

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 102210M005 SSID 1347645003

Eligible (SLD)

Student OHANA SHALEV MI  
Last First MI

Date of Birth: 22-OCT-2010

Section A: Meeting Information

| Pertinent Dates   | Type of Meeting  |
|---|--|
| Date of Initial IEP Team Meeting: 02-OCT-2013                 | <input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated       |
| Date of Present Meeting: 12-NOV-2020                          | <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition |
| Annual Review to be conducted by: 04-NOV-2021                 | <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis |
| Next Three Year Review will be conducted by: 08-APR-2022      | <input type="radio"/> Other <input type="radio"/> Individual Transition Plan     |
| Three Year Review or Evaluation was conducted on: 09-APR-2019 |  |
| Transition to Kindergarten to be conducted by:                |  |

Location of Meeting: District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 22-OCT-2010 Age: 10 Grade: 4  
 Gender:  Male  Female Limited English Proficient Student:  Yes  No Ethnic Code: White  
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:   
 Location of the Cum Folder: SERRANIA AVE CES Student has no Cum Folder:   
 Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:  
 Home Address of Student: 21730 MARYLEE ST UNIT 46  
 City: WOODLAND HILL CA ZIP Code: 91367  
 Home Telephone: (818) 261-8230 Daytime Telephone:  
 School of Attendance: Serrania Ave Ces Location Code: 6606  
 School of Residence: Woodlake Ecc Location Code: 7877  
 Name of Parent/Guardian: Einav Amar Telephone:  
 Address: City: CA ZIP Code:  
 Surogate Parent: Telephone:  
 Attends CURRENT SCHOOL as a result of one of the following: Special Education Placement  
 Is the student living in a Family Foster Home (FFH)?  No  Yes FFH#:  
 Is FFH Provider related to student?  No  Yes Relationship:  
 Licensed Children's Institution  No  Yes LCI Name:  
 LCI#:  
 Out of the home placement made by:  Regional Center  Department of Mental Health  Department of Children's Services  
 Superior Court  Other:  
 Child's family living within LAUSD's boundaries?  No  Yes  
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Section C: Language Acquisition

Language Classification:  Start Date:   
 Withdrawal by Parent Request:  Yes  No Reclassification Date:   
 ELPAC Performance Level and Performance Descriptor:  Test Date:   
 Alternate ELPAC Performance Level and Performance Descriptor (VCCALPS):  Test Date:

Section D: Goal Achievement from Current IEP

|                               |   | Achieved                         |                                  |  |
|-------------------------------|---|----------------------------------|----------------------------------|--|
| Goal for: (example - Reading) |   | Yes                              | No                               | If No, explain the reason the goal/objective was not achieved              |
| 1                             | <input type="text" value="ELD"/>                              | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs more time to decode multisyllabic words"/> |
| Category                      | <input type="text" value="English Language Developmen"/> ▼    |                                  |                                  |  |
|                               | Objective 1 met   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs more time to decode multisyllabic words"/> |
|                               | Objective 2 met   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs more time to decode multisyllabic words"/> |
| 2                             | <input type="text" value="Reading-Comprehension Goal"/>       | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| Category                      | <input type="text" value="Reading"/> ▼                        |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| 3                             | <input type="text" value="Writing"/>                          | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs more time writing 4 sentences"/>           |
| Category                      | <input type="text" value="Writing"/> ▼                        |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs more time writing 3 sentences"/>           |
| 4                             | <input type="text" value="Math"/>                             | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>   |
| Category                      | <input type="text" value="Math"/> ▼                           |                                  |                                  |  |
|                               | Objective 1 met   | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>   |
| 5                             | <input type="text" value="Behavior Intervention"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| Category                      | <input type="text" value="Behavior Intervention"/> ▼          |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| 6                             | <input type="text" value="Socialization"/>                    | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| Category                      | <input type="text" value="Social Functioning"/> ▼             |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| 7                             | <input type="text" value="Social-Emotional"/>                 | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text"/>   |
| Category                      | <input type="text" value="Social Emotional"/> ▼               |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| 8                             | <input type="text" value="Fine Motor"/>                       | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Behavior often impedes progress"/>               |
| Category                      | <input type="text" value="Fine Motor"/> ▼                     |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Behavior often impedes progress"/>               |
| 9                             | <input type="text" value="Articulation"/>                     | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| Category                      | <input type="text" value="Articulation/Phonological Proc"/> ▼ |                                  |                                  |  |
|                               | Objective 1 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>   |
| 10                            | <input type="text"/>  | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>   |
| Category                      | <input type="text"/> ▼  |                                  |                                  |  |
|                               | Objective 1 met   | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>   |
|                               | Objective 2 met   | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>   |

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA  
LastSHALEV  
FirstMI  
MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

## Section E: Present Level of Performance

Performance Area:

Reading

Category:

Assessment/Monitoring Process  
Used:

Teacher Observation, Informal Testing, Work Samples,

State/District Assessment Results:

Dibels- Dynamic Indicators of Basic Early Literacy Skills

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

Strengths: Shalev can identify the names of all the letters, the sounds of all consonants (in isolation). When tested with making the two sounds each vowel can make, Shalev was able to make the long and short sounds of /i/, /a/, /o/ and /u/. Shalev can blend CVC words in isolation. Shalev knows some simple sight words with some verbal cues, such as a, cat, the, and, like, or I. Shalev attends during read aloud and demonstrates appropriate listening skills with some reminders. Shalev can answer literal type questions and inferential type questions. Shalev was able to achieve his reading IEP goal which was comprehensions based: Shalev will refer explicitly to the text as the basis for answers about a literary text with adult modeling and visual support as measured by student response and/or teacher observations in 4 out of 5 trials with 80% accuracy.

Needs: When tested with making the two sounds each vowel can make, Shalev made the short sound for i instead of e. When reading CVC words, he will exchange vowel sounds: he read let as lit, bin as bun and hog as hug. Shalev needs support in blending single syllable short vowel words with and without blends. (e.g. flag, crash, this, etc.) Shalev will sometimes say, 'I don't know how to read.' Shalev tries to sound out many sight words that don't follow phonetic spelling patterns. He doesn't assimilate or use the phonetic spelling patterns he has been taught. Shalev needs support in identifying target words and sight words in context. Shalev has a harder time recognizing them in sentences as opposed to in isolation. He reverses his b's and d's.

Impact of Disability: Shalev's eligibility of Specific Learning disability impacts his ability to read which impacts his involvement and progress in the general education curriculum.

Dibels, 2019-2020 School Year

BOY: Beginning of Year: Fluency 10/87 cwpm. Accuracy: 63%/96%

MOY: Middle of Year: Fluency 9/105 cwpm. Accuracy: 60%/96%

Dibels, 2020-2021 School Year

BOY: Beginning of Year: Fluency 12/87 cwpm. Accuracy 67%/96%

Performance Area:

Writing

Category:

Assessment/Monitoring Process  
Used:

Teacher Observation, Informal Testing, Work Samples

State/District Assessment Results:

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

Strengths: Shalev is able to orally formulate and produce complete sentences that are on topic. When Shalev participates in writing, his letters are legible with some reversals. Shalev prefers to write with pens or markers. He dislikes using pencils even with a pencil grip. With word banks and visual support, Shalev is able to produce complete written sentences with 3 to 5 words. He needs some reminders with capitals and function. He has good spacing and letter size.

Needs: Writing is a non-preferred task and it was often difficult to get him to complete a writing task. When given a writing activity, Shalev will say, 'I can't spell. I don't know how to write.' and will often avoid completing the task. Shalev needs support in spelling and in using phonetic skills to spell unknown words. He needs support in building a paragraph. Although Shalev can orally dictate his sentences, he needs support in structuring with a topic sentence, support sentences, and finishing with a concluding sentence.

Impact of Disability: Shalev's eligibility of Specific Learning disability impacts his ability to write which impacts his involvement and progress in the general education curriculum.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA  
LastSHALEV  
FirstMI  
MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

## Section E: Present Level of Performance

Performance Area:

Behavior Intervention

Category:

Assessment/Monitoring Process  
Used:

Teacher Observation, Informal Testing, Work Samples,

State/District Assessment Results:

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

Strengths: Shalev was able to achieve both his Behavior Intervention goal - ( When confronted with a problem, i.e., unexpected change to the schedule, not getting access to preferred item/activity, conflict with a peer, Shalev will stop, accept help from an adult to de-escalate and use his words to communicate his needs, given no more than 2 prompts in 4 out of 5 opportunities) and his Socialization goal ( During recess or lunch, Shalev will initiate peer interactions using appropriate space and comments, given no more than 2 prompts in 4 out of 5 opportunities). Shalev demonstrates the ability to follow directives, complete his work, and express his wants and needs. Although Shalev would sometimes stall to line up after the recess and lunch bell rang or protested when going to mainstream class, he still followed classroom/school routines. When in school, Shalev demonstrated progress using appropriate words and comments to initiate social interactions with peers or to join games that were already in progress. With minimum prompt and redirection to use his words, Shalev was also accepting more adult support when presented with peer disagreement/conflict and/or presented with less preferred work, such as assignments requiring writing. Shalev can be very witty and funny.

Needs: When presented with materials to learn, at times Shalev complains, protests and negates its importance. He presents himself with a very negative attitude toward many educational activities unless it is a preferred activity, and being done the way he likes it to be done. Although Shalev can follow directives, he is not always consistent and requires a support from adult to self-regulate and/or to follow through with starting/completing given demand/task. Before school closures, Shalev was engaging in non-compliance behaviors an average of 3 times per day when presented with less preferred task or task perceived difficult, and when not able to get access to a preferred item or activity.

Performance Area:

Behavior Intervention continued.

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Needs cont.: Shalev still needs to work on developing appropriate social skills in the area of peer conflict resolution. When Shalev became frustrated during a game or there was conflict about the game rules, Shalev would sometimes engage in tantrum behaviors observed as, pushing, kicking, non-compliance, and/or verbal protesting. Even Though verbal protesting occurs more often, before the school closures, tantrum behaviors were recorded to occur an average of 3 times per month. During distance learning, Shalev has been completing his work during 1:1 zoom sessions with BII and has been willing to write more when required in the assignment. However, he has difficulty remaining focused during zoom class and is often seen spinning in his chair. Shalev still demonstrates difficulty with some schedule changes such as if the class/session is longer than an hour or goes past the expected log off time. Shalev will sometimes log off before class/session is over and during 1:1 sessions he becomes repetitive asking how much until he is done. Leaving class earlier was also sometimes observed before school closures when in mainstream class.

Impact of Disability: Shalev's special education eligibility of SLD (Specific Learning Disability) impacts his ability to independently regulate his feelings when frustrated or presented with peer conflict, which impacts his ability to access the curriculum in the General Education Classroom.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV MI Date of Birth 22-OCT-2010 Meeting Date 12-NOV-2020
Last First MI

Section E: Present Level of Performance

Performance Area: English Language Development
Category:
Assessment/Monitoring Process Used: Teacher Observation, Informal Testing, Work Samples,
State/District Assessment Results: ELPAC

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

Strengths: Shalev is highly verbal. He can communicate his basic needs and emotions with appropriate grammar and vocabulary. Shalev can retell information in the appropriate sequence using visual supports. He can also explain information with minimal prompting. Shalev shows good listening comprehension. Shalev was assessed with the ELPAC ?????? in
Needs: Shalev continues to need support in reading. He still has a difficult time blending sounds together. During small group and one-on-one reading, Shalev will often say 'I don't know how to read' and can shut down. His lack of participation affects his progress with reading. Shalev needs to be reminded to look at the words when reading as he has a tendency to copy his peers or the adults. Shalev will make the initial sound of the word and substitute the remainder of the word with what he thinks it might be. Shalev needs to be able to write a complete sentences with subjects and predicates. Shalev was not able to achieve his IEP ELD goal: to decode multisyllabic words in isolation and/or in text with visual supports and teacher modeling as measured by student response/ teacher observation in 4 out of 5 trials with 80% accuracy.
Impact of Disability: Shalev's Special Education eligibility of Specific Learning Disability (SLD) impairs his ability to read and to express himself in written language, which impacts his involvement and progress in the general education class in the English Language Development curriculum.
Due to the Covid 19 school closure, summative ELPAC testing was unable to take place last year.

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

OHANA

SHALEV

Last

First

MI

Date of Birth

22-OCT-2010

Meeting Date

12-NOV-2020

Section E: Present Level of Performance

Performance Area:

Math

Category:



Assessment/Monitoring Process Used:

Teacher Observation, Informal Testing, Work Samples

State/District Assessment Results:

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

Strengths: Math is a preferred academic area for Shalev. He can calculate well using mental math. When asked to divide 360 by 2, he computed it all in his head, decomposing the numbers. Shalev can read numbers to the 10,000 place and identify the place value for each digit. Shalev is able to add numbers with regrouping into the thousands. Shalev is able to tell time to the hour and half hour. Shalev is about to subtract multi-digit numbers without regrouping (he has stated he doesn't like regrouping). Shalev can multiply numbers with facts of 1, 2, and 3 without any support. Shalev can count by 5s and 10s. Shalev shows good understanding of word problems. He is able to determine whether to add, subtract, multiply or divide simple numbers.

Needs: Although Shalev is working on grade level math, Shalev has a difficult time with subtracting numbers that require borrowing/ regrouping. He will reverse the numbers to subtract. However, when trying to show Shalev different strategies of subtraction, he will begin to verbally protest and say 'this doesn't make any sense!' and avoid completing the task. Multiple modalities of teaching new strategies have been attempted with Shalev. He has a difficult time learning new concepts. This can be a concern as Shalev progresses into more advanced and multi-step math problems. Math is not necessarily a concern for Shalev, however if Shalev is not open to learning new strategies or math concepts, it can become challenging for him in the future.

Impact of Disability: Shalev's eligibility of Specific Learning disability impacts his ability to learn new math concepts which impacts his involvement and progress in the general education curriculum.

Performance Area:

Category:



Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV Date of Birth 22-OCT-2010 Meeting Date 12-NOV-2020
Last First MI

Section E: Present Level of Performance

Performance Area: Social-Emotional Status
Category:
Assessment/Monitoring Process Used:
State/District Assessment Results: n/a

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

Shalev recieved 120 monthly minutes of counseling per month. His goal was that Shalev will use self-calming strategies (e.g., deep breathing, self-talk, visualization, mindfulness) for managing negative feelings of frustration in 3 out of 4 trials per week with moderate adult support as measured by counselor observation.
Strengths:
Shalev generally enjoys coming to counseling sessions. In counseling, he prefers to participate in individual activities, and has recently been working better with the group. He had become more involved in group discussions, and improved with interactions with his peers. When provided several prompts by an adult, he is able to use calming strategies (taking a break, using assertive statements).
Areas of need:
In counseling, at times Shalev can begin speaking off-topic and requires redirection (2-3 prompts). He needs to continue implementing and practicing his positive coping skills in all environments, and with consistency. At times, when Shalev becomes frustrated, he stops engaging in a counseling activity or will make fun of a peer. When Shalev needs assistance with a counseling task, he will not ask for help and instead begin speaking off-topic, act out, or do a different non-agreed upon activity.
Impact of disability:
Shalev's Specific Learning Disability (SLD) may impact his peer/adult relations, his on-task behavior, his independent work habits and his progress and involvement in the general education curriculum.

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA  
Last

SHALEV  
First

MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

Section E: Present Level of Performance

Performance Area: Articulation

Category: [dropdown arrow]

Assessment/Monitoring Process Used: Informal Measures

State/District Assessment Results:

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

Shalev is a ten year old boy who currently attends Serrania Charter and is in the fourth grade SLP SDP. He currently receives LAS services in the area of articulation for thirty minutes per week.

Strengths: Shalev has met and exceeded his annual LAS goal of producing /r/ in words with 80% accuracy. Shalev is able to produce /r/ and /r/ blends in words and phrases and has begun to produce them in sentences with at least 70% accuracy

Needs: Shalev is unable to consistency produce /r/ and /r/ blends in sentences with 80% accuracy or in spontaneous speech.

Educational Impact: Shalev's difficulty producing /r/ may affect his ability to access the oral curriculum.

Rachel Hochberg, M.S., CCC-SLP

Performance Area:

Category: [dropdown arrow]

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]



## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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MI

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Meeting Date 12-NOV-2020

## Section E: Present Level of Performance

Performance Area:

Fine Motor Skills

Category:

Assessment/Monitoring Process  
Used:

Observation, record review, work samples, teacher input

State/District Assessment Results:

n/a

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

Data and progress reporting is based upon Welligent documentation prior to the March 16, 2020 COVID-19 school facility closures and from the 1 OT sessions Aviv has attend this 2020 Fall semester. Shalev was out of the country at the beginning of the fall semester and returned and re-enrolled recently.

## Students Areas of Strengths:

Shalev continues to present with many strengths that assist him in accessing his educational curriculum. He demonstrates appropriate foundational neuromuscular functioning to participate in his educational program. He demonstrates functional range of motion, strength, and postural stability to participate in table top tasks. He continues to demonstrate functional visual skills track a moving object in all directions and to locate items within the classroom as needed. He demonstrates adequate fine motor skills to manipulate tongs, glue sticks and scissors during classroom and therapeutic activities. He demonstrates the visual motor skills to cut simple/complex shapes with good accuracy. Shalev continues to demonstrate the ability to able to complete 3-step directions involving both fine motor and gross motor movements with min verbal prompts when motivated. He continues to demonstrate the ability able to copy all all uppercase and lowercase letters of the alphabet and simple words when provided a near point model. He is meeting his current fine motor goal at 70% accuracy, which is to write 2-3 sentences (4-6 words in length) with 85% accuracy for line regard, sizing, and appropriate letter formation with no more than 2 visual/verbal prompts in 3/4 opportunities. Shalev continues to utilize his left hand to demonstrate a functional quadrupod grasp when using classroom utensils. His teacher reports that his writing is legible with some errors in reversals.

Performance Area:

continued

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

## Students Areas of Need:

Shalev displays challenges with fine motor skills. Shalev continues to present with inconsistencies with line adherence, letter sizing, letter formation, and spacing between words depending on his level of engagement. He reverses b/d and does not always use capitalization and punctuation as needed when writing. He continues to struggle with speed and fluidity, which impacts is his ability to complete assignments in the allotted time.

## Impact of student's disability on academic and overall performance:

Shalev's eligibility of SLD as well as his delays in fine motor skills impact his ability to completed written work to make progress with the general education curriculum.

Brooke Pulley MOT, OTR/L  
School-based Occupational Therapy  
11/12/2020

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Last First MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

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: SLD Specific Learning Disability

Not Applicable, Blind or Partially Sighted

Additional Low Incidence Eligibility (only for VI, DBL, DEA, HOH, or severe OI):

Code: [Empty]

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Shalev, with teacher modeling, prompting and visual support, will read 5-7 single syllable long vowel words (with predictable patterns) in isolation and/or in text, as measured by teacher made tests, with 80% accuracy in 2/3 trials.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shalev will decode 5-7 unfamiliar single syllable words in context and out of context by using knowledge of letter-sound correspondences and syllabication, with teacher prompting, modeling and visual support, as measured by teacher made tests in 2/3 trials with 70% accuracy

Incremental objective #2 related to the goal:

Shalev, with teacher modeling, prompting and visual support, will read 5-7 single syllable long vowel words (with the bossy e pattern) in isolation and/or in text, as measured by teacher made tests, with 75% accuracy in 2/3 trials.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Shalev will produce clear and coherent writing of 3-4 or more sentences in which the organization is appropriate to the task, purpose, and/or audience, with visual supports, graphic organizers, word banks and teacher prompting, teacher modeling as measured by student work samples, in 2/3 trials with 70% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With guidance and support from adults, Shalev will write 1-2 sentences, in which the development/organization are appropriate to the task and/or purpose with visual supports and graphic organizers and words banks as measured by student work samples, in 2/3 trials with 70% accuracy.

Incremental objective #2 related to the goal:

With guidance and support from adults, Shalev will write 2-3 sentences, in which the development/organization are appropriate to the task and/or purpose with visual supports and graphic organizers and words banks as measured by student work samples, in 2/3 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV MI  
Last First MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

Section G: Annual Goals and Objectives

Performance Area: ELD Category: Annual Goal #: 4

Shalev when writing, with teacher modeling and visual supports, will condense clauses in simple ways (e.g., The woman is a doctor. She helps children. The woman is a doctor who helps children) to create precise and detailed sentences in 2/3 trials with 80% accuracy, as measured by student work samples.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shalev when writing, with teacher modeling and visual supports, will condense clauses in simple ways (e.g., The woman is a doctor. She helps children. The woman is a doctor who helps children) to create precise and detailed sentences in 2/3 trials with 70% accuracy, as measured by student work samples.

Incremental objective #2 related to the goal:

Shalev when writing, with teacher modeling and visual supports, will condense clauses in simple ways (e.g., The woman is a doctor. She helps children. The woman is a doctor who helps children) to create precise and detailed sentences in 2/3 trials with 75% accuracy, as measured by student work samples.

Date to be achieved: March 2021 MO/YR

Date to be achieved: July 2021 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<br>Date:   | 2nd Reporting Period<br>Date:   | 3rd Reporting Period<br>Date:   | 4th Reporting Period (Secondary Only)<br>Date:  | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:  | Progress Mark:  | Progress Mark:  | Progress Mark:  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please explain:  |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV MI  
Last First MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

Section G: Annual Goals and Objectives

Performance Area: Behavior Category: Annual Goal #: 1

When confronted with a problem (i.e., difficult/less preferred-task, unexpected obstacles/change to the schedule, not getting access to preferred item/activity), Shalev will demonstrate an appropriate emotional response by using a self-regulating strategy to regulate his feelings (i.e., use his words, talk with teacher/adult, request a break) and return to task at hand, complete/start given demand within 2 minutes with 3 prompt or less, for an average of 60% of opportunities, measured over a 2 week period.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When confronted with a problem (i.e., difficult/less preferred-task, unexpected obstacles/change to the schedule, not getting access to preferred item/activity), Shalev will demonstrate an appropriate emotional response by using a self-regulating strategy to regulate his feelings (i.e., use his words, talk with teacher/adult, request a break) and return to task at hand, complete/start given demand within 2 minutes with 3 prompt or less, for an average of 60% of opportunities, measured over a 2 week period.

Incremental objective #2 related to the goal:

When confronted with a problem (i.e., difficult/less preferred-task, unexpected obstacles/change to the schedule, not getting access to preferred item/activity), Shalev will demonstrate an appropriate emotional response by using a self-regulating strategy to regulate his feelings (i.e., use his words, talk with teacher/adult, request a break) and return to task at hand, complete/start given demand within 2 minutes with 2 prompt or less, for an average of 80% of opportunities, measured over a 2 week period.

Date to be achieved: March 2020 MO/YR

Date to be achieved: July 2021 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<br>Date: <input type="text"/>  | 2nd Reporting Period<br>Date: <input type="text"/>  | 3rd Reporting Period<br>Date: <input type="text"/>  | 4th Reporting Period (Secondary Only)<br>Date: <input type="text"/>   | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please explain:<br><input type="text"/>                        |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

During unstructured play times such as recess and lunch, Shalev will show self-control of his body (hands/feet to himself, good personal space) and demonstrate problem solving skills when presented with social conflicts by identifying the problem and generating a solution appropriate to the situation with 1 prompt for an average of 80% of opportunities, measured over a 2 week period.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

During unstructured play times such as recess and lunch, Shalev will show self-control of his body (hands/feet to himself, good personal space) and demonstrate problem solving skills when presented with social conflicts by identifying the problem and picking one of two provided solutions with 2 prompts for an average of 60% of opportunities, measured over a 2 week period.

Incremental objective #2 related to the goal:

During unstructured play times such as recess and lunch, Shalev will show self-control of his body (hands/feet to himself, good personal space) and demonstrate problem solving skills when presented with social conflicts by identifying the problem and generating a solution appropriate to the situation with 2 prompts for an average of 80% of opportunities, measured over a 2 week period.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV MI  
Last First MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

Section G: Annual Goals and Objectives

Performance Area: Math Category: Annual Goal #: 7

Shalev will multiply two two-digit numbers using strategies based on place value and the properties of operations and illustrate and explain the calculation by using equations, rectangular arrays or area models with adult prompting and modeling as measured by student work samples in 2/3 out of trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shalev will multiply two two-digit numbers using strategies based on place value and the properties of operations and illustrate and explain the calculation by using equations, rectangular arrays or area models with adult prompting and modeling as measured by student work samples in 2/3 out of trials with 70% accuracy.

Incremental objective #2 related to the goal:

Shalev will multiply two two-digit numbers using strategies based on place value and the properties of operations and illustrate and explain the calculation by using equations, rectangular arrays or area models with adult prompting and modeling as measured by student work samples in 2/3 out of trials with 75% accuracy.

Date to be achieved: March 2021 MO/YR

Date to be achieved: July 2021 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<br>Date:   | 2nd Reporting Period<br>Date:   | 3rd Reporting Period<br>Date:   | 4th Reporting Period (Secondary Only)<br>Date:  | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:  | Progress Mark:  | Progress Mark:  | Progress Mark:  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other | If "No" please explain:  |



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Shalev will identify challenging school situations (difficult/non-preferred tasks, negative social interactions, etc.) and use positive ways (requesting a break, positive self-talk, self-advocacy, etc.) for dealing with them in 4 out of 5 trials per opportunity with minimal (1-2 prompts) adult support as measured by counselor observation and staff report.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shalev will identify challenging school situations (difficult/non-preferred tasks, negative social interactions, etc.) and use positive ways (requesting a break, positive self-talk, etc.) for dealing with them in 2 out of 5 trials per opportunity with maximum (5 prompts) adult support as measured by counselor observation and staff report.

Incremental objective #2 related to the goal:

Shalev will identify challenging school situations (difficult/non-preferred tasks, negative social interactions, etc.) and use positive ways (requesting a break, positive self-talk, etc.) for dealing with them in 3 out of 5 trials per opportunity with moderate (3-4 prompts) adult support as measured by counselor observation and staff report.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Shalev will produce /r/ and /r/ blends in conversations to improve intelligibility where he is understood at least 80% of the time over 3 consecutive sessions.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shalev will produce /r/ and /r/ blends in sentences with 80% accuracy over 3 sessions.

Incremental objective #2 related to the goal:

Shalev will produce /r/ and /r/ blends in conversations to improve intelligibility where he is understood at least 70% of the time over 3 consecutive sessions.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

To demonstrate appropriate fine motor skills, Shalev will copy or write 3-4 sentences (4-6 words in length) with 80% accuracy for line regard, sizing, and appropriate letter formation and no more than 1 capitalization/punctuation error and no more than one reversal in 3 out of 4 opportunities with no more than 2 visual/verbal prompts and/or 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
- Observation
- Other
- Norm Referenced
- Portfolio
- 
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

To demonstrate appropriate fine motor skills, Shalev will copy or write 2-3 sentences (4-6 words in length) with 70% accuracy for line regard, sizing, and appropriate letter formation and no more than 1 capitalization/punctuation error and no more than one reversal in 3 out of 4 opportunities with no more than 3 visual/verbal prompts and/or cues.

Incremental objective #2 related to the goal:

To demonstrate appropriate fine motor skills, Shalev will copy or write 3 sentences (4-6 words in length) with 75% accuracy for line regard, sizing, and appropriate letter formation and no more than 1 capitalization/punctuation error and no more than one reversal in 3 out of 4 opportunities with no more than 3 visual/verbal prompts and/or cues.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA  
LastSHALEV  
First

MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

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

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

|   |                                       |
|---|---------------------------------------|
| <b>Student will participate in Regular State and District Assessments.</b><br><i>(Designated Supports and/or Accommodations identified below are applicable)</i>  | <b>CAASPP Subject</b><br>ELA and Math |
| Designated Supports: <ul style="list-style-type: none"> <li>- Test in a separate/smaller setting</li> <li>- Text-to-speech software enabled (for math items and ELA items except for reading passages)</li> </ul>   |                                       |
| Accommodations: <ul style="list-style-type: none"> <li>- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).</li> <li>- Speech-to-Text voice recognition software enabled for ELA performance writing tasks only (non-embedded accommodation)...Can be used for note-taking-preparation for the assessment task and/or for the writing assessment task.</li> </ul> |                                       |
| <b>Student will participate in Regular State and District Assessments.</b><br><i>(Designated Supports and/or Accommodations identified below are applicable)</i>  | <b>ELPAC Subject</b><br>Reading       |
| Designated Supports: <ul style="list-style-type: none"> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> </ul>  |                                       |
| Accommodations: <ul style="list-style-type: none"> <li>- Supervised breaks within a section of the test</li> </ul>  |                                       |
| <b>Student will participate in Regular State and District Assessments.</b><br><i>(Designated Supports and/or Accommodations identified below are applicable)</i>  | <b>ELPAC Subject</b><br>Writing       |
| Designated Supports: <ul style="list-style-type: none"> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> </ul>  |                                       |
| Accommodations: <ul style="list-style-type: none"> <li>- Speech-to-text voice recognition allows students to use their voice as an input device to dictate responses or give commands (non-embedded accommodations)</li> </ul>  |                                       |
| <b>Student will participate in Regular State and District Assessments.</b><br><i>(Designated Supports and/or Accommodations identified below are applicable)</i>  | <b>ELPAC Subject</b><br>Speaking      |
| Designated Supports: <ul style="list-style-type: none"> <li>- Pause or replay the audio during the administration of test questions (speaking domain only—summarize an academic presentation only)</li> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> </ul>  |                                       |
| Accommodations: <ul style="list-style-type: none"> <li>- Text-to-speech must specify the following: Items only, Stimuli only, or Stimuli and Items. (Listening, Speaking, Writing) (embedded accommodation)</li> <li>- Supervised breaks within a section of the test</li> </ul>  |                                       |
| <b>Student will participate in Regular State and District Assessments.</b><br><i>(Designated Supports and/or Accommodations identified below are applicable)</i>  | <b>ELPAC Subject</b><br>Listening     |
| Designated Supports: <ul style="list-style-type: none"> <li>- Pause or replay the audio during the administration of test questions (listening domain only)</li> </ul>  |                                       |
| Accommodations: <ul style="list-style-type: none"> <li>- Text-to-speech must specify the following: Items only, Stimuli only, or Stimuli and Items. (Listening, Speaking, Writing) (embedded accommodation)</li> <li>- Supervised breaks within a section of the test</li> </ul>  |                                       |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV MI Date of Birth 22-OCT-2010 Meeting Date 12-NOV-2020  
Last First MI

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:

The complete IEP

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 OHANA SHALEV MI Last First MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

Section Q: Parent Participation and Consent

Parent Participation

- Parent/Student (18-21) has participated in the IEP meeting.
Parent/Student (18-21) indicated before the meeting that they would not be able to attend.
Parent/Student (18-21) was notified 3 times of the meeting time and place.
Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.
Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.

Parent Notification

Table with 3 columns: Method, Whom, When. Rows include Email, Phone, M. V., Office and dates 23-OCT-2020, 30-OCT-2020, 03-NOV-2020.

I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)

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

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

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES o all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional SettingSpecify
Services Specify

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

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

Parent Concerns and Comments

Signature(s)

Signature(s)

Date

- Parent Guardian Student age 18-21 years age 18-21 years Surrogate Parent Emancipated Minor Foster Parent

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

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

Signature(s)

Signature(s)

Date 12-NOV-2020

## PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

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



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

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

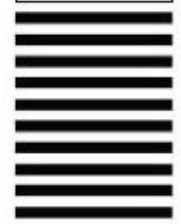


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



**PARENT INPUT SURVEY**  
**English**



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student     
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

| Team Member  | Print Name   | Signature                                    |
|--|--|--|
| Parent/Guardian  | <input type="text" value="Einav Amar"/>                          | <input type="text" value="Einav Amar"/>      |
| Parent/Guardian  | <input type="text"/>   | <input type="text"/>                         |
| Student Age 18 - 21 years                              | <input type="text"/>   | <input type="text"/>                         |
| Student Under Age 18 years                             | <input type="text"/>   | <input type="text"/>                         |
| Surrogate Parent                                       | <input type="text"/>   | <input type="text"/>                         |
| Foster Parent  | <input type="text"/>   | <input type="text"/>                         |
| Family Foster Home Provider                            | <input type="text"/>   | <input type="text"/>                         |
| Administrator  | <input type="text" value="Maria Vallone"/>                       | <input type="text" value="Maria Vallone"/>   |
| Administrative Designee                                | <input type="text"/>   | <input type="text"/>                         |
| Special Education Teacher                              | <input type="text" value="Lesley Lauer, participated via zoom"/> | <input type="text"/>                         |
| General Education Teacher                              | <input type="text" value="Emad Elias, participated via phone"/>  | <input type="text"/>                         |
| School Psychologist                                    | <input type="text" value="Mor Saghezi"/>                         | <input type="text" value="Mor Saghezi"/>     |
| School Nurse   | <input type="text"/>   | <input type="text"/>                         |
| Related Service Staff <input type="text" value="OT"/>  | <input type="text" value="Brooke Pulley"/>                       | <input type="text" value="Brooke Pulley"/>   |
| Related Service Staff <input type="text" value="LAS"/> | <input type="text" value="Rachel Hochberg, M.S., CCC-SLP"/>      | <input type="text" value="Rachel Hochberg"/> |
| Related Service Staff <input type="text"/>             | <input type="text"/>   | <input type="text"/>                         |
| Interpreter  | <input type="text"/>   | <input type="text"/>                         |
| Sign Language Interpreter                              | <input type="text"/>   | <input type="text"/>                         |
| Agency Representative                                  | <input type="text"/>   | <input type="text"/>                         |
| Agency Representative                                  | <input type="text"/>   | <input type="text"/>                         |
| Agency Representative                                  | <input type="text"/>   | <input type="text"/>                         |
| Other <input type="text" value="NPA/BID"/>             | <input type="text" value="Nayeli Elizalde"/>                     | <input type="text" value="Nayeli Elizalde"/> |
| Other <input type="text"/>                             | <input type="text"/>   | <input type="text"/>                         |
| Other <input type="text"/>                             | <input type="text"/>   | <input type="text"/>                         |
| Other <input type="text"/>                             | <input type="text"/>   | <input type="text"/>                         |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA  
Last

SHALEV  
First

MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

|  |   |
|--|---|
| <input type="radio"/> General Education Class/General Education Site | <input checked="" type="radio"/> Special Day Program/General Education Site |
| <input type="radio"/> Special Day Program/Special Education Center   | <input type="radio"/> Nonpublic School                                      |
| <input type="radio"/> Home/Hospital or Residential Care Facility     |   |

**DIRECTIONS:** Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES. After reaching the Step that indicates YES, it is also required to complete Step F.

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

**Step A.** Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?

Yes  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.

Yes  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.

Student needs a small class size to support his academics.

**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?

Yes  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.

Yes  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.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student   
Last

First

MI

Date of   
Birth

Meeting   
Date

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

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

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

|  |  |  |
|--|--|--|
| <b>Step D.</b>   | Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting? |  |
|  | <input type="radio"/> Yes <input type="radio"/> No   | If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.  |
|  | <input type="radio"/> Yes <input type="radio"/> No   | If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E. |
| <div style="border: 1px solid black; height: 80px;"></div> |  |  |

|                |  |  |
|----------------|--|--|
| <b>Step E.</b> | Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility? |  |
|                | <input type="radio"/> Yes <input type="radio"/> No   | If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting. |
|                | <div style="border: 1px solid black; height: 80px;"></div>   |  |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last

First

MI

Date of   
Birth

Meeting   
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

|                |  |   |
|----------------|--|---|
| <b>Step F.</b> | The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply): |   |
|                | <input checked="" type="checkbox"/>  | Diminished access to the full range of the curriculum                 |
|                | <input checked="" type="checkbox"/>  | Missed general education instruction taught by highly qualified staff |
|                | <input type="checkbox"/>   | Rate at which student may earn credits for graduation                 |
|                | <input type="checkbox"/>   | Lack of opportunity for social interaction                            |
|                | <input checked="" type="checkbox"/>  | Lack of opportunities for age-appropriate peer role models            |
|                | <input checked="" type="checkbox"/>  | Amount of socialization opportunities with typical peers              |
|                | <input checked="" type="checkbox"/>  | Limited access to peers in student's home community                   |
|                | <input checked="" type="checkbox"/>  | Lack of exposure to appropriate behavioral models from peers          |
|                | <input type="checkbox"/>   | Other: <input type="text"/>   |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student     
 Last First MI

Date of Birth

Meeting Date

|   |   | Effective With this IEP  | Future Changes Related to this IEP           |
|---|---|--|--|
|   | As of Date:   | <input type="text"/>   | <input type="text"/>                         |
| Eligibility:<br>(from Page 4)   |   | <b>Eligible (SLD)</b>  |  |
|   | Final IEP Reason<br>Final IEP Effective Date:   |  |  |
| Curriculum  |   | <input type="text" value="General Education"/>   | <input type="text"/>                         |
| Placement   | Type of School  | <input type="text" value="District Non-Resident School"/>  | <input type="text"/>                         |
|   | Name of School  | <input type="text" value="SERRANIA AVE CES"/><br><input type="text"/>  | <input type="text"/><br><input type="text"/> |
| Instructional Setting   | Setting   | <input type="text" value="Special Education"/>   | <input type="text"/>                         |
|   | Program   | <input type="text" value="SLD"/>   | <input type="text"/>                         |
|   | Special Day Minutes/Wk  | <input type="text" value="980"/>   | <input type="text"/>                         |
|   | Addresses Goals   | <input type="text" value="2(Reading),3(Writing),4(ELD),1(Behavior),6(Behavior Interventio),7(Math),8(Social-Emotional),9(Articulation),10(Fine Motor)"/>   | <input type="text"/>                         |
| Additional Factors  | Low Incident Support  | <input type="text" value="None"/>  | <input type="text"/>                         |
|   | Assistive Technology Support  | <input type="text" value="No"/>  | <input type="text"/>                         |
|   | Transportation  | <input type="text" value="School to School"/>  | <input type="text"/>                         |
|   | Extended School Year/Intersession   | <input checked="" type="radio"/> Yes <input type="radio"/> No  | <input type="text"/>                         |
| Parent Counseling and Training (PCT)  | Parent Counseling and Training (PCT)  | <input type="radio"/> Yes <input checked="" type="radio"/> No  | <input type="text"/>                         |
|   | ESY Transportation  | <input type="text" value="School to School"/>  | <input type="text"/>                         |
| Accommodation, Modifications, Supports  | Instructional Accommodations  | <input type="text" value="Attaining Shalev's attention before asking questions; problems and text read to him, accept oral response, opportunities to respond and participate, assignments chunked and broken down, additional time as needed, opportunities for breaks, word banks, reinforcement for completion of work and behavior, graphic organizers as needed, allow Shalev to explain his thought process for answers, etc."/> | <input type="text"/>                         |
|   | Instructional Modifications   | <input type="text" value="Out of grade level materials to be used as necessary."/>   | <input type="text"/>                         |
|   | Other Supports, including Non-Academic and Extra-curricular Activities                              | <input type="text"/>   | <input type="text"/>                         |
| Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.) | Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary? | <input type="radio"/> Yes <input checked="" type="radio"/> No  | <input type="text"/>                         |
|   | If the Parent does not agree, specify the area(s) to be reassessed.                                 | <input type="text"/>   | <input type="text"/>                         |

Comments, as appropriate

**Low Incidence  
Equipment**

|  |
|--|
|  |
|--|

**Assistive Technology  
Equipment**

|  |
|--|
|  |
|--|

**Participation in  
General Education**

Shalev will participate in GE for the Arts, P.E., Science Lab all school-wide assemblies, field trips. He will be mainstreamed for social studies, science and health in GE as deemed appropriate, and for Math as deemed appropriate by the team in General Education.







|  |                        |                                |  |
|--|------------------------|--------------------------------|--|
|  | Responsible Personnel: | Other Provider(s)              |  |
|  |                        | Licensed/Credentialed Provider |  |
|  |                        |                                |  |
|  |                        |                                |  |
|  |                        |                                |  |
|  |                        |                                |  |
|  |                        |                                |  |
|  |                        |                                |  |
|  | *                      |                                |  |

|  |   |                                 |  |
|--|---|---------------------------------|--|
| <b>Service 5</b>                                   | Start Date:                             | Effective on Signature Date     |  |
| <b>16</b>  | End Date:                               |                                 |  |
| <b>Occupational Therapy</b>                        | Service applies to:                     | ESY                             |  |
|  | Frequency:                              | 1-5                             |  |
| This service addresses the following <b>goals:</b> | Interval:                               | Monthly                         |  |
| 10(Fine Motor)                                     | Minutes/Interval:                       | 60                              |  |
|  | Minutes/Interval (Pullout from Gen Ed): | 0                               |  |
|  | Service Delivery Model:                 | Direct Service (Collaborative)* |  |
|  | Responsible Personnel:                  | Licensed/Credentialed Provider  |  |
|  |   | Special Education Teacher       |  |
|  |   |                                 |  |
|  |   |                                 |  |
|  |   |                                 |  |
|  |   |                                 |  |
|  |   |                                 |  |
|  |   |                                 |  |
|  | *                                       |                                 |  |

|  |   |                             |  |
|--|---|-----------------------------|--|
| <b>Service 6</b>                                   | Start Date:                             | Effective on Signature Date |  |
| <b>32</b>  | End Date:                               |                             |  |
| <b>Behavior Intervention Implementation (BII)</b>  | Service applies to:                     | Regular                     |  |
|  | Frequency:                              | 1-5                         |  |
| This service addresses the following <b>goals:</b> | Interval:                               | Weekly                      |  |
| 1(Behavior)  | Minutes/Interval:                       | 1800                        |  |
| 6(Behavior Interventio)                            | Minutes/Interval (Pullout from Gen Ed): | 0                           |  |



|                     |   |  |  |
|---------------------|---|--|--|
| 8(Social-Emotional) | Minutes/Interval:                       | 120                                    |  |
|                     | Minutes/Interval (Pullout from Gen Ed): | 0                                      |  |
|                     | Service Delivery Model:                 | Direct Service (By a Single Provider)* |  |
|                     | Responsible Personnel:                  | Licensed/Credentialed Provider         |  |
|                     |   |  |  |
|                     |   |  |  |
|                     |   |  |  |
|                     |   |  |  |
|                     |   |  |  |
|                     |   |  |  |

|  |                     |                             |  |
|--|---------------------|-----------------------------|--|
| <b>Service 9</b>                               | Start Date:         | Effective on Signature Date |  |
| <b>33</b>                                      | End Date:           |                             |  |
| <b>Behavior Intervention Development (BID)</b> | Service applies to: | ESY                         |  |
|  | Frequency:          | 1-10                        |  |
| This service addresses the following goals:    | Interval:           | Yearly                      |  |

|  |   |   |  |
|--|---|---|--|
| 1(Behavior)<br>6(Behavior Interventio) | Minutes/Interval:                       | 240   |  |
|  | Minutes/Interval (Pullout from Gen Ed): | 0   |  |
|  | Service Delivery Model:                 | Direct Service (By a Single Provider)*              |  |
|  | Responsible Personnel:                  | Other Provider(s)<br>Licensed/Credentialed Provider |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |

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

|   |   |
|---|---|
| <b>Part 3 - Percentage of Time Outside of General Education</b> |   |
| <b>Effective With this IEP</b>                                  | <b>Future Changes Related to this IEP</b> |

% of Time per Week outside of General Education

61

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

LAUSD schools are closed at this time due to the COVID-19 national pandemic. Shalev will continue to receive educational services using the At Home Continuity of Learning Plan until schools re-open.

The IEP team determined that student will be able to maintain the level of speech and language skills during the summer months without significant recoupment, therefore ESY is not being recommended.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student OHANA

SHALEV

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

Last

First

MI

## FAPE Summary Grid

| <b>Program:</b>               | SLD  | <b>Setting:</b>              | Special Education  |          |           |              |               |                                |            |
|-------------------------------|--|------------------------------|--------------------|----------|-----------|--------------|---------------|--------------------------------|------------|
| <b>Eligibility:</b>           | Eligible (SLD)                             | <b>Curriculum:</b>           | General Education  |          |           |              |               |                                |            |
| <b>Transportation:</b>        | School to School                           | <b>Low Incident Support:</b> | None               |          |           |              |               |                                |            |
| <b>Date District Received</b> |  |                              |                    |          |           |              |               |                                |            |
| <b>Parent Signature:</b>      |  |                              |                    |          |           |              |               |                                |            |
| Service Code                  | Service Desc                               | Start Date                   | Service Applies To | Interval | Frequency | Area         | Total Minutes | Addresses Goal(s)              | No Consent |
| 33                            | Behavior Intervention Development (BID)    | Effective on Signature Date  | ESY                | Yearly   | 1-10      | ~            | 240           | Behavior, Behavior Interventio | --         |
| 33                            | Behavior Intervention Development (BID)    | Effective on Signature Date  | Regular            | Monthly  | 1-10      | ~            | 360           | Behavior, Behavior Interventio | --         |
| 32                            | Behavior Intervention Implementation (BII) | Effective on Signature Date  | Regular            | Weekly   | 1-5       | ~            | 1800          | Behavior, Behavior Interventio | --         |
| 32                            | Behavior Intervention Implementation (BII) | Effective on Signature Date  | ESY                | Weekly   | 1-5       | ~            | 1350          | Behavior, Behavior Interventio | --         |
| 04                            | Counseling and Guidance                    | Effective on Signature Date  | ESY                | Monthly  | 1-5       | ~            | 120           | Social-Emotional               | --         |
| 04                            | Counseling and Guidance                    | Effective on Signature Date  | Regular            | Monthly  | 1-5       | ~            | 120           | Social-Emotional               | --         |
| 10                            | Language/Speech                            | Effective on Signature Date  | Regular            | Weekly   | 1         | School-Based | 30            | Articulation                   | --         |
| 16                            | Occupational Therapy                       | Effective on Signature Date  | Regular            | Monthly  | 1-5       | ~            | 120           | Fine Motor                     | --         |
| 16                            | Occupational Therapy                       | Effective on Signature Date  | ESY                | Monthly  | 1-5       | ~            | 60            | Fine Motor                     | --         |

## Alternative Remote/Distance Learning Services During Emergency Conditions

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):

|   | Teacher-posted lessons, asynchronous (online or other media) | Virtual class meetings, synchronous | Personalized learning tools (virtual or paper packets, as available) | Scheduled teacher appointments (virtual or in-person, as available) | Scheduled email check-ins (parent or student) | Virtual office hours (drop-in; parent or student) |
|---|--|-------------------------------------|--|---|---|---|
| Specialized Academic Instruction and Related Services   | <input checked="" type="checkbox"/>                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                  | <input checked="" type="checkbox"/>                                 | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/>               |
| Extended School Year Services   | <input checked="" type="checkbox"/>                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                  | <input checked="" type="checkbox"/>                                 | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/>               |
| Supplementary Aids and Services (provided in general education classes and other general ed environments) | <input checked="" type="checkbox"/>                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                  | <input checked="" type="checkbox"/>                                 | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/>               |

**As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.**

*Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.*

**For IEP Team Information**

**By clicking this box the IEP team has reviewed the FAPE Summary Page to ensure that it reflects the IEP Team decisions.**

# INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **OHANA** **SHALEV**  **Date of Birth** 22-OCT-2010 **Meeting Date** 12-NOV-2020  
Last First MI

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

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

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

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

### PREVENTION

### PART 1

### ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

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

Other Describe:

### Observation Analysis 6

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

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

Other (Missing/Present):

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

### Intervention 7

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

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

Other

Who will establish?  Who will monitor?  Frequency





INDIVIDUALIZED EDUCATION PROGRAM
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student OHANA SHALEV MI Date of Birth 22-OCT-2010 Meeting Date 12-NOV-2020

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

8

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

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

Describe:

Observation 9 Analysis

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

Prompt student to comply with the adults request, using Premack principle. (First do x, and then you get y).

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

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

Who will establish? Teacher/BII/BID/ Who will monitor? Teacher/BII/BID Frequency: as necessary

Intervention 11

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

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

Other ideas: Selection of reinforcer based on: Shalev's input/choices
reinforcer for using replacement behavior, reinforcer for general increase in positive behaviors
By whom? Teacher/Staff/BII Frequency: weekly

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

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

1. Prompt student to switch to the replacement behavior. 2. Increase adult presence for safety 3. Positive discussion with student after behavior ends 4. Any necessary further classroom or school consequences

Personnel? Teacher/Staff/BII

INDIVIDUALIZED EDUCATION PROGRAM  
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 3 of 3)

Student OHANA SHALEV MI  
Last First MI

Date of Birth 22-OCT-2010

Meeting Date 12-NOV-2020

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #: 1

When confronted with a problem (i.e., difficult/less preferred-task, unexpected obstacles/change to the schedule, not getting access to preferred item/activity), Shalev will demonstrate an appropriate emotional response by using a self-regulating strategy to regulate his feelings (i.e., use his words, talk with teacher/adult, request a break) and return to task at hand, complete/start given demand within 2 minutes with 3 prompt or less, for an average of 60% of opportunities, measured over a 2 week period.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?  
FAPE 1, FBA

Yes  No

Are environmental supports/changes necessary?

Yes  No

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

Yes  No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes  No

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

Yes  No

Person responsible for contact between agencies.  
Teacher/BII/BID

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:  
 Phone calls  Email  Written notes  
 Daily reports  Daily charting  Behavioral logs  
 Weekly reports  
 Other Texting

Between? Frequency?  
Teacher/Staff/BII- parents As needed