

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: 09-APR-2019	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 09-APR-2020	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 09-APR-2022	<input checked="" type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 09-APR-2019	Re-evaluation
Transition to Kindergarten to be conducted by:	

Location of Meeting: Serrania CES **District Name:** Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 22-OCT-2010 **Age:** 8 **Grade:** 2

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: 5049 Serrania

City: WOODLAND HILL CA **ZIP Code:** 91364

Home Telephone: (818) 261-8230 **Daytime Telephone:** **Emergency Telephone:**

School of Attendance: Serrania Ave Ces **Location Code:** 6606

School of Residence: SERRANIA AVE CES **Location Code:** 6606

Name of Parent/Guardian: **Telephone:**

Address: **City:** CA **ZIP Code:**

Surogate Parent: **Telephone:**

Attends CURRENT SCHOOL as a result of one of the following: Attends School of Residence

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:**

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

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Meeting Date

Section C: Language Acquisition

Language Classification: Start Date:
 Parent Waiver: Yes No Reclassification Date:
 Elementary English Language Development Level: Start Date:
 Secondary English Language Development Level: Start Date:
 Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text" value="English Language Development"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Not yet mastered single-syllable"/>
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
2 <input type="text" value="Behavioral Support 1"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Inconsistent accuracy"/>
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
3 <input type="text" value="Written Language"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Incomplete assignments"/>
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"/>
4 <input type="text" value="Mathematics"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Does not complete subtraction problems"/>
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"/>
5 <input type="text" value="Social/emotional (Counseling)"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs more practice to generalize."/>
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
6 <input type="text" value="Fine Motor"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs more time and practice (inconsistencies)"/>
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"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
8 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
9 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<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"/>
10 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<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"/>

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OHANA

SHALEV

Date of Birth 22-OCT-2010

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Last

First

MI

Section E: Present Level of Performance

Performance Area:

Health

Assessment/Monitoring Process Used:

Review of records, interview with mother, office visit

State/District Assessment Results:

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

Health Summary: Triennial/ Re-Evaluation IEP Health Assessment for Shalev completed with information provided by review of school records, parent interview, and office visit by Shalev. Shalev is in 2nd grade at Serrania Charter. Shalev has had no changes to his health within the last year. No history of serious or chronic illnesses, accidents, surgeries, or hospitalizations. Shalev was assessed by a private developmental optometrist on 2/26/19. According to their assessment, Shalev has Convergence Insufficiency and Oculomotor Dysfunction. The recommendations include: Optometric Vision Therapy, 20 office visits, supported with daily home procedures, no prescription eyeglasses at this time, and annual eye examinations with vision care provider. Accommodations from the eye doctor include: allow the use of a line marker to help keep place when reading, printed material presented in no smaller than 14-18 pt font, presented pages to be less visually dense (i.e. less printed on a page to help avoid visual confusion).

Strengths: Student passed the LAUSD Hearing screen on 2/1/19, and vision screen on 4/2/19. Per mom, he is in good general health. Shalev is independent in all his activities of daily living, and requires no assistance with mobility.

Area of Need: According to optometrist report, Vision is an area of need.

Impact of Disability: Physical Health does not adversely affect the student's participation, performance, and access in the educational program.

Accommodations/Modifications: Student will be allowed to use materials as recommended from vision therapy assessment results for the use of a line marker to keep place when reading, printed material no smaller than 14-18 pt font, and presented pages to be less visually dense to help avoid visual confusion.

Completed By:
Melissa Neal BSN, RN, LAUSD School Nurse
4/10/19

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

Reading

Assessment/Monitoring Process Used:

Benchmark Advance, Informal, Observations

State/District Assessment Results:

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

Strengths: Shalev identifies alphabet letter names with teacher modeling and maximum support. With adult modeling and support, 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 as the desire to learn how to read. He understands to read from left to right and top to bottom. He enjoys read aloud and will often ask an adult to read to him during their 'book look' time or he will join in on some peers who are looking through a book.

Needs: Shalev needs support in blending single syllable short vowel words with and without blends. (e.g. flag, crash, this, etc.) During reading groups, Shalev will sometimes say, 'I don't know how to read' and leave the class or disrupt other students. Shalev has memorized many common phrases in stories which impacts his progress in reading. He begins to recite what he has memorized and does not look at the text. 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.

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.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

English Language Development

Assessment/Monitoring Process Used:

Benchmark Advance, Informal, Observations

State/District Assessment Results:

CELDT-4

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 recently assessed with the ELPAC, but results are not yet available. Informal observation notes were taken. During the speaking portion, Shalev was able to answer the questions appropriately and demonstrate understandings of oral directions as he was able to complete the sample items. Although he struggled with reading and writing, Shalev attempted to look for words with similar sounds respective to what he saw in given pictures. Shalev demonstrated the ability to identify initial sounds in unfamiliar words.

Needs: Shalev can speak at a really fast pace and at a loud range where his peers can sometimes not understand him. Sometimes Shalev will correct his pacing or sounds when reminded but can also ignore corrections. Shalev continues to need support in reading. He 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.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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

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Section E: Present Level of Performance

Performance Area: Writing

Assessment/Monitoring Process Used: Benchmark Advance, Informal, Observations

State/District Assessment Results:

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

Strengths: Shalev can write his first name with a capital letter S. 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: Shalev does not participate often with writing. Writing is a non-preferred task and he will often refuse to complete the task. When given a writing activity, Shalev will say, 'I can't spell. I don't know how to write.' and will often times 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.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

Mathematics

Assessment/Monitoring Process Used:

MyMath, Informal, student 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 shows good use of mental math. Shalev is able to add numbers with regrouping into the thousands. Shalev is able to decompose numbers and use anchors of 10 to help his add mentally. Shalev is able to tell time to the hour and half hour. Shalev is about to subtract multi-digit numbers without regrouping. Shalev can multiply numbers with facts of 1, 2, and 3 without any support. Shalev can count by 5s and 10s. He is able to divide equally among objects and group them. 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:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area:

Behavioral Support

Assessment/Monitoring Process Used:

NPA Data collection

State/District Assessment Results:

[Empty box]

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

Strengths: as reported by NPA- BID --- Shalev demonstrates the ability to accept and follow directions, begin and complete his work and compromise with his peers. However, this is not consistent and he still requires moderate support to use the replacement behaviors when he wants access to a preferred item, wants to escape a non-preferred activity or is involved in a conflicting issue with a peer. During class instruction, Shalev will complete his classwork if he is given choices, visual supports and is familiar with the concept. He is motivated to earn stars and tickets towards the classroom store on Fridays. At times, he will state he wants to earn stars the next day or if feels like there is nothing to work towards he will refuse to participate and complete his classwork. If Shalev is given choices and space, he often returns to the activity and will engage for a specific amount of time. He will request breaks and will work towards breaks during each task. It helps Shalev to know exactly what he needs to complete before he earns a preferred activity. It will benefit Shalev to work towards accepting and following directions given less prompting and redirection. Throughout the school day, Shalev has been working on using his words to communicate his needs. There are times, he needs a break to sit at his desk without any distractions or to go outside and take a movement break. This allows Shalev to take time for himself and use self-regulation techniques. He responds to choices and directives that are brief and clear. Shalev can become overwhelmed if the instructions, class work or discussion is too long, too wordy or too loud. It is important to approach Shalev with supportive phrases and offer choices rather than making demands. Shalev responds well to time and space to process the information and communicate his needs. At times, Shalev arrives at school agitated. This often occurs when there are changes to his environment at home or at school.

Performance Area:

Behavioral support continued

Assessment/Monitoring Process Used:

[Empty box]

State/District Assessment Results:

[Empty box]

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

Strengths continued: It will benefit Shalev to be primed before changes occur during the school day, provided with a visual schedule, self-monitoring system that he can see how he is progressing during the day (i.e., star system), and choices for work completion. According to the data results, feedback and observation; It will benefit Shalev to continue to work towards meeting the overall goal with greater consistency and less prompting. Challenges: Shalev requires moderate support when he escalates, elopes or throws a tantrum during the school day. This often occurs when he does not get access to a preferred item or activity, there are unexpected changes to the schedule or activity, is involved in a conflicting issue with a peer or feels the work is too difficult or too long. Shalev will often push his work away or will quickly escalate by screaming and eloping out of the classroom. If he is in the classroom and he escalates, he will flip tables and chairs and throw items around the classroom. When this occurs, the rest of the class will be redirected outside and the teacher/BII will stay inside giving Shalev space and time to de-escalate. When Shalev calms down, the teacher or BII will offer choices and use supportive words. The BII will accommodate the work by using visual supports and the Premack Principle (i.e., First, then approach). As soon as Shalev follows directions and completes a portion of the assigned work, he will be given a preferred break. When the behaviors escalate, the BIIs will document in ABC narrative data and notify the BID. According to the data, the behaviors described above occur on average 2 times per week. Because of this, it is recommended to continue NPA behavior supports and services to teach Shalev the replacement behaviors given less prompting and greater accuracy.

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

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Section E: Present Level of Performance

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

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

Strengths: Shalev enjoys talking about cats. Shalev is highly verbal and he likes to talk himself or share about things that he's happy about such as his grandma visiting, his cat having babies, or about his brothers and dad. Shalev's strengths in academics is math. Shalev does well with a reward system that is visual or tangible. He earns stars throughout the day to earn something he is working for at the end of the day such as chocolate, iPad time or various play time activities. Throughout the week, Shalev earns red tickets that he can save for the class store of Fridays. Shalev has started to verbally request breaks although inconsistent at times. Shalev likes to succeed in his tasks and when he is successful he is very proud of himself. Before engaging in underside behavior, Shalev sometimes verbalizes that he is getting angry and can recognize his emotions.
Needs: Shalev needs support in practicing calming strategies when escalating. He can become aggressive and have tantrums which include verbal protest, yelling or screaming. Shalev can hurt peers or adults verbally and physically. Shalev has been obsessed to throw chairs, materials and flip tables. Shalev has also been observed to elope from the class. He has a difficult time transitioning between activities or adjusting to change or disruption in routines. Shalev does not like writing which can be an academic trigger that may cause him to engage in undesired behavior. Shalev compares himself to his general education peers during mainstream and verbalizes that they 'know more' than him or are 'smarter' and fears they would make fun of him. Shalev needs reminders to keep his hands to himself, use his words or to speak softer. Shalev struggles with maintaining peer relationships as can sometimes say negative comments to them, take their things, or avoid sharing. Shalev can be defiant with authority or adults and challenge them.

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

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

Needs continued: Shalev has expressed the concept of 'payback' as to his reasons why he engages in certain behavior. During FBA data collection, Shalev's common antecedents vary between academic demands or verbal interactions with adults. His maintaining consequence for his behavior is typically attention or escape. Shalev does not like to be told what to do, but will often times make choices from controlled options given. Shalev can change the topic during discussions or divert the attention towards unrelated issues. It is likely that when Shalev engages in aggressive behaviors it may result in elopement from the classroom. Shalev does not do well when requests are denied or if a peer is not following his lead. When Shalev elopes, it can range from a few minutes up to 60 minutes.
Impact of Disability: Shalev's eligibility of Specific Learning disability impacts his ability to behave appropriately which impacts his involvement and progress in the general education curriculum.

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Section E: Present Level of Performance

Performance Area:

Cognitive/General ability

Assessment/Monitoring Process Used:

Psychoeducational Assessment

State/District Assessment Results:

n/a

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

Strengths/functional level: Results of the current assessment indicate Shalev is functioning within the Average range of cognitive ability based upon alternative assessment procedures. Average ability is noted in simultaneous processing, including non-verbal reasoning, working memory, verbal spatial relations, auditory cohesion, including auditory comprehension and reasoning, understanding directions, expressive attention, and overall visual processing.

Needs: Low average ability is noted in successive processing, planning, phonological awareness, auditory memory, listening comprehension and broad oral language. Significant deficits, falling in below and well below average range, are indicated in phonological awareness, phonological memory, oral language, oral expression, and visual motor integration.

Impact: Shalev's Specific Learning Disability (SLD), due to significant processing deficits in sensory motor skills, auditory processing, phonological processing and association negatively impact his ability to access the general education curriculum in the general education classroom and he appears to be in need of continued special educations supports.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Social/emotional
Assessment/Monitoring Process Used: Psychoeducational Assessment
State/District Assessment Results: n/a

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

Strengths: Shalev is a talkative and energetic student who likes to be independent and make his own decisions. He is friendly with peers and appears to enjoy socializing with various classmates. He is clever and often negotiates with adults.
Needs: Shalev can be defiant and oppositional with school staff and he struggles to accept the perspective of others. He verbalizes that he is mad and frustrated because he cannot read and he repeatedly becomes highly frustrated when presented with language arts tasks. His attention and impulsive behavior is variable and he resists writing activities and completing classwork often. He can focus adequately when he is motivated to complete tasks, particularly during math. Shalev can be impulsive and will run away and leave the room when he is dissatisfied or frustrated with school demands, such as completing a test or an assignment during language arts. He tends to often be self-directed and needs frequent reminders to stay on task and remain with his group. Results of the rating scales indicate consistent impulsive and hyperactive behavior at school and at home, as well as learning difficulties and executive functioning struggles. Depression is not rated as an area of concern by the child, parent or teacher. Some characteristics of Autism are noted by the teacher but not by the parents on the ASRS and he is often social and engaged with peers. High scores at school on the ASRS may be impacted by impulsive behavior and oppositional behavior, which is a significant area of concern. Shalev appears to become significantly agitated and frustrated when presented with challenging academic tasks and he avoids tasks by engaging in behaviors of defiance, walking away, running away, and aggression. Shalev struggles with self-calming strategies when he is emotionally upset and experiencing conflicts. Rating scales, including the CDI and the BASC-3 do not support that Shalev demonstrate depression at this time. Results of the attention rating scales also demonstrate inconsistent results between home and school behavior, and does not appear to be a consistent concern across settings.

Performance Area: Continue Social/emotional
Assessment/Monitoring Process Used: Continue
State/District Assessment Results: n/a

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

Impact: Shalev's Specific Learning Disability (SLD), due to significant processing deficits in sensory motor skills, auditory processing, phonological processing and association and this negatively impact his ability to access the general education curriculum in the general education classroom and he appears to be in need of continued special educations supports. Shalev's significant learning difficulties, significantly frustrates him and results in acting out behavior. Continued DIS counseling is recommended.

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Section E: Present Level of Performance

Performance Area:

Articulation

Assessment/Monitoring Process

GFTA-3 and Speech Sample

Used:

State/District Assessment Results:

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

Shalev is an eight year five month old boy who currently attends Serrania Charter and is in the second grade SLD SDP. He currently receives LAS services for 30 minutes per week for articulation.

STRENGTHS: Shalev's overall intelligibility has improved. He is more understandable to both his peers and adults. He is judged to be about 80% intelligible to an unknown listener on unknown topics.

NEEDS: Shalev has difficulty producing /r/ and /r/ blends and /th/ in words, phrases, and sentences. His speech breaks down even more in conversations and at times is not understood. Shalev does not like to hear when he has not produced a sound incorrectly. He often argues that he says it correctly and the neither yells at the therapist or will shut down and not participate in speech after that. All of the above are important to take into consideration when determining appropriate designated instruction services as per LAUSD Reference Guide- 4568.0 and California Education Code 56333, a student should be considered for service completion if he or she has received maximum benefit from LAS services (or does not continue to make progress), if needs can be better met within the classroom, or if the student consistently demonstrates behavior that inhibits progress in speech therapy such as lack of cooperation [or] motivation'.

EDUCATIONAL IMPACT: Shalev's articulation may affect his ability to access the curriculum.

Rachel Hochberg, M.S., CCC-SLP

Performance Area:

Language

Assessment/Monitoring Process

CASL-2 and Language Sample

Used:

State/District Assessment Results:

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

STRENGTHS: Shalev scored in the average to above average range for language. He is able to express his basic needs and wants, his preferences, his interests, his personal experiences and emotions, in order to use humor, and to socialize. His vocabulary includes objects, people, actions, places, and adjectives to describe objects. He will use simple sentence structures and often uses compound and complex sentences to discuss higher level concepts. He often will initiate communication and conversation with familiar peers and adults. He is able to answer a variety of who, what, where, when and why questions accurately regarding his immediate environment and past events. He is able to answer concrete Wh-questions and abstract questions. His conversational and turn-taking skills are appropriate for a young boy his age.

NEEDS: Shalev has no needs in the area of language.

EDUCATIONAL IMPACT: Shalev's language does not impact his ability to access the curriculum.

Rachel Hochberg, M.S., CCC-SLP

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Last First MI

Date of Birth 22-OCT-2010

Meeting Date 09-APR-2019

Section E: Present Level of Performance

Performance Area: Fine Motor

Assessment/Monitoring Process Used: Clinical Observation, Teacher and Parent Interview, Work Samples

State/District Assessment Results: N/A

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

Students Areas of Strengths:
 Shalev presents with many strengths that assist him in accessing his educational curriculum. Shalev presents with normal range of motion and adequate strength for participating in school-related activities. In terms of postural stability, Shalev is able to sit, stand, and walk with adequate posture and endurance while sitting at a table, standing in line, and walking around campus. Shalev demonstrates a functional ability to visually track a moving object in all directions. He is able to cut a paper in half as well as simple/complex shapes with ease. Shalev is able to execute 3-step directions involving both fine motor and gross motor movements with min verbal prompts. Shalev is able to copy all uppercase and lowercase letters of the alphabet when provided a near point model. Shalev is able to write his first name and last name independently. He writes with fair legibility, good directionality of letters and applies sufficient muscle force on utensils to make writing visible. Shalev writes left to right and orients his work functionally on his page. Shalev is making progress writing within the parallel lines as well as appropriate spacing between letters and words. Shalev displays a left hand preference and utilizes a functional quadrupod grasp when using classroom utensils. He displays adequate trunk control and proximal stability to provide a stable base of support for table top activities.

Students Areas of Need:
 Shalev displays challenges with fine motor skills. Shalev presents with challenges with inconsistencies with line adherence, letter sizes, letter formation, and spacing between letters and words. Writing speed and fluidity is also a concern which affects his ability to complete assignments in the allotted time. He also struggles with letter formation and is still working on learning letters of the alphabet.

Impact of student's disability on academic and overall performance:
 Shalev has needs in the area fine motor skills which impact his ability to produce/copy words and sentences with adequate legibility at this time.

-Alexander Stone, OTR/L
 LAUSD School Occupational Therapist

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
Last

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Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Shalev's Areas of Strength Based on School Occupational Therapy Assessment: Shalev displays strengths in many of areas assessed for school occupational therapy. He has sufficient upper body strength and postural stability to maintain various upright positions both in his chair and sitting on the floor and to carry necessary school materials. He is able to navigate his school environment independently. He also has adequate fine motor dexterity to manipulate small objects and to perform school-related tasks requiring a sufficient amount of strength (i.e., opening containers, buttoning, stapling, and cutting). Even though his attention span for coloring is very limited, he is able to color showing attention to boundaries. When Shalev takes his time, he can copy simple shapes, trace lines and draw within boundaries of a maze. He is able to complete age appropriate puzzles. Shalev demonstrates adequate proprioceptive feedback to assume various positions (body awareness) and can navigate his environment without bumping into objects. He demonstrated the ability to use appropriate force with most classroom materials. Shalev is able to manage his self-care skills independently including managing his clothing and eating. Shalev has friends at school but has impulse control challenges that affects his ability to get along with other children.

Performance Area:

Assessment/Monitoring Process
Used:

State/District Assessment Results:

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

Shalev's Areas of Need Based on School Occupational Therapy Assessment: Shalev demonstrates concerns with his fine motor and visual motor skills, specifically, with fine motor coordination for controlling his pencil and holding writing utensils with a functional grasp. His scores were below averaged in the BOT areas of fine motor control and manual coordination. Shalev's progress with these skills are affected by his difficulty with self-control, attention, task avoidance, and compliance in the classroom. These behaviors appear to be behaviorally based rather than sensory seeking or avoiding, however sensory strategies may be further explored to determine their effectiveness on his attention.

Recommendations: Shalev is displaying needs that interfere with his ability to access his curriculum and keep up with his class. School occupational therapy services are continued to be recommended as a support service to his school setting for a total of 30 minutes per week. It has been a pleasure to work with Shalev and his supportive school staff.

Debbie McNulty, MA, OTR/L
Stepping Stones Therapy
805-291-1479

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA SHALEV MI Last First MI

Date of Birth 22-OCT-2010

Meeting Date 09-APR-2019

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:

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

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Shalev will 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.

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 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.

Incremental objective #2 related to the goal:

Shalev will 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.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section G: Annual Goals and Objectives

Performance Area: Annual 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.

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:

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 3 prompts in 3 out of 5 opportunities.

Incremental objective #2 related to the 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 3 out of 5 opportunities.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

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.

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 refer explicitly to the text as the basis for answers about a literary text with adult modeling and visual support by following along as the teacher reads the text as measured by student response and/or teacher observations in 3 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

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 3 out of 5 trials with 75% 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

With guidance and support from adults, Shalev will write 4 or more sentences in which the development/ organization are appropriate to the task and/ or purpose with visual supports such as word banks as measured by student work samples in 4 out of 5 trials with 75% 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 copy 2 or more sentences in which the development/ organization are appropriate to the task and/ or purpose with visual supports such as word banks as measured by student work samples in 4 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

With guidance and support from adults, Shalev will write 3 or more sentences in which the development/ organization are appropriate to the task and/ or purpose with visual supports such as word banks as measured by student work samples in 4 out of 5 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

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Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Shalev will divide a total number no greater than 100 to solve word problems in situations involving equal groups, arrays, and measurement quantities with visual supports as measured by student work samples in 4 out of 5 trials with 85% 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 subtract from a total number no greater than 1000 using strategies and algorithms based on place value and properties of operations with visual supports and teacher modeling as measured by student work sample in 3 out of 5 trials with 75% accuracy

Incremental objective #2 related to the goal:

Shalev will divide a total number no greater than 50 to solve word problems in situations involving equal groups, arrays, and measurement quantities with visual supports as measured by student work samples in 4 out of 5 trials with 75% 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Section G: Annual Goals and Objectives

Performance Area: Annual 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.

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 recess or lunch, Shalev will initiate peer interactions using appropriate space and comments, given no more than 3 prompts in 3 out of 5 opportunities.

Incremental objective #2 related to the goal:

During recess or lunch, Shalev will initiate peer interactions using appropriate space and comments, given no more than 2 prompts in 3 out of 5 opportunities.

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

Shalev will orally track numbers with accuracy with visual supports as measured in 3 out of 4 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 orally track numbers with accuracy with visual supports as measured in 2 out of 4 trials with 70% accuracy.

Incremental objective #2 related to the goal:

Shalev will orally track numbers with accuracy with visual supports as measured in 3 out of 4 trials with 75% 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

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.

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 practice self calming strategies (e.g., deep breathing, self-talk, visualization, mindfulness) for managing negative feelings of frustration in 2 out of 4 trials per week with maximum adult support as measured by counselor observation.

Incremental objective #2 related to the goal:

Shalev will practice 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.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

Shalev will produce /r/ and /r/ blends in words with 80% accuracy in 5 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 produce /r/ and /r/ blends in words with 60% accuracy in 5 trials.

Incremental objective #2 related to the goal:

Shalev will produce /r/ and /r/ blends in words with 70% accuracy in 5 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Annual Goal #:

To address fine motor skills, Shalev will be able 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.

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 address fine motor skills, Shalev will be able to copy 2 sentences (4-6 words in length) with 65% accuracy for line regard, sizing, and appropriate letter formation with no more than 3 visual/verbal prompts in 3/4 opportunities.

Incremental objective #2 related to the goal:

To address fine motor skills, Shalev will be able to write 1 sentence (4-6 words in length) with 75% accuracy for line regard, sizing, and appropriate letter formation with no more than 4 visual/verbal prompts in 3/4 opportunities.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section K: Participation in State and District-wide Assessments

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

Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	CAASPP Subject ELA and Math
--	---------------------------------------

Designated Supports:
 - Read aloud by an adult in English (for math items and ELA items except for reading passages)
 - Test in a separate/smaller setting

Accommodations:
 - Read aloud in English by an adult (non-embedded accommodation) for ELA reading passages.

Student will participate in Regular State and District Assessments. <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	ELPAC
--	--------------

Designated Supports:
 - Testing in a separate room

Accommodations:
 - Supervised breaks within a section of the test

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

OHANA

SHALEV

Date of Birth

22-OCT-2010

Meeting Date

09-APR-2019

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:

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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student OHANA SHALEV MI Last First MI

Date of Birth 22-OCT-2010

Meeting Date 09-APR-2019

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 Student D.D. 22-MAR-2019, Student DD 26-MAR-2019, Student D. Dustin 11-APR-2019.

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 Setting Specify
Services Specify

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

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

Parent Concerns and Comments

Signature(s)

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 23-APR-2019

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

Handwritten response area consisting of multiple horizontal lines.

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

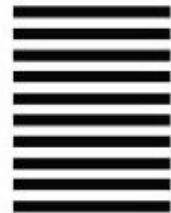


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 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="Elnav Amar"/>	<input type="text"/>
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"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Jann manorothkul"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Rebeca Czigler"/>	<input type="text"/>
School Psychologist	<input type="text" value="Yolanda Garcia"/>	<input type="text"/>
School Nurse	<input type="text" value="Melissa Neal"/>	<input type="text"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Alexander Stone"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Rachel Hochberg"/>	<input type="text"/>
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"/>	<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"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

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="Elmav Amar"/>	<input type="text"/>
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"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Jann Manorothkul"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Rebeca Czigler"/>	<input type="text"/>
School Psychologist	<input type="text" value="Yolanda Garcia"/>	<input type="text"/>
School Nurse	<input type="text" value="Melissa Neal"/>	<input type="text"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Alexander Stone"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Rachel Hochberg"/>	<input type="text"/>
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"/>	<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"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

DIRECTIONS: Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES. 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?
	<input type="radio"/> Yes <input checked="" type="radio"/> No If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input checked="" type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.
Shalev needs a small class size to support him in 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?
	<input checked="" type="radio"/> Yes <input type="radio"/> No If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
[Empty box for articulation]	

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OHANA
Last

SHALEV
First

MI

Date of Birth 22-OCT-2010

Meeting Date 09-APR-2019

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	<p>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):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diminished access to the full range of the curriculum <input 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 type="checkbox"/> Lack of opportunities for age-appropriate peer role models <input type="checkbox"/> Amount of socialization opportunities with typical peers <input type="checkbox"/> Limited access to peers in student's home community <input type="checkbox"/> Lack of exposure to appropriate behavioral models from peers <input checked="" type="checkbox"/> Other: <input type="text" value="Student needs a small class size to support his academics."/>
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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: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="Affiliated Charter"/>	<input type="text"/>
	Name of School	<input type="text" value="SERRANIA AVE CES"/>	<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="1285"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="(Visual Therapy),(Fine Motor),9(Articulation), (Social/emotional),(Reading),(English Language Dev),(Writing),(Mathematics),1(Behavioral Support),(Socialization)"/>	<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="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input 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="Researching, attaining Shalev's attention before asking questions; number lines, 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"/>	<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 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	Music, Science Lab, Math, Arts Program

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student
 Last First MI

Date of Birth Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date	
04	End Date:		
Counseling and Guidance	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Monthly	
	Minutes/Interval:	120	
<input type="text" value="(Social/emotional)"/>	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
*			
Service 2	Start Date:	Effective on Signature Date	
10	End Date:		
Language/Speech	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following goals :	Interval:	Weekly	
	Minutes/Interval:	30	
<input type="text" value="9(Articulation)"/>	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

*

Service 3	Start Date:	Effective on Signature Date	
33	End Date:	23-APR-2020	
Behavior Intervention Development (BID)	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals :	Interval:	Monthly	
	Minutes/Interval:	360	
1(Behavioral Support)	Minutes/Interval (Pullout from Gen Ed):	0	
(Socialization)	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Other Provider(s)	
	*		

Service 4	Start Date:	Effective on Signature Date	
32	End Date:		
Behavior Intervention Implementation (BII)	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals :	Interval:	Weekly	
	Minutes/Interval:	1800	
1(Behavioral Support)	Minutes/Interval (Pullout from Gen Ed):	0	
(Socialization)	Service Delivery Model:	Direct Service (By a Single Provider)*	

	Responsible Personnel:	Other Provider(s)
		*

Service 5	Start Date:	Effective on Signature Date
16	End Date:	
Occupational Therapy	Service applies to:	Regular
	Frequency:	1-10
This service addresses the following goals:	Interval:	Weekly
(Fine Motor)	Minutes/Interval:	30
	Minutes/Interval (Pullout from Gen Ed):	0
	Service Delivery Model:	Direct Service (Collaborative)*
	Responsible Personnel:	Licensed/Credentialed Provider
		General Education Teacher
	*	

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	81	

Part 4 - Additional Discussion (This section is optional)

April 9, 2019: The IEP team met reviewed the Psychoeducational Assessment, Functional Behavior Assessment, Language and Speech Assessment, Occupational Therapy Assessment. IEP was recessed. The team agreed to hold the recessed IEP on April 23, 2019 at 10:45am.

Reconvened meeting (April 23, 2019): The team reviewed the Academic Assessment, Vision Therapy Assessment, Eligibility, Goals, LRE, and FAPE.

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. Parent Counseling Training worksheet was completed. The team agrees that PCT would help support Shalev. PCT invitation was handed to parent.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student OHANA SHALEV MI
Last First MI

Date of Birth 22-OCT-2010

Meeting Date 09-APR-2019

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings. It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? Yes No

If Yes, describe

Student received a vision therapy assessment and oculomotor dysfunction and convergence insufficiency is noted.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? Yes No

If Yes, describe

Student was inattention, distracted and at times uncooperative during class lessons.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language

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 09-APR-2019

Last

First

MI

FAPE Summary Grid

Program:	SLD	Setting:	Special Education
Eligibility:	Eligible (SLD)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received			
Parent Signature:			

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	Regular	Monthly	1-10	~	360	Behavioral Support, Socialization	--
32	Behavior Intervention Implementation (BII)	Effective on Signature Date	Regular	Weekly	1-5	~	1800	Behavioral Support, Socialization	--
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	Weekly	1-10	~	30	Fine Motor	--

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** **MI** Date of Birth **22-OCT-2010** Meeting Date **09-APR-2019**

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 **6**
Analysis

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 09-APR-2019

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), Sensory input, Attention (peer), Attention (staff), Task (too difficult), Task (too easy), Task (too long)

Describe: [text box]

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?)

To get attention: Shalev will raise his hand and request help.
To avoid task: Shalev will raise his hand and request a break.

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/ staff/ BII Who will monitor? Teacher/ staff/ BII Frequency: weekly

Intervention 11

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

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

Other ideas: chocolate, snacks, Pokemon cards
Selection of reinforcer based on: student preference
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
Last First MI

Date of Birth

Meeting Date

OUTCOMES

PART IV

BEHAVIORAL GOALS

13 Behavioral Goal: Goal #:

Shalev will communicate with teachers and/or aides to request a break when he feels frustrated and to ask for clarification of instruction or help with academics when needed by raising his hand or signaling the teacher/ aides in 4 out of 5 trials with 85% accuracy.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

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

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

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

Yes No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

14 Manner and content of communication:
 Phone calls Email
 Daily reports Daily charting
 Weekly reports
 Other

Written notes
 Behavioral logs

Between? Frequency?

**INDIVIDUALIZED EDUCATION PROGRAM
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)**

Los Angeles Unified School District

Attachment B

Student: HALEV OHANA

Date of Birth: 22-OCT-2010

Meeting Date: 09-APR-2019

This page is to be completed for students with Special Education eligibility other than SLI when determining the need for LAS services to support the provision of FAPE.

Complete Step 1a or 1b

Step 1a. General Education Interventions - Check items as completed

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

Step 1b. Interventions Not Applicable

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

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

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

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

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

Step 4. Determination of the Need for LAS Service (for students with Special Education eligibility other than SLI):

- The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.
- The presenting need for LAS service is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, or lack of instruction or the unfamiliarity with the English language.
If the above is so, identify the area(s) of difficulty:
 - Language disorder
 - Articulation disorder
 - Fluency disorder
 - Voice disorder

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. The IEP team should also include teacher and parent participation in the implementation of goals and supports and accommodations to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.