

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student Identification Number

**Eligible (SLI)**

Student     
Last First MI

Date of Birth

**Section A: Meeting Information**

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	<input type="text" value="06-FEB-2014"/>	<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting	<input type="text" value="23-APR-2018"/>	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	<input type="text" value="23-APR-2019"/>	<input checked="" type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	<input type="text" value="23-APR-2021"/>	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	<input type="text" value="23-APR-2018"/>		
Transition to Kindergarten to be conducted by	<input type="text"/>		
Location of Meeting:	<input type="text" value="Nestle Ave Charter"/>	District Name:	<input type="text" value="Los Angeles Unified School District"/>

**Section B: Student Information**

Date of Birth  Age  Grade  Gender  Male  Female Limited English Proficient Student  Yes  No

Ethnic Code

Location of the Psych Folder:  Student has no Psych Folder:

Location of the Cum Folder:  Student has no Cum Folder:

Home Language  Student Language

Alternate Mode of Communication

Home Address of Student

City  CA ZIP Code

Home Telephone  Daytime Telephone  Emergency Telephone

School of Attendance  Location Code

School of Residence  Location Code

Name of Parent/Guardian  Telephone

Address

City  CA ZIP Code

Surrogate Parent  Telephone

Attends **CURRENT SCHOOL** as a result of one of the following:

Is the student living in a Family Foster Home (FFH)?  No  Yes FFH#  Is FFH Provider related to student?  No  Yes

Relationship

Licensed Children's Institution  No  Yes LCI Name  LCI#

Out of home placement made by:  Department of Mental Health  Department of Children's Services  Regional Center  Superior Court

Other  Child's family living within LAUSD's boundaries?  No  Yes

If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section C: Language Acquisition**

Language Classification:  Start Date:  Reclassification Date:

Parent Waiver: Yes  No

Elementary English Language Development Level:  Start Date:

Secondary English Language Development Level:  Start Date:

Communication Observation Matrix Level:  Start Date:

**Section D: Goal Achievement from Current IEP**

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	RE-EVAL
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OSHRI BENAYA Date of Birth 01-JUL-2010 Meeting Date 23-APR-2018

Section E: Present Level of Performance

Performance Area: Health
Assessment/Monitoring Process Used: Interview with mother
State/District Assessment Results:

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

Health Summary: Healthy 7 years and 9 months old student attending private school at this time. He received physical therapy twice a week for 7-8 months until August 2017 for muscle weakness.
Strengths: General good health; passed vision screening on 04/04/18; passed audio screening on 04/28/17. No history of any allergies, injury, accident, surgery, or hospitalization; no daily medications or known health problems.
Area of Need: Health is not an area of need.
Impact of Disability: Health does not impact the student's participation, performance, and access in the educational program.
Accommodations: None.

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

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

[Empty text area for current performance/assessment summary]

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District


**Student** OSHRI BENAYA  **Date of Birth** 01-JUL-2010  **Meeting Date** 23-APR-2018

**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): 

Woodcock Johnson IV Scoring

Test Areas	SS	Classification
Broad Reading	61	low
Letter-Word Identification	64	low
Passage Comprehension	60	low
Sentence Reading Fluency	67	low

Strengths: Benaya is able to follow words from left to write and top to bottom. He is able to recognize and name all lowercase and uppercase letters. He understands that letters stand for sounds. When a story is read aloud Benaya is able to ask/answer questions about a story. Benaya is able to read some one syllable words and most basic sight words.


Needs: Benaya has difficulty matching grade level oral words to printed words. Benaya is currently unable to distinguish between initial, medial and final sounds. Benaya is unable to read grade level material or read aloud with grade level fluency. Benaya struggles to identify the main idea of text. Benaya has not shown an ability to identify the beginning, middle and end of grade level text. Benaya is currently receiving a needs improvement in Literature.

Impact of Disability: Benaya's eligibility of SLI affects his ability to comprehend grade level reading. This impacts his ability to progress and be involved in the general education reading 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): 

Woodcock Johnson IV Scoring

Test Areas	SS	Classification
Broad Written Language	73	very low
Spelling	65	low
Writing Samples	80	very low
Sentence Writing Fluency	84	low

Strengths: When printing Benaya will attempt to have spacing between letters. With teacher modeling Benaya will use periods at the end of his sentences. Benaya is able to print his letters and when working one on one, he will write CVC words correctly.

Needs: Benaya struggles to write short, complete and coherent sentences. Benaya is unable to show proper legibility or spacing when writing sentences. He has not shown an ability to independently write brief descriptions about readings. Benaya struggles to spell three and four letter short vowel sight words correctly. Benaya is currently receiving a Needs Improvement grade in English grammar and writing.

Impact of Disability: Benaya's eligibility of SLI affects his ability to identify parts of a complete sentence. This impacts his ability to progress and be involved in the general education writing curriculum.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** OSHRI BENAYA

**Date of Birth** 01-JUL-2010


**Meeting Date** 23-APR-2018

**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): 

Woodcock Johnson IV Scoring		
Test Areas	SS	Classification
Broad Mathematics	84	low average
Math Calculations	85	low average
Applied Problems	92	average
Math Facts Fluency	79	low

Strengths: Benaya has shown the ability to count aloud to 50 and write numbers up to 100. Benaya is able to solve, single digit, addition problems. Benaya understands the symbols +, - and =. Benaya is currently receiving a Satisfactory plus grade in mathematics.


Needs: Benaya has not yet gained the ability to count by 2s, 5s and 10s. He is unable to find the sum of three 1 digit numbers. Benaya is not yet been able to demonstrate the meaning of addition/ subtraction vocabulary terms. Benaya has not learned how to use pictures, bar graphs or charts to show mathematical information. Benaya will often not attempt math word problems.

Impact of Disability: Benaya's eligibility of SLI affects his ability to solve grade level word problems. This impacts his ability to progress and be involved in the general education math 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): 

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OSHRI

BENAYA

Date of Birth 01-JUL-2010


Meeting Date 23-APR-2018

## Section E: Present Level of Performance

Performance Area: Fluency/Stuttering

Assessment/Monitoring Process Used: SSI-3, speech sample, parent interview

State/District Assessment Results: n/a

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

Background: Benaya, a 7 year 9 month old first grade student enrolled in a private school, Or Hachaim Academy, was referred for a language and speech assessment as part of his comprehensive 3-year review IEP to determine progress and need. The communication areas of concern are fluency/stuttering, expressive language, and articulation.

Strengths: Benaya participated well in assessment activities. He was able to produce complete sentences and was usually able to finish his thoughts in spite of dysfluencies.

Needs: In the area of fluency of speech, Benaya continues to demonstrate moderate to severe stuttering, characterized by prolongations, sound and word repetitions, with rising intonation and mild tension and blocks. Parent has reported stuttering has increased. Teacher reported observed stuttering in the classroom. Benaya needs to develop knowledge of the speech machine, facts about stuttering, and increase his comfort with stuttering. He needs to practice fluency strategies which he can describe and demonstrate at the word, phrase and sentence level.


Impact of disability: Benaya's moderate to severe stuttering impacts his ability to access and participate in the school setting.

Marianne Fried, MS, CCC-SLP

Performance Area: Expressive language

Assessment/Monitoring Process Used: CASL2, language sample, parent interview

State/District Assessment Results: n/a

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

Background: Benaya, a 7 year 9 month old first grade student enrolled in a private school, Or Hachaim Academy, was referred for a language and speech assessment as part of his comprehensive 3-year review IEP to determine progress and need. The communication areas of concern are fluency/stuttering, expressive language, and articulation.

Strengths: In the area of articulation, Benaya produced the majority of consonant sounds correctly, per formal test results. In the area of expressive language, Benaya showed a relative strength in receptive vocabulary at the single word level.

Needs: In the area of expressive language, Benaya needs to develop his ability to use expanded sentences while including details when responding to questions and participating in conversations. He needs to continue to develop his ability to use language for a variety of pragmatic purposes in the classroom including participating in class discussions, asking questions, and asking for help when needed. In the area of articulation, Benaya needs to improve his overall speech intelligibility by producing /r/ in all word positions at the single word level.

Impact of disability: Moderate delays in expressive language skills and mild delays in articulation impact Benaya's ability to access and participate in the school setting.

Marianne Fried, MS, CCC-SLP

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student OSHRI BENAYA

Date of Birth 01-JUL-2010

Meeting Date 23-APR-2018

**Section F: Eligibility**

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLI Speech Or Language Impairment

Not Applicable,  Blind or  Partially Sighted

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

Code: [Empty]

Not Applicable,  Blind or  Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

Final IEP Reason: [Empty]

Final IEP Effective Date: [Empty]

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

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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Benaya will orally or in writing demonstrate understanding of the central message or lesson of a familiar story as measured by informal assessment in 2 out of 3 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   
  Norm Referenced   
  Criterion Referenced   
  Curriculum Based   
  Observation  
 Portfolio   
  Work Samples   
 Informal   
 Other:

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

Benaya will orally or in writing demonstrate understanding of the central message or lesson of a familiar story as measured by informal assessment in 2 out of 3 trials with 60% accuracy.

Date to be achieved   MO/YR

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

Benaya will orally or in writing demonstrate understanding of the central message or lesson of a familiar story as measured by informal assessment in 2 out of 3 trials with 70% accuracy.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Benaya will write 4 or more sentences stating an opinion about a topic or book and give at least one reason for the opinion as measured by work samples in 1 out of 2 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other:

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

Benaya will write 2 or more sentences stating an opinion about a topic or book and give at least one reason for the opinion as measured by work samples in 1 out of 2 trials with 60% accuracy.

Date to be achieved   MO/YR

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

Benaya will write 3 or more sentences stating an opinion about a topic or book and give at least one reason for the opinion as measured by work samples in 1 out of 2 trials with 70% accuracy.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

When given 3 word problems requiring addition or subtraction, Benaya will explain the reasoning used to determine the appropriate operation and number sentence with 80% accuracy in 2 of 3 trials as measured by teacher-charted observations.

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

**Methods of Evaluation:**

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

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

When given 1 word problems requiring addition or subtraction, Benaya will explain the reasoning used to determine the appropriate operation and number sentence with 60% accuracy in 1 of 3 trials as measured by teacher-charted observations.

Date to be achieved   MO/YR

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

When given 2 word problems requiring addition or subtraction, Benaya will explain the reasoning used to determine the appropriate operation and number sentence with 70% accuracy in 2 of 3 trials as measured by teacher-charted observations.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Benaya will demonstrate a fluency enhancing strategy of his choice at the sentence level during structured tasks, in 8/10 opportunities, given minimal prompts/cues.

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

**Methods of Evaluation:**

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

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

Benaya will describe and demonstrate 2-3 fluency enhancing strategies (easy beginning, slow speech, and/or wait time etc.) at the single word and phrase level while participating in structured tasks, in 6/10 opportunities, given models and maximum prompts/cues.

Date to be achieved   MO/YR

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

Benaya will describe and demonstrate 2-3 fluency enhancing strategies (easy beginnings, slow speech, and/or wait time, etc.) at the sentence level in the context of 3 -6 word utterances while participating in structured activities, in 7/10 opportunities, given moderate prompts/cues.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Benaya will produce /r/ correctly, in all word positions, including initial /r/, r-blends, and vocalic /r/, at the single word level, with 70% accuracy in 4/5 opportunities, given moderate prompts/cues.

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

**Methods of Evaluation:**

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

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

Benaya will produce initial /r/ correctly at the single word level, with 50% accuracy in 3/5 opportunities, given models and maximum prompts/cues.

Date to be achieved   MO/YR

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

Benaya will produce initial r-blends at the single word level, with 60% accuracy, in 3/5 opportunities, given moderate prompts/cues.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:

Annual Goal #

Benaya will retell a story or relate an experience or respond to a question while sequencing 3-4 thoughts/ideas and including expanded sentences and details, in 4/5 opportunities, given moderate prompts/cues.

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

**Methods of Evaluation:**

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

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

Benaya will respond to questions while using expanded sentences and including details, in 3/5 opportunities, given models and maximum prompts/cues.

Date to be achieved   MO/YR

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

Benaya will retell a story with a beginning, middle, and end, while including expanded sentences and details, given pictures and moderate prompts/cues and models.

Date to be achieved   MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** OSHRI BENAYA  **Date of Birth** 01-JUL-2010  **Meeting Date** 23-APR-2018

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

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

**Student will participate in Regular State and District Assessments.**

**ELPAC**

*(Designated Supports and/or Accommodations identified below are applicable)*

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student	OSHRI	BENAYA		Date of Birth	01-JUL-2010	Meeting Date	23-APR-2018
---------	-------	--------	--	---------------	-------------	--------------	-------------

**Section N: Procedural Safeguards and Follow-up Actions**

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student OSHRI BENAYA Date of Birth 01-JUL-2010 Meeting Date 23-APR-2018

Section Q: Parent Participation and Consent

Table with 2 main columns: Parent Participation and Parent Notification. Includes radio buttons for meeting attendance and a table for notification details (Method, Whom, When).

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

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

- Radio buttons for 'AGREES to all components' and 'AGREES to all components WITH THE SPECIFIC EXCEPTION(S)'. Includes checkboxes for Assessment, Eligibility, Instructional Setting, and Services with 'Specify' fields.

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

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

Parent Concerns and Comments

Large empty box for parent concerns and comments.

Signature(s) / Date Parent Guardian Student age 18-21 years Surrogate Parent Emancipated Minor Foster Parent

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

I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting. Signature(s) / Date 23-APR-2018

### PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

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

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

Handwriting lines for providing feedback.

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

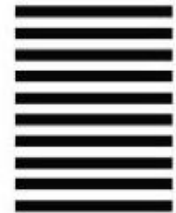


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK  
LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 513307  
LOS ANGELES CA 90099-4093



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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

**Section R: Names and Signatures (Signatures on File)**

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Dovrat Oshri"/>	
Parent/Guardian	<input type="text"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Ricardo Ayala"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Russell Wise"/>	
General Education Teacher	<input type="text" value="Tamara Metken"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text" value="Nidhi Tomar"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Marianne Fried"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

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

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

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

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

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

Los Angeles Unified School District

Student OSHRI

BENAYA

Date of Birth 01-JUL-2010

Meeting Date 23-APR-2018

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

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

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student    Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	<b>As of Date:</b>		
<b>Eligibility:</b> (from Page 4)		<b>Eligible (SLI)</b>	
	<i>Final IEP Reason</i> <i>Final IEP Effective Date:</i>		//
<b>Curriculum</b>		General Education	
<b>Placement</b>	<b>Type of School</b>	District Resident School	
	<b>Name of School</b>	NESTLE AVE CHARTER	
<b>Instructional Setting</b>	<b>Setting</b>	General Education	
	<b>Program</b>	GE	
	<b>Special Day Minutes/Wk</b>		
	<b>Addresses Goals</b>	(Expressive language ),1(Reading), (Articulation),2(Written Language),3(Mathematics),(Fluency )	//
<b>Additional Factors</b>	<b>Low Incident Support</b>	None	
	<b>Assistive Technology Support</b>	No	
	<b>Transportation</b>	None	
	<b>Extended School Year/Intersession</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>Parent Counseling and Training (PCT)</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>ESY Transportation</b>		
<b>Accommodation, Modifications, Supports</b>	<b>Instructional Accommodations</b>	Positive reinforces Visual cues Adult guidance/prompts Language models Redirect to task Adult prompts Engaging materials Visual aids	//
	<b>Instructional Modifications</b>		//
	<b>Other Supports, including Non-Academic and Extra-curricular Activities</b>		//
<b>Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)</b>	<b>Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?</b>	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	<b>If the Parent does not agree,</b>		//

specify the area(s) to  
be reassessed.

Comments, as appropriate

<b>Low Incidence Equipment</b>	
<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

**Student** OSHRI BENAYA  **Date of Birth** 01-JUL-2010  **Meeting Date** 23-APR-2018

**Effective With This IEP**

**Future Changes  
Related To This IEP**

Service 1

**10**

**Language/Speech**

This service addresses the following **goals:**

(Expressive language )  
(Articulation)  
(Fluency )

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 60

Minutes/Interval (Pullout from Gen Ed): 60

Service Delivery Model: Direct Service (Collaborative)\*

Area: School-Based

Responsible Personnel: Licensed/Credentialed Provider

\*

Service 2

**RSP**

**RSP**

This service addresses the following **goals:**

3(Mathematics)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 90

Minutes/Interval (Pullout from Gen Ed): 90

Service Delivery Model: RSP: Direct Instruction Services\*

RSP Area: Math

Responsible Personnel: Resource Specialist Teacher

\*

Service 3

**RSP**

**RSP**

This service addresses the following **goals:**

1(Reading)

Start Date: Effective on Signature Date

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 180

2(Written Language)

Minutes/Interval (Pullout from Gen Ed):

180

Service Delivery Model:

RSP: Direct Instruction Services\*

RSP Area:

Literacy/ELA/ELD

Responsible Personnel:

Resource Specialist 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
<b>% of Time per Week outside of General Education</b>	21 %	

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

Comprehensive assessment is recommended for the next IEP, April 2019.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**FAPE Summary Grid**

**Program:** GE **Setting:** General Education  
**Eligibility:** Eligible (SLI) **Curriculum:** General Education  
**Transportation:** None **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective on Signature Date	Regular	Weekly	1-5	School-Based	60	Expressive language , Articulation, Fluency
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	90	Mathematics
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	180	Reading, Written Language

**For IEP Team Information**

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

**Los Angeles Unified School District**  
**INDIVIDUALIZED EDUCATION PROGRAM**  
**SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION**

ATTACHMENT A

Student: BENAYA OSHRI

Date of Birth: 01-JUL-2010

Meeting Date: 23-APR-2018

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

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

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

**Step 1b. Interventions Not Applicable**

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

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

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

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

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

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

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

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

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

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

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