),4(School Readiness),5(Social/Emotional)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	ESY Transportation	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	//
	Instructional Modifications		//
	Other Supports, including Non-Academic and Extra-curricular Activities		//
	Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)	Is formal assessment needed to re-establish eligibility? If yes, specify area(s) to be reassessed	Yes <input type="radio"/> No <input type="radio"/>

Comments, as appropriate

Low Incidence

Equipment	
Assistive Technology Equipment	
Participation in General Education	Participation in general education activities will be arranged between general education and special education teachers as found appropriate for Daniel.

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 08-JUN-2017

Effective With This IEP

**Future Changes
Related To This IEP**

Notes:

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

Part 3 - Percentage of Time Outside of General Education

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

Part 4 - Additional Discussion (This section is optional)

Based upon Daniel's current needs, the IEP team recommends a Preschool for All Learners classroom (PAL). The PAL is an educationally-based special day program that operates 4 hours and 30 minutes 5 days a week. The preschool curriculum is delivered through evidenced-based practices. 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.

ESY is being recommended to prevent the regression of skills. If ESY is not available at the student's school of residence, home to school transportation will be provided.

The parent is offered Parent Counseling and Training (PCT).

DATA/TRANSPORTATION TRANSFER FORM

This information is for data collection and record keeping purposes only. It is not part of the IEP.

At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

Student LEVI DANIEL Date of Birth 28-JUN-2014 Meeting Date 08-JUN-2017

SCHOOL SETTING

- Radio button options for school settings: District School of Residence, District Non-residence School, Head Start, Community College, District Early Education Center, District Special Education School/Center, Nonpublic School, Nonpublic Agency, State Residential School, Dual Enrollment, Home, Hospital, Private/Parochial School, Other.

RELATED SERVICES

- Check: Assistant - Class, Assistant - Bus, Health Care Assistant - Class, Health Care Assistant - Bus, Licensed Vocational Nurse - Class, Licensed Vocational Nurse - Bus.

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School LOCKHURST DR CEL Location Code 4887 School Hours Begin End Arrival time for breakfast program

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

- Checkboxes for transportation requirements: Allergies, Asthma, Behavioral Support Plan, Bleeder, Blind/Partially Sighted, Brittle Bones, Brace, Bus Safety Vest, Cardiac, Cerebral Palsy, Child Safety Seat, Crutches, Deaf/Hard of Hearing, Diabetes, G-Tube, Helmet, Lift Bus, Muscular Dystrophy, Medication, Oxygen - Tank, Oxygen - Portable, Seizures, Shunt, Sickle Cell, Spina Bifida, Suctioning, Therapy with Transportation, Tracheotomy, Ventilator, Walker, Wheelchair, Other.

Prepared by Telephone Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student LEVI [] DANIEL [] [] **Date of Birth** 28-JUN-2014 **Meeting Date** 08-JUN-2017

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)
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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
SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION

ATTACHMENT A

Student: DANIEL LEVI

Date of Birth: 28-JUN-2014

Meeting Date: 08-JUN-2017

This page is to be completed for initial IEPs, 3-year evaluations, or when a comprehensive speech-language evaluation has been conducted to determine whether SLI eligibility is appropriate.

Complete Step 1a or 1b**Step 1a. General Education Interventions - Check items as completed**

- Intervention strategies implemented, including English Language Instruction or RtI2 prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations, consultation with the SSPT that includes an EL expert if student is identified as an English Learner).
- Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- Interventions were not successful, student referred for special education assessment.
- Screening by a speech therapist or a student success team meeting (including a speech therapist) with the focus being speech and language concerns OR an appropriate screening for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- The speech or language delay does not appear to be due to unfamiliarity with English.
- The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- The delay does not appear to be due to environmental factors.
- The delay does not appear to be due to economic factors.
- The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

- A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected) **OR**
- B.** A psychological assessment is not required if the suspected area of disability is voice, fluency or articulation.
 - Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
 - A credentialed or licensed speech therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Complete Step 4**Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)**

- A.** Student meets one or more of the following criteria (check each disorder that applies):
 - A language disorder, which has been identified in an assessment that includes use of two or more standardized tests in one or more of the following areas of language development: morphology, syntax, semantics, or pragmatics where the resulting scores are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level and a 50-utterance representative spontaneous language sample where the student displays inappropriate or inadequate usage of receptive and/or expressive language. Note: When standardized tests are considered to be invalid for the specific student, the expected language performance level shall be determined by alternative means as specified on the assessment plan [5 CCR 3030 (c)(4)].
 - An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
 - A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
 - A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.
- B.** The impairment has a significant adverse affect on the student's academic performance.
- C.** The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

Complete Step 5**Step 5. Consideration for additional special education service(s): Complete A or B.**

- A.** In the event a student with eligibility of Speech Language Impairment is being considered for special education academic services and/or support, an updated District psychoeducational evaluation has been completed to determine that SLI is the overarching eligibility.
- B.** Student is not being considered for additional special education academic services and/or support.

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. Additionally, the IEP team should also include teacher and parent participation in the implementation of goals

and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.