

Los Angeles Unified School District

IEP Page 1 of 22

Student Identification Number 052711M047

**Eligible (AUT)**

Student PAHIMA RAFAEL  
 Last First MI

Date of Birth 27-MAY-2011

**Section A: Meeting Information**

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	20-MAY-2016	<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated
Date of Present Meeting	17-APR-2017		<input type="text"/>
Annual Review to be conducted by	17-APR-2018	<input checked="" type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Next Three Year Review will be conducted by	20-MAY-2019	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Three Year Review or Evaluation was conducted on	20-MAY-2016	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Transition to Kindergarten to be conducted by	<input type="text"/>	<input type="text"/>	
Location of Meeting:	Woodlake Elementary CC	District Name:	Los Angeles Unified School District

**Section B: Student Information**

Date of Birth 27-MAY-2011 Age 5 Grade 0 Gender  Male  Female Limited English Proficient Student  Yes  No

Ethnic Code White

Location of the Psych Folder: SUPPORT UNIT NORTH Student has no Psych Folder:

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

Home Language Hebrew Student Language Hebrew

Alternate Mode of Communication

Home Address of Student 22858 DOLOROSA ST

City WOODLAND HILLS CA ZIP Code 91367

Home Telephone (818) 744-1200 Daytime Telephone  Emergency Telephone

School of Attendance Woodlake Ecc Location Code 7877

School of Residence Woodlake Ecc Location Code 7877

Name of Parent/Guardian Lilach Cohen/Mitchel Pahima Telephone (818) 744-1200

Address 22858 DOLOROSA ST

City WOODLAND HILLS CA ZIP Code 91367

Surrogate 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  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

IEP Page 2 a b c of 22

Student PAHIMA

RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

Section C: Language Acquisition

Language Classification: Limited English Proficient Start Date: 06-SEP-2016 Reclassification Date:

Parent Waiver: Yes  No

Elementary English Language Development Level: 1 Start Date: 06-SEP-2016

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

		Achieved		If No, explain the reason the goal/objective was not achieved
Goal for: (example - Reading)		Yes	No	
1.	Reading	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
2.	Writing	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
3.	Math	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
4.	Behavioral Support	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
5.	Org of Behavior	<input type="radio"/>	<input checked="" type="radio"/>	Needs more time
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
6.	Visual Motor	<input type="radio"/>	<input checked="" type="radio"/>	needs more time
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
7.		<input type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8.		<input type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9.		<input type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10.		<input type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**


Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 22

**Student** PAHIMA RAFAEL  **Date of Birth** 27-MAY-2011 **Meeting Date** 17-APR-2017

**Section E: Present Level of Performance**

**Performance Area:** English Language Development (ELD)  
**Assessment/Monitoring Process Used:** Informal, Observation, Teacher Input, Work Samples  
**State/District Assessment Results:** CELDT SCORE (30-SEP-2016) - 1


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

**Strengths:** Rafael can follow words from left to right, top to bottom, page by page, and demonstrate understanding of the organization and basic features of print by recognizing that words are separated by spaces in print. Rafael can recognize and name 24 upper and lowercase letters of the alphabet. Rafael can read 40 common high frequency words by sight (e.g., the, of, to you, she, my, is, are, do, does) in isolation and/or in text. He has demonstrated basic knowledge of one-to-one letter-sound correspondences by producing the primary sounds or many of the most frequent sounds.

**Challenges:** It is difficult for Rafael to isolate and pronounce the initial, medial vowel, and final sounds (phonemes) in three phoneme (CVC) words (not including CVCs ending with /l/, /r/, or /x/). He can not identify the long and short sounds that correspond to common spellings (graphemes) for the five major vowels when reading words. Rafael needs to be able to add/substitute phonemes in simple one-syllable words to make new words.

**Impact of Disability:** Rafael's autistic-like characteristics make it difficult for him to blend CVC and CVCC words which impacts his involvement and progress in the general education math curriculum.

**Performance Area:** Behavior  
**Assessment/Monitoring Process Used:** Informal, Observation, Teacher Input  
**State/District Assessment Results:**

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

**Strengths:** Rafael met his previous behavior goal of remaining 'focused on teacher-directed preferred and non-preferred tasks even when encountering difficulties and distractions with decreasing adult prompts and cues on 4/5 occasions.' He has demonstrated an ability to follow along with peers and class instructions. He begins working on assigned task with less verbal prompts. He expresses his needs and follows one-two steps instructions. Rafael's work production has increased. A behavior support plan is not needed at this time.

**Needs:** None at this time.

**Impact of Disability:** None at this time.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 22

**Student** PAHIMA RAFAEL

**Date of Birth** 27-MAY-2011

**Meeting Date** 17-APR-2017

**Section E: Present Level of Performance**

Performance Area: Reading

Assessment/Monitoring Process Used: Progress report, Work Samples, Teacher Questionnaire, Observation

State/District Assessment Results: 2016-2017 DIBELS Composite Scores: BOY: Benchmark & MOY Benchmark

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

Strengths: Rafael know the basic features of print. He can follow words from left to right, top to bottom, page by page. Rafael can recognize the name of 24 upper and lower letters of the alphabets. Rafael has trouble with the letter Ii and Uu. Rafael demonstrates a basic understanding of one to one letter sound correspondence.

Rafael is able to speak in complete sentences. Rafael is able to use encoding skills to spell new words. Rafael knows what characters are in a story when a story is read aloud. He can decode unfamiliar 3-4 letter words. He can read 40 common high frequency by (e.g. the, of, to, you, she, my, is, are, do) in isolation and/or in text. Rafael tries to memorize sight words by chucking the words by color set. Rafael is beginning to blend two to three phonemes into words. Rafael will understand and follow one to two step oral directions with moderate prompts.

The scores for Rafael's DIBELS are discussed in the following image. Rafael has attained a 'Strategic' composite for his BOY (Beginning of the Year) test and an 'Intensive' composite for his MOY (Middle of the Year). Rafael's FSF is on benchmark at 31 (benchmark 30). His LNF is on benchmark at 23 WPM. His PSF is on benchmark at 9 (benchmark 20). His NWF: CLS is on benchmark at 16 (benchmark 17). His NWF: WWR is on benchmark at 0. A more detailed account of Rafael's DIBELS scores is available in the image below.

Performance Area: Reading (continued)

Assessment/Monitoring Process Used: Progress report, Work Samples, Teacher Questionnaire, Observation

State/District Assessment Results: 2016-2017 DIBELS Composite Scores: BOY: Benchmark & MOY Benchmark

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

DIBELS	BOY	MOY
FSF: First Sound Fluency	15 (Benchmark 10)	31 (Benchmark 30)
LNF: Letter Naming Fluency	0 (Benchmark: N/A)	23 (Benchmark: N/A)
PSF: Phoneme Segment?n Fluency	9 (Benchmark 20)	
NWF (CLS): Nonsense Word Fluency	16 (Benchmark 17)	
NWF (WWR):	0 (Benchmark: N/A)	

Challenges: Rafael needs to strengthen his phoneme skill and blend CVC and CVCC word independently. Rafael has a difficult time identifying the setting and main idea in a story. He needs to decode larger new words in grade level reading. Rafael needs to be able to orally or in writing identify the main topic of an informational text.

Impact of Disability: Rafael's autistic-like characteristics make it difficult for him to identify the main idea and setting which impacts his ability to be involved in and access the general education reading curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 22

Student PAHIMA

RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

Section E: Present Level of Performance

Performance Area: Visual Motor

Assessment/Monitoring Process Used: clinical/classroom obs, teacher report, work samples

State/District Assessment Results: n/a

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

The following is based upon the expertise of school-based occupational therapy.

Student's Area of Strength: Rafael has achieved his goal for organization of behavior in OT sessions. He is now able to transition, initiate, and engage in new teacher directed activities independently and without protest. Rafael is able to pick up and position a writing tool in a dynamic tripod/quadrupod grasp and maintain the grasp for the entire duration of a writing, drawing, or coloring task. He has made progress towards his visual motor goal and can now copy pre-writing shapes, including a horizontal, vertical, and diagonal lines and a cross independently. He is also able to draw a square with four distinct corners with minimal verbal cues. Rafael is able to draw the letters of the alphabet from memory with letter formation accurate 70% of the time with minimal to moderate verbal cues. Rafael is also able to write his first and last name independently. Rafael demonstrates adequate visual motor skills to color within the lines 80% of the time with minimal verbal cues to color in the entire area. Rafael is able to correctly position child-sized scissors in his hands independently and cut across a seven inch long and 1/8-inch thick straight line, cutting within 1/4-inch of the line with 100% accuracy. He presents with adequate ability to physically access the school campus.

CONTINUED BELOW:

Performance Area: Organization of Behavior

Assessment/Monitoring Process Used: clinical/classroom obs, teacher report, work samples

State/District Assessment Results: n/a

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

Student's Area of Need: Rafael demonstrates needs in the area of visual motor and bilateral motor skills. Rafael is still unable to copy pre-writing shapes involving diagonal lines, such as a triangle or X due to visual motor praxis deficits. Even when the task is graded down and dots are provided for him to connect, Rafael requires minimal assistance to connect the dots using diagonal strokes. Rafael is able copy short 3-4 word sentences on one-inch triple lined paper with spacing and sizing within the boundary lines accurately 50% of the time and line orientation accurately 70% of the time. He tends to write with his words too closely together or too far apart, making his writing more difficult to read. When provided with moderate to maximal verbal cues for spacing and to stay within the lines when printing, his legibility improves. He needs to be held accountable for his legibility during writing tasks on a daily basis to improve his handwriting habits. Rafael also will occasionally write capital letters inside a word and will require minimal verbal cues for correct use of upper and lower case letters when writing. Rafael demonstrates inefficient bilateral coordination during cutting visual motor tasks. When cutting, he requires minimal hand over hand assistance to shift and rotate the paper with his non-dominant hand when cutting along complex curves and angles such as zig zag lines or a circle.

Impact of Disability on student performance: Rafael's eligibility of Autism impacts his ability in visual motor and bilateral motor skills, which impacts his progress in the general education curriculum.

Chelsea Nguyen, MA, OTR/L

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 22


Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

Section E: Present Level of Performance

Performance Area: Written Language  
 Assessment/Monitoring Process Used: Student work samples, small group support, teacher observations/reports  
 State/District Assessment Results: n/a


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

Strengths: Rafael has made sufficient progress in his ability to print legibility. Rafael can print 26 upper and lowercase letters independently and correctly. He can produce one sentence with minimal prompts. Rafael is able to write his name independently. He is able to write the letters within the lines. He is able to use sentences frames to prompt his story writing and ideas.

Challenges: He is working on using capital, lower cases, and punctuation correctly. Rafael needs to improve on writing the subject and predicate in order to tell a story. Rafael needs to be able to write informative/explanatory sentences about a topic, giving one or more facts about the topic with teacher model.

Impact of Disability: Rafael's autistic-like characteristics make it difficult for him to print letters within a line which impacts his involvement and progress in the general education writing curriculum.

Performance Area: Math  
 Assessment/Monitoring Process Used: Student work samples, small group support, teacher observations/reports  
 State/District Assessment Results: n/a

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

Strengths: Rafael can show the value of 0-20 in different ways. He can sequence 0-10 and 10-0 backward using one more and one less strategy. He can orally count and print 1-10 independently. He is able to identify two-dimensional shapes, straight and curved sides. When counting objects, Rafael can demonstrate the understanding of the relationship between numbers and quantities by saying number names in standard order and pairing each number name with one object. General Education teacher reported Rafael follows directions and attempts assignments upon request. He demonstrates ability to chose the correct material or tools necessary for given task. He focuses on the speaker during class instruction.

Challenges: Rafael is not able to identify three-dimensional shapes such as sphere and cylinder. It is difficult for him to compare two numbers between 1-15. Rafael needs to be able to add numbers with a sum up to 20 using strategies such as counting on; making ten, and decomposing a number leading to a twenty with teacher model. General Education teacher reported that Rafael has a difficult time staying focused. Rafael is learning to work quietly during independent work time.

Impact of Disability: Rafael's autistic-like characteristics make it difficult for him to compare two numbers which impacts his involvement and progress in the general education math curriculum.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 3 a b c d e f g h i j of 22

**Student** PAHIMA


RAFAEL

**Date of Birth** 27-MAY-2011

**Meeting Date** 17-APR-2017

**Section E: Present Level of Performance**

Performance Area:	Articulation
Assessment/Monitoring Process Used:	Informal Measures, Observation
State/District Assessment Results:	n/a

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

**Background:** This is an initial speech and language evaluation for Rafael. He had an initial IEP completed in May of 2016 but speech and language was not assessed. Rafael is currently in a general education kindergarten classroom at Woodlake Elementary and receives resource support as well as occupational therapy.


**Strengths:** Rafael's voice and fluency are appropriate for a student his age. Rafael produces a few articulation errors including final l, th, and final vocalic r. These errors are considered appropriate for a student Rafael's age. Rafael is currently learning to speak both Hebrew and English. Based on informal measures his overall vocabulary development is stronger in Hebrew than in English. Rafael is able to make simple short utterances to respond to questions although he requires more support to make complete sentences. Rafael is currently in a general education classroom where he is receiving English language instruction as part of his general education curriculum.

**Needs:** Based on informal assessment there are no needs in the area of speech and language impacting Rafael's ability to access and participate fully in the general education curriculum.

**Impact:** No impact at this time.

-Allison Lee M.S. CCC-SLP  
Speech-Language Pathologist

Performance Area:	Language
Assessment/Monitoring Process Used:	Informal Measures, Observation
State/District Assessment Results:	n/a

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

**Background:** This is an initial speech and language evaluation for Rafael. He had an initial IEP completed in May of 2016 but speech and language was not assessed. Rafael is currently in a general education kindergarten classroom at Woodlake Elementary and receives resource support as well as occupational therapy.

**Strengths:** Rafael's voice and fluency are appropriate for a student his age. Based on informal measures his overall vocabulary development is stronger in Hebrew than in English. Rafael is able to make simple short utterances to respond to questions although he requires more support to make complete sentences. Rafael is currently in a general education classroom where he is receiving English language instruction as part of his general education curriculum.

**Needs:** Based on informal assessment there are no needs in the area of speech and language impacting Rafael's ability to access and participate fully in the general education curriculum.

**Impact:** No impact at this time.

-Allison Lee M.S. CCC-SLP  
Speech-Language Pathologist



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 4 of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code: AUT Autism

- Not Applicable, Blind or Partially Sighted

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

Code:

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: ELD

Annual Goal # 1 GB

K.RF.2 Substitute Phonemes  
 Rafael will add/substitute phonemes in 10 simple one-syllable words to make new words with independently as measured teacher observations in 3 out 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

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

Rafael will add/substitute phonemes in 5 simple one-syllable words to make new words with independently as measured teacher observations in 3 out 5 trials with 80% accuracy.

Date to be achieved August 2017 MO/YR

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

Rafael will add/substitute phonemes in 7 simple one-syllable words to make new words with independently as measured teacher observations in 3 out 5 trials with 80% accuracy.

Date to be achieved December 2017 MO/YR

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

**EXPLANATION OF MARKS**

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: Reading

Annual Goal # 2 GB

1.RI.2 Identify Main Topic

Rafael will orally or in writing identify the main topic of an informational text with adult maximum prompts as measured teacher observations in 3 out 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

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

Rafael will orally or in writing identify the main topic of an informational text with teacher model as measured teacher observations in 3 out 5 trials with 60% accuracy.

Date to be achieved August 2017 MO/YR

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

Rafael will orally or in writing identify the main topic of an informational text with teacher model as measured teacher observations in 3 out 5 trials with 70% accuracy.

Date to be achieved December 2017 MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: Written Language

Annual Goal # 3 GB

**1. W.2 Write Informative/Explanatory Sentences**

Rafael will write 5 or more informative/ explanatory sentences about a topic, giving one or more facts about the topic with teacher model as measured student work samples in in 3 out 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

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

Rafael will write 3 or more informative/ explanatory sentences about a topic, giving one or more facts about the topic with teacher model as measured student work samples in in 3 out 5 trials with 60% accuracy.

Date to be achieved August 2017 MO/YR

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

Rafael will write 4 or more informative/ explanatory sentences about a topic, giving one or more facts about the topic with teacher model as measured student work samples in in 3 out 5 trials with 70% accuracy.

Date to be achieved December 2017 MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: Math

Annual Goal # 4 GB

1.OA.6 Add 2 Numbers up to a Sum of 20

Rafael will add 2 numbers with a sum up to 20 using strategies such as counting on; making ten, and decomposing a number leading to a twenty with teacher model as measured student work samples in in 3 out 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

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

Rafael will add 2 numbers with a sum up to 10 using strategies such as counting on; making ten, and decomposing a number leading to a twenty with teacher model as measured student work samples in in 3 out 5 trials with 60% accuracy.

Date to be achieved August 2017 MO/YR

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

Rafael will add 2 numbers with a sum up to 15 using strategies such as counting on; making ten, and decomposing a number leading to a twenty with teacher model as measured student work samples in in 3 out 5 trials with 70% accuracy.

Date to be achieved December 2017 MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: Visual Motor Writing

Annual Goal # 5 GB

To demonstrate improved visual motor skills, Rafael will copy a 7-8 word sentence with accurate spacing, sizing and line adherence 80% of the time with minimal verbal prompts, 4 out of 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

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

To demonstrate improved visual motor skills, Rafael will copy a 3-4 word sentence with accurate spacing, sizing and line adherence 70% of the time with moderate prompts, 3 out of 5 trials.

Date to be achieved August 2017 MO/YR

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

To demonstrate improved visual motor skills, Rafael will copy a 4-5 word sentence with accurate spacing, sizing and line adherence 75% of the time with minimal verbal prompts, 3 out of 5 trials.

Date to be achieved December 2017 MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 22

Student PAHIMA RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: Visual Motor Cutting

Annual Goal # 6 GB

To demonstrate improved bilateral motor coordination and visual motor skills for cutting, Rafael will cut a 3-inch circle within 1/4-inch of a 1/8-inch thick line using his non-dominant hand to stabilize and shift the paper, with minimal assist/prompts, 4 out of 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

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

To demonstrate improved bilateral motor coordination and visual motor skills for cutting, Rafael will cut out a 4-inch square within 1/4-inch of a 1/8-inch thick line using his non-dominant hand to stabilize and shift the paper with moderate assistant/prompt, 3 out of 5 trials.

Date to be achieved August 2017 MO/YR

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

To demonstrate improved bilateral motor coordination and visual motor skills for cutting, Rafael will cut out a 4-inch triangle within 1/4-inch of a 1/8-inch thick line using his non-dominant hand to stabilize and shift the paper, with minimal assist/prompts, 4 out of 5 trials.

Date to be achieved December 2017 MO/YR

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

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 7 of 22

Student PAHIMA

RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

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

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

**CELDT** - (Variations, Accommodations or Modifications identified below are applicable)**CELDT Subject**  
ELD

## Variations:

- Test administration directions that are simplified or clarified (does not apply to test questions)
- Test students in a small group setting
- Extra time on a test within a testing day
- Noise buffers (e.g. individual carrel or study enclosure)

## Accommodations:

- Supervised breaks within a section of the test
- Administration of the test at the most beneficial time of day to the student
- Test over more than one day for a test or test part to be administered in a single sitting



Student	PAHIMA	RAFAEL		Date of Birth	27-MAY-2011	Meeting Date	17-APR-2017
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**Section N: Procedural Safeguards and Follow-up Actions**

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated: 1-22

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 PAHIMA RAFAEL Date of Birth 27-MAY-2011 Meeting Date 17-APR-2017

Section Q: Parent Participation and Consent

Parent Participation	Parent Notification		
	Method	Whom	When
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> 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. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Other	C. Gomez	06-APR-2017
	Student	C. Gomez	27-MAR-2017
<i>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.)</i>			

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** to 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

Parent requested a re-evaluation IEP during the 2017-2018 school year in order to evaluate/determine appropriate eligibility.

Parent continues to have some concerns with language. Parent is concerned with Rafael being able to follow instructions. Parent is concerned that Rafael may not understand directions/instructions. Parent is requesting that the IEP team monitor Rafael's progress in language. Parent is aware that language will be addressed as part of the psycho-educational assessment for the re-evaluation IEP to be conducted during the 2017-2018 school year.

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 17-APR-2017



## PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

<b>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.

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

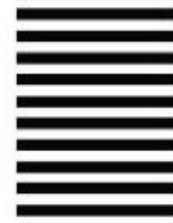


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LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 613307  
LOS ANGELES CA 90099-4093



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



Individualized Education Program (IEP)  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 11 of 22

Reconvened Meeting Date

Student PAHIMA  RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

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

Team Member	Print Name	Signature
Parent/Guardian	Lilach Cohen <input type="text"/>	<input type="text"/>
Parent/Guardian	Mitchel Pahima <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	Claudio Gomez <input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	Kelle Husk <input type="text"/>	<input type="text"/>
General Education Teacher	Suzanne Jensen <input type="text"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff LAS <input type="text"/>	Allison Lee <input type="text"/>	<input type="text"/>
Related Service Staff OT <input type="text"/>	Chelsea Nguyen <input type="text"/>	<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 Ed. Therapist <input type="text"/>	Maralyn Soifer <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 PAHIMA

RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

**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 PAHIMA

RAFAEL

Date of Birth 27-MAY-2011

Meeting Date 17-APR-2017

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

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

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

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

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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student PAHIMA RAFAEL Date of Birth 27-MAY-2011 Meeting Date 17-APR-2017

		Effective With this IEP	Future Changes Related to this IEP
	<b>As of Date:</b>	17-APR-2017	
Eligibility: (from Page 4)		<b>Eligible (AUT)</b>	
	<i>Final IEP Reason Final IEP Effective Date:</i>		
<b>Curriculum</b>		General Education	
<b>Placement</b>	<b>Type of School</b>	Affiliated Charter	
	<b>Name of School</b>	WOODLAKE ECC	
<b>Instructional Setting</b>	<b>Setting</b>	General Education	
	<b>Program</b>	GE	
	<b>Special Day Minutes/Wk</b>		
	<b>Addresses Goals</b>	1(ELD),6(Visual Motor Cutting),5(Visual Motor Writing),3(Written Language),4(Math),2(Reading)	
<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>	Preferential seating, shorter work/homework/projects as needed, extended time and small group on tests as needed, reteach and repetition, extended wait time for response, graphic organizers, breakdown tasks into smaller parts, visual/verbal cues and prompts, check for comprehension, positive reinforcement, clarification of directions	
	<b>Instructional Modifications</b>		
	<b>Other Supports, including Non-Academic and Extra-curricular Activities</b>	The Resource Specialist Teacher and/or Resource Aide will assist the general education teacher in the use of supplementary instructional materials and strategies.	
<b>Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)</b>	<b>Is formal assessment needed to re-establish eligibility?</b>	Yes <input checked="" type="radio"/> No <input type="radio"/>	
	<b>If yes, specify area(s) to be reassessed</b>		

<b>Comments, as appropriate</b>	
<b>Low Incidence Equipment</b>	
<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	

Individualized Education Program (IEP)  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student PAHIMA RAFAEL Date of Birth 27-MAY-2011 Meeting Date 17-APR-2017

**Effective With This IEP**

**Future Changes  
 Related To This IEP**

Service 1

**16  
 Occupational Therapy**

This service addresses the following goals:

- 5(Visual Motor Writing)
- 6(Visual Motor Cutting)

Start Date: Effective on Signature Date  
 17-Apr-2017

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 30

Minutes/Interval (Pullout from Gen Ed): 30

Service Delivery Model: Direct Service (Collaborative)\*

Responsible Personnel: Licensed/Credentialed Provider  
 General Education Teacher  
 Resource Specialist Teacher

\*

Service 2

**RSP  
 RSP**

This service addresses the following goals:

- 1(ELD)
- 2(Reading)
- 3(Written Language)

Start Date: Effective on Signature Date  
 17-Apr-2017

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 120

Minutes/Interval (Pullout from Gen Ed): 0

Service Delivery Model: Direct Service (Collaborative)\*

RSP Area: Literacy/ELA/ELD

Responsible Personnel: Resource Specialist Teacher  
 General Education Teacher

\*

Service 3

**RSP  
 RSP**

This service addresses the following goals:

- 4(Math)

Start Date: Effective on Signature Date  
 17-Apr-2017

End Date:

Service applies to: Regular

Frequency: 1-5

Interval: Weekly

Minutes/Interval: 60

Individualized Education Program (IEP)

Minutes/Interval (Pullout from Gen Ed): 0  
 Service Delivery Model: Direct Service (Collaborative)\*  
 RSP Area: Math  
 Responsible Personnel: Resource Specialist Teacher  
 General Education Teacher

\*

Service 4

**16**  
**Occupational Therapy**

This service addresses the following goals:

- 5(Visual Motor Writing)
- 6(Visual Motor Cutting)

Start Date: Effective on Signature Date  
 17-Apr-2017  
 End Date:  
 Service applies to: Compensatory  
 Frequency: 10-20  
 Interval: Yearly  
 Minutes/Interval: 210  
 Minutes/Interval (Pullout from Gen Ed): 210  
 Service Delivery Model: Direct Service (Collaborative)\*  
 Responsible Personnel: Licensed/Credentialed Provider  
 General Education Teacher  
 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
% of Time per Week outside of General Education	2 %	

Part 4 - Additional Discussion (This section is optional)
Due to no OT services provided at the start of 2016-17 school year at Woodlake, Rafael is owed a total of 210 minutes of school based OT services as reflected in the service grid.



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP Page 12 a b c d of 22

Student PAHIMA RAFAEL Date of Birth 27-MAY-2011 Meeting Date 17-APR-2017

**FAPE Summary Grid**

**Program:** GE **Setting:** General Education  
**Eligibility:** Eligible (AUT) **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)	No Consent
16	Occupational Therapy	Effective on Signature Date	Regular	Weekly	1-5	~	30	Visual Motor Writing, Visual Motor Cutting	--
16	Occupational Therapy	Effective on Signature Date	Compensatory	Yearly	10-20	~	210	Visual Motor Writing, Visual Motor Cutting	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	60	Math	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	120	ELD, 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.