

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200255X910 SSID

Eligible (AUT)

Student PERETZ ELIAN G  
Last First MI

Date of Birth: 06-APR-2015

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 07-JUN-2022	<input checked="" type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 07-JUN-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 07-JUN-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 06-JUN-2025	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 07-JUN-2022	
Transition to Kindergarten to be conducted by:	

Location of Meeting: Chandler (Zoom) District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 06-APR-2015 Age: 7 Grade: 0  
 Gender:  Male  Female Ethnic Code:  
 Location of the Psych Folder: SP ED SVC CTR - NE Student has no Psych Folder:  
 Location of the Cum Folder: CHANDLER EL Student has no Cum Folder:  
 Home Language: Hebrew Student Language: Hebrew Alternate Mode of Communication:  
 Home Address of Student: 13939 BRANTON PL  
 City: SHERMAN OAK CA ZIP Code: 91423  
 Home Telephone: (818) 381-1691 Daytime Telephone:  
 School of Attendance: Private School Office ( Location Code: 1536  
 School of Residence: Chandler El Location Code: 2959  
 Name of Parent/Guardian: Sivan Wizman Telephone:  
 Address:  
 City: CA ZIP Code:  
 Surogate Parent: Telephone:

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

Private School: Emek Hebrew AcademyTeichman Family Torah Center

Is the student living in a Family Foster Home (FFH)?  No  Yes FFH#:  
 Is FFH Provider related to student?  No  Yes Relationship:  
 Licensed Children's Institution  No  Yes LCI Name:  
 LCI#:  
 Out of the home placement made by:  Regional Center  Department of Mental Health  Department of Children's Services  
 Superior Court  Other:  
 Child's family living within LAUSD's boundaries?  No  Yes  
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

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Student    Date of Birth

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Section C: Language Acquisition

Language Classification:  Start Date:

Withdrawal by Parent Request:  Yes  No Reclassification Date:

ELPAC Performance Level and Performance Descriptor:  Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:  Test 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	
<b>1</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>2</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>3</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>4</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>5</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>6</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>7</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>8</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>9</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>10</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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Student PERETZ ELIAN G Date of Birth 06-APR-2015 Meeting Date 07-JUN-2022
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Section E: Present Level of Performance

Performance Area: Health Initial
Category: Health
Assessment/Monitoring Process Used: Record Review and phone interview with mom
State/District Assessment Results:

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

Health Summary: Elian is a 7 years old student in kindergarten currently enrolled at a private school. Mom reports Elian was born via C-section at a hospital in Israel. There were no prenatal, birth, or newborn complications. Developmental milestones as reported by mom: Elian sat up at 7 months, crawled at 10 months, walked at 13 months, and said her first words at 3 years old. Per mom, Elian has Amblyopia (lazy eye) in the left eye, she has a history of surgery on her tonsils when she was 3 years old and previously had ear tubes in both of her ears at 3 years old. Mom reports she currently has no allergies and no significant family health history, and she is not taking any medications at this time. Her last physical was on June 2021 with no significant concerns but mom reports she will need surgery on her adenoids to help with her snoring. Elian has passed her vision and hearing screening on May 27, 2022.
Strengths: Elian is in good general physical health. She is able to communicate verbally and has no difficulty making her needs known. Per mom, she has no concerns with her hearing at this time. She needs no assistance with mobility, and mom reports she is independent with all activities of daily living (ADLs) such as toileting, feeding, and dressing.
Areas of need: Elian has Amblyopia in the left eye and may need to wear a patch on the right eye on/off for correction. Per mom, she does not need glasses and an area of concern is Elian's speech delay.
Impact of Disability: Physical health does not impact the student's participation, progress, and access in the educational program.
Accommodation/Modification: Preferential seating in the classroom to maximize visual acuity.
Mariez Zuniega, RN, BSN
School Nurse
05/04/2022

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

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



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## Section E: Present Level of Performance

Performance Area:

Sensorimotor

Category:

Sensorimotor

Assessment/Monitoring Process  
Used:

Standardized Assessment

State/District Assessment Results:

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

Elian presents with functional range of motion, muscle strength and postural stability to assume and maintain various body postures in her classroom setting. She has functional postural stability to sit upright on the chair or on the floor without any support. She demonstrated functional balance and equilibrium reactions to move within the classroom setting. She demonstrated emerging visual motor and visual perceptual skills for classroom demands. Elian demonstrated appropriate visual discrimination skills, as evident by her ability discriminate colors, shapes, numbers and letters. In relation to her fine motor skills, Elian is right hand dominant and employs thumb wrapped grasp on her writing utensil. She demonstrated ability to complete simple translation, simple and complex rotation and shift within evaluation setting with moderate verbal cues for following instructions. Elian is able to positing scissors in her hands and to cut out a circle with functional accuracy and appropriate use of her, left, non-dominant hand to rotate the paper. Elian is able to write her first name with decreased letter formation for letters 'a,' 'n.' She presents with adequate sensory processing and modulation skills, as she is able to navigate the school environment with adequate balance and without bumping, tripping or falling down.

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Student's areas of needs: Elian demonstrated deficits in the area of fine motor and visual perceptual skills. She scored Below Average on the Fine Manual Control and Below Average on Manual Coordination sections of BOT-2. Elian demonstrated difficulty with producing legibly writing and copying some of the shapes diamond star and overlapping pencil when completing BOT-2. She also noted to have difficulty with completing writing assignments with good legibility, spacing and proper placement. On the SPM-2 classroom form, Elian fell within the Severe Difficulties range for all areas. Elian may benefit from sensory strategies to improve her body awareness and ability to self-regulate. She demonstrated decreased foundation skills in the area of visual perception, fine motor, visual motor skills and sensory processing skills.

Impact of disability on academic and overall performance: Elian eligibility of AUT and decreased visual perceptual and fine motor skills impact her ability to access general education curriculum.



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## Section E: Present Level of Performance

Performance Area:

Gross Motor Skills APE

Category:

Gross Motor

Assessment/Monitoring Process  
Used:

APEAS II/Parent Interview

State/District Assessment Results:

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

Eliau is a 7-year-old girl in Kindergarten. She is currently enrolled in a private school. During physical activities she was full of energy and well behaved. She did not need any rest breaks as she completed all tasks with ease. She understood all of the tasks, didn't need any prompting, and only needed extra time in one activity and that was to warm-up in her catches.

Perceptual Motor:

She is able to track down an object and was able to complete 3 rhythmic patterns when alternate hopping (right-right-left-left is 1 pattern).

Object Control:

Eliau was able to throw a tennis ball from 15 feet in distance hitting an 18-inch-wide by 36 tall target 4 out of 5 trials. She was able to catch a tossed ball from 15 feet in distance using her hands only 4 out of 5 trials. She was able to kick a stationary ball to an intended target with the ball 6-7 feet in flight. She was able to kick a rolling ball to an intended direction.

Locomotor skills:

Eliau demonstrated strength in this area. She is able to hop on her left and right feet more than 10 times, gallops leading with both her left and right feet, hops, jumps, and runs with mature pattern.

Performance Area:

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Fitness:

She is able to sit and reach 11 inches in distance (1 inch from reaching the end of her toes/wall) and competes the agility run in 26 seconds. She completed 2 curl-ups, held herself up in a table top push-up position for 3 seconds before getting into a mountain back position. She attempted a push-up (was able to go down but not up). She currently measures 45 inches in height and weighs 56 pounds (slightly over the healthy zone).

Parent interview on 06/03/2022.

Parent stated that Eliau is behaved well at home and mentioned that she follows directions, smart, respectful, loves to help out mom, and loves to please adults. She also stated that she loves to play with other kids at the park or if any that she's around with. She enjoys getting on the swing and the apparatus and at the sand box. At home she loves to sing, dance, swim, jump on the trampoline, and pretty much play with everything. She was asked if she climbs on furniture and mom stated that she treats furniture with respect by sitting on furniture the proper way. Mom stated that at the moment she does not take any medications. She does not have any concerns in the area of Gross Motor Skills.

Based on the Adapted Physical Education which included an evaluation of perceptual motor function, object control, locomotor skills, physical fitness, and adapted behaviors, student does meet eligibility criteria for Adapted Physical Education.

Prepared by George Medina, Adapted PE Specialist LAUSD





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## Section E: Present Level of Performance

Performance Area:

General/Cognitive Ability

Category:

General Ability

Assessment/Monitoring Process  
Used:

Record review, observations, interviews, standardized assessments

State/District Assessment Results:

N/A

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

**STRENGTHS:** Based on alternative procedures for measuring intellectual ability, including performance on tasks attempted, interpretation of processing strengths and areas of need, observations, interviews and a review of data, Elian is functioning within the below average range of cognitive ability. She demonstrates strength in her visual processing abilities as she is able to recognize, remember, and interpret information that is present visually. She also demonstrates strength in her sensory motor skills and is able to combine an input of sensory information with an output of motor activity. Elian's conceptualization abilities including verbal and nonverbal problem solving, abstract thinking, and reasoning skills were inconsistent. However, at times she was able to demonstrate adequate conceptualization and listening comprehension skills, reflecting areas of relative strength.

**NEEDS:** Elian's overall auditory processing skills are within the below average range, reflecting difficulty understanding and processing simple and complex information that is presented auditorily. Elian demonstrates below average attention processing skills and has difficulty in her ability to quickly determine and apply problem solving strategies and focus on select visual stimuli when surrounded by intentional competing stimuli.

Continued below...

Performance Area:

General/Cognitive Ability

Category:

General Ability

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

**NEEDS CONTINUED:** She presents with below average phonological processing skills in her ability to use and manipulate speech sounds and patterns to make meaning from spoken words. Elian exhibits below average expression skills and demonstrates difficulty to order thought in a form that could be understood by others including the ability to effectively communicate her ideas through language. Additionally, Elian's association skills including her ability to memorize, learn by rote, and relate units of information to one another were within the below average range.

**IMPACT OF DISABILITY:** Elian's disability of Autism (AUT) manifests in her difficulty appropriately relating to others, socializing and engaging with others, and in her impulsive and sensory seeking behaviors, and impairs her reading, writing, and math performance, which adversely impacts her involvement and progress in the general education curriculum.



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## Section E: Present Level of Performance

Performance Area: Social Emotional

Category: Social Emotional ▼

Assessment/Monitoring Process Used: Record review, observations, interviews, standardized rating scales

State/District Assessment Results: N/A

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

**STRENGTHS:** Elian can be very loving and sweet and comes to school with a big smile. She enjoys playing outside, doing art projects, dancing, singing, and swimming. Elian is able to follow one-step directions if the task is preferred and meets her sensory needs for the moment.

**NEEDS:** Elian struggles behaviorally, is impulsive, sensory seeking, and struggles playing and getting along with her peers. She moves around a lot, needs to touch everything, has a hard time staying clean and does not sense when food is on her face. Based on rating scales, she has difficulty using verbal and non-verbal communication appropriately to initiate, engage in, and maintain social contact and has limited ability to provide an appropriate emotional response to others. She has difficulty controlling her impulses and sensory needs, often resulting in frustration, and becoming physical. Her social skills are underdeveloped, and she engages in parallel play. When Elian wants something, she will attempt to obtain it on her own without permission and perseverates on it, becoming noncompliant to adult directives. In the classroom, she has a poor attention span, is easily distracted, struggles to work independently, and has difficulty transitioning from one activity to the next.

**IMPACT OF DISABILITY:** Elian's disability of Autism (AUT) manifests in her difficulty engaging in age-appropriate social interaction skills, appropriately transitioning, and in her impulsive and sensory seeking behaviors, which adversely impacts her progress and involvement with the general education curriculum.

Performance Area: Mathematics

Category: Math ▼

Assessment/Monitoring Process Used: WJ-IV, work samples, observation, teacher input

State/District Assessment Results:

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

Cluster/Test Standard Classification Standard Score  
 BROAD MATHEMATICS Low 75  
 Applied Problems Low Average 80  
 Calculation Low Average 87  
 Math Facts Fluency Low 70

**STRENGTHS:** Elian can rote count to 11 and write numbers 1- 4; then 7 without the use of a model. She is able to count objects through 7. Elian can add and subtract basic facts through 5's. She can solve basic word problems that are read to her, and she uses her fingers or visuals to help her add and subtract. Per teacher, Elian cannot consistently recognize all of the numbers and she finds it challenging to write the numbers 0-10 in a sequence and form her numbers correctly. Elian has difficulty with one-to-one number correspondence. She does not consistently touch and count objects in larger sets, and at times her counting is inaccurate.

**NEEDS:** Elian needs support in identifying, reading, and counting numbers . Therefore, she will orally count/read/write whole numbers to 100. This lack of proficiency makes it difficult for Elian to complete grade level math assignments independently.

**IMPACT OF DISABILITY:** Elian's disability of Autism (AUT) and challenges with math affects her ability to solve problems computationally and to solve word problems which impacts her involvement and progress in the general education curriculum.



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## Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process  
Used:

WJ-IV, work samples, observation, teacher input

State/District Assessment Results:

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

Cluster/Test Standard Classification Standard Score

BROAD READING Very Low 61

Letter-Word ID Very Low 62

Passage Comprehension Very Low 65

Sentence Reading Fluency Low 72

**STRENGTHS:** Elian can identify some of the upper case and lower case letters of the alphabet. She knows some of the corresponding sounds. Elian is unable to read the high frequency words that were presented. Per general education teacher, Elian is inconsistent with demonstrating letter recognition and identification. She is also inconsistent with letter sound correspondences and there's no accurate data due to Elian's inability to sit through a language arts assessment.

**NEEDS:** Elian needs support in foundational reading skills. Therefore, she will learn to recognize and identify letters of the alphabet and their corresponding sounds in order to orally produce single-syllable words by blending sounds (phonemes), including consonant blends when reading words, passages, & or decodable books This lack of proficiency makes it difficult for Elian to complete reading grade level assignments independently.

**IMPACT OF DISABILITY:** Elian's disability of Autism (AUT) and challenges with reading affects her ability to decode and comprehend passages which impacts her involvement and progress in the general education curriculum.

Performance Area:

Written Language

Category:

Writing

Assessment/Monitoring Process  
Used:

WJ-IV, work samples, observation, teacher input

State/District Assessment Results:

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

Cluster/Test Standard Classification Standard Score

BROAD--WRITTEN LANGUAGE Very Low 54

Spelling Low 70

Writing Samples Very Low 49

Sentence Writing Fluency Very Low 68

**STRENGTHS:** Elian is able to write her first name independently. She can write upper case and lower case letters but she may needs assistance with proper letter formation. She often writes her letters large and also has letter reversals. Elian can trace and copy word(s) and simple sentences from an adult highlighting on her paper.

**NEEDS:** Elian needs support in the area of writing to develop skills in writing words and simple sentences. So, Elian will write 5 or more informative/explanatory sentences about a topic, giving one or more facts about the topic once ideas are planned on a graphic organizer. This lack of proficiency makes it difficult for Elian to complete writing grade level assignments independently.

**IMPACT OF DISABILITY:** Elian's disability of Autism (AUT) and challenges with writing affects her ability to organize and write cohesive, complete simple sentences which impacts her involvement and progress in the general education curriculum.



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## Section E: Present Level of Performance

Performance Area:

Articulation

Category:

Articulation/Phonological Processes ▼

Assessment/Monitoring Process  
Used:

Standardized/Informal assessment, teacher/parent report, observation

State/District Assessment Results:

n/a

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

Background Information: This is an initial evaluation for Elian in the area of language and speech as part of a comprehensive assessment for special education assess Elian's speech and language function and determine present levels of performance as well as goals and objectives, as needed. Current concerns are in the areas of academics, socially and behavior. Elian currently attends the Emek Hebrew Academy in Sherman Oaks in a kindergarten classroom; this is a private school without special education services.

Areas of Strength: Based on informal observation, voice and fluency skills are not related to the suspected area of disability. The oral musculature (lips, tongue, soft and hard palate) is adequate for speech production. Elian was able to produce /p, b, t, d, k, g, m, n, f, v, s, z, l, w, j, h, r/, ng (as in 'jumping'), dz (as in 'giraffe') consistently in the initial, medial and final positions of words. She was also able to produce ch (as in 'watch') in the final position of words, sh (as in 'shoe'), and voiced th in the initial position (as in 'that'). She was also able to produce the following consonant clusters, /bl, br, dr, fr, gl, gr, kr, kw, -nt, pl, pr, sl, sp, st, sw, tr/ at the word level.

continued below...

Performance Area:

Articulation continued

Category:

Articulation/Phonological Processes ▼

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

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

Areas of Need: Elian demonstrated articulation difficulties producing the following speech sounds: voiceless th, for example 'teet' for 'teeth', voiced th, for example 'broder' for 'brother', ch, for example 'sair' for 'chair', sh, for example 'fis' for 'fish'. Overall, Elian's articulation skills are below the average range for a student her chronological age and gender. These errors coupled with her low vocal volume and tendency to mumble impacts her speech intelligibility in utterances over 4 words in length.

Impact of Disability: Elian's eligibility of autism and its associated language and articulation deficits may impact her ability to access and participate during oral language activities within the core curriculum.

Michele San Antonio M.S. CCC-SLP  
Speech Language Pathologist





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Section E: Present Level of Performance

Performance Area: Language
Category: Language
Assessment/Monitoring Process Used: Standardized/Informal assessment, teacher/parent report, observation
State/District Assessment Results: n/a

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

Background Information: This is an initial evaluation for Elian in the area of language and speech as part of a comprehensive assessment for special education assess Elian's speech and language function and determine present levels of performance as well as goals and objectives, as needed. Current concerns are in the areas of academics, socially and behavior. Elian currently attends the Emek Hebrew Academy in Sherman Oaks in a kindergarten classroom; this is a private school without special education services.

Areas of Strength: In the area of language, Elian presented with a relative strength in her auditory comprehension skills based on standardized assessments. She was able to answer questions correctly across a the following areas: lexical/semantic (comprehension of vocabulary), syntactic (grammar), and supralinguistic (higher order thinking skills). Elian uses language to request, inquire, get wants/needs met, describe pictures, answer basic questions and converse with peers with some prompts throughout the school day. Elian primarily uses 3-6 word utterances to communicate throughout her day to make statements, comments, get wants/needs met and to answer and ask basic wh questions.

Continued below

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

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

Areas of Need: In the area of language, expressively, Elian has difficulty expressing her thoughts and answering questions using cohesive and complete sentences. Her length and complexity of her sentences are not age appropriate, she tends to use sentences consisting of 2-6 words that are very simple and lacking detail. She also presents with errors in the use of plurals, appropriate pronouns and irregular past tense verb conjugations. Pragmatically, based on informal assessment, observation and teacher report, Elian demonstrates difficulty with social language skills such as perspective taking, flexible thinking, and overall appropriate social interactions, especially when things do not go her way.

Impact of Disability: Elian's eligibility of autism and its associated language and articulation deficits may impact her ability to access and participate during oral language activities within the core curriculum.

Michele San Antonio M.S. CCC-SLP
Speech Language Pathologist



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Section E: Present Level of Performance

Performance Area: Adaptive Behaviors

Category: Adaptive Behaviors

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

STRENGTHS: In the home setting, Elian demonstrates relative strengths with socialization skills.

NEEDS: Elian's overall adaptive skills are within the low range in the school setting and moderately low in the home setting, indicating well below age expected self-help skills. In the school and home setting, Elian does evidence deficits in the communication, daily living skills, and motor domains. In addition, teacher responses also indicate that in the school setting, Elian demonstrates a deficit in socialization. Elian's self-help behavior functioning does impact her access and performance within the educational setting.

IMPACT OF DISABILITY: Elian's eligibility of Autism (AUT) and adaptive skills challenges with communication, home living, community use, health and safety, leisure, self-care, social skills, self-direction, and functional academics, which adversely impacts her progress and involvement with the general education curriculum.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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



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Section F: Eligibility

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

Specific Learning Disability (SLD), Intellectual Disability (ID), Other Health Impairment (OHI)

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

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

To demonstrate improved sensory processing skills, when provided with sensory input (proprioceptive, vestibular, tactile) Elian will be able to complete teacher directed non preferred activity with functional accuracy for at least 12 minutes with no more then 3 verbal/tactile/visual cues 4/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To demonstrate improved sensory processing skills, when provided with sensory input (proprioceptive, vestibular, tactile) Elian will be able to complete teacher directed activity with functional accuracy for at least 10 minutes with no more then 5 verbal/tactile/visual cues 3/5 opportunities.

Incremental objective #2 related to the goal:

To demonstrate improved sensory processing skills, when provided with sensory input (proprioceptive, vestibular, tactile) Elian will be able to complete teacher directed activity with functional accuracy for at least 10 minutes with no more then 4 verbal/tactile/visual cues 3/5 opportunities.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <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"/>	Progress Mark: <input type="text"/>  Is progress sufficient to meet annual goal? <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"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No  Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No  If "No" please explain: <input type="text"/>





INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Elian will demonstrate appropriate behaviors/communication skills that promote positive social interactions (e.g., using words to express herself, using 'I statements', active listening, taking turns, following rules, etc.) in 4 out of 5 trials with 80% accuracy with minimal adult support as measured by teacher and/or psychologist observation.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Elian will demonstrate appropriate behaviors/communication skills that promote positive social interactions (e.g., using words to express herself, using 'I statements', active listening, taking turns, following rules, etc.) in 2 out of 5 trials with 60% accuracy with moderate adult support as measured by teacher and/or psychologist observation.

Incremental objective #2 related to the goal:

Elian will demonstrate appropriate behaviors/communication skills that promote positive social interactions (e.g., using words to express herself, using 'I statements', active listening, taking turns, following rules, etc.) in 3 out of 5 trials with 70% accuracy with moderate adult support as measured by teacher and/or psychologist observation.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

PERETZ ELIAN will orally produce 10 single-syllable words by blending sounds (phonemes), including consonant blends when reading words, passages, & or decodable books as measured by student work samples/teacher charts in 4 out of 5 trials with 70% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

PERETZ ELIAN will recognize and name 26 upper and lowercase letters of the alphabet when given letters in random order as measured by student work samples/teacher charts in 3 out of 5 trials with 90% accuracy.

Incremental objective #2 related to the goal:

PERETZ ELIAN will blend two to three phonemes into 10 recognizable words when read words & sentences as measured by student work samples in 3 out of 5 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When given a teacher direction, PERETZ ELIAN will orally count/read/write whole numbers to 100 with 90% accuracy on 4 consecutive trials as measured by teacher charted work samples.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a teacher direction, PERETZ ELIAN will orally count/read/write whole numbers to 50 with 80% accuracy on 3 consecutive trials as measured by teacher charted work samples.

Incremental objective #2 related to the goal:

When given a teacher direction, PERETZ ELIAN will orally count/read/write whole numbers to 75 with 80% accuracy on 3 consecutive trials as measured by teacher charted work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

PERETZ ELIAN will write 5 or more informative/ explanatory sentences about a topic, giving one or more facts about the topic when planning ideas on a graphic organizer as measured by student work samples in 4 out of 5 trials with 70% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

PERETZ ELIAN will write 1-2 or more informative/ explanatory sentences about a topic, giving one or more facts about the topic using a graphic organizer to plan ideas as measured by student work samples in 3 out of 5 trials with 70% accuracy.

Incremental objective #2 related to the goal:

PERETZ ELIAN will write 3-4 or more informative/ explanatory sentences about a topic, giving one or more facts about the topic using a graphic organizer to plan ideas as measured by student work samples in 3 out of 5 trials with 70% accuracy.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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





INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Elian will maintain 90% speech intelligibility when communicating in sentences 5-7 words in length by producing age appropriate sounds correctly and speaking at an audible level in 8/10 trials with no more than 3 prompts/cues in 3/4 sessions.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Elian will maintain 90% speech intelligibility when communicating in sentences 5-7 words in length by producing age appropriate sounds correctly and speaking at an audible level in 6/10 trials with no more than 3 prompts/cues in 3/4 sessions.

Incremental objective #2 related to the goal:

Elian will maintain 90% speech intelligibility when communicating in sentences 5-7 words in length by producing age appropriate sounds correctly and speaking at an audible level in 7/10 trials with no more than 3 prompts/cues in 3/4 sessions.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date   
 Last First MI

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Elian will answer abstract questions (i.e., when, why, how, what happened/what did you do) on topic about short stories or things about her school day or home life using 5-7 word cohesive utterances with appropriate basic grammar skills and no more than 2 prompts/cues in 8/10 trials in 3/4 sessions.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Elian will answer abstract questions (i.e., when, why, how, what happened/what did you do) on topic about short stories or things about her school day or home life using 5-7 word cohesive utterances with appropriate basic grammar skills and no more than 2 prompts/cues in 6/10 trials in 3/4 sessions.

Incremental objective #2 related to the goal:

Elian will answer abstract questions (i.e., when, why, how, what happened/what did you do) on topic about short stories or things about her school day or home life using 5-7 word cohesive utterances with appropriate basic grammar skills and no more than 2 prompts/cues in 7/10 trials in 3/4 sessions.

Date to be achieved:   MO/YR Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <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**

PERETZ

ELIAN

G

**Date of Birth**

06-APR-2015

**Meeting Date**

07-JUN-2022

**Last**

**First**

**MI**

**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.

**No assessment tests found.**



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student PERETZ ELIAN G
Last First MI

Date of Birth 06-APR-2015

Meeting Date 07-JUN-2022

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 informal translation? Yes No Select Preferred Language:

Is the parent/guardian requesting official translation? Yes No Select Preferred Language: Hebrew

Specify the Individual Pages to be translated:

Special Requests:

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

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:

- The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined:
Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required.
Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services.
Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4.
Compensatory education consideration was documented on IEP dated 07-JUN-2022

Recoupment Services Consideration:

- The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined:
Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended.
Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).
Recoupment services consideration was documented on IEP dated 07-JUN-2022

- Preschool Only Consideration (Transition IEP)
30-Day IEP Consideration (Out-of-District)
Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student PERETZ ELIAN G Last First MI

Date of Birth 06-APR-2015

Meeting Date 07-JUN-2022

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Email, V.Mendoza, 24-MAY-2022

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

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

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

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES 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

Signature(s)

[Signature box]

Date

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

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

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

Signature(s)

[Signature box]

Date 7-JUN-2022

## 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!

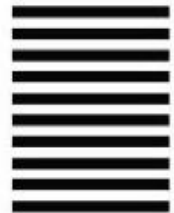


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ATTN PARENT RESOURCE NETWORK  
LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 613307  
LOS ANGELES CA 90099-4093



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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student     
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Sivan Wizman (zoom)"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Lesleigh Alchanati"/>	<input type="text" value="L Alchanati"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Tania Rios"/>	<input type="text" value="Tania Rios"/>
General Education Teacher	<input type="text" value="Michele O'Neil"/>	<input type="text" value="Michele O'Neil"/>
School Psychologist	<input type="text" value="Sara Arsinous"/>	<input type="text" value="Sara Arsinous"/>
School Nurse	<input type="text" value="Xavier Ray Chio"/>	<input type="text" value="Xavier Ray Chio"/>
Related Service Staff <input type="text" value="Speech Language Pathologist"/>	<input type="text" value="Michele San Antonio"/>	<input type="text" value="Michele San Antonio"/>
Related Service Staff <input type="text" value="Occupational Therapist"/>	<input type="text" value="Svetlana Germashev"/>	<input type="text" value="Svetlana Germashev"/>
Related Service Staff <input type="text" value="Adaptive Physical Education"/>	<input type="text" value="George Medina"/>	<input type="text" value="George Medina"/>
Interpreter	<input type="text" value="Tali Sharon"/>	<input type="text" value="Tali Sharon"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text" value="Michelle Andron, Emek Principal (z)"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Emek staff member"/>	<input type="text" value="Stephie Bregman"/>	<input type="text" value="Stephie Bregman"/>
Other <input type="text" value="Emek School counselor"/>	<input type="text" value="Annie Statman"/>	<input type="text" value="Annie Statman"/>
Other <input type="text" value="CSUN Student Intern"/>	<input type="text" value="Biance Hurst"/>	<input type="text" value="Biance Hurst"/>
Other <input type="text" value="Emek Teacher"/>	<input type="text" value="Danielle Lototsky"/>	<input type="text" value="Danielle Lototsky"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student PERETZ ELIAN G  
Last First MI

Date of Birth 06-APR-2015

Meeting Date 07-JUN-2022

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

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

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

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

Yes  No

If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.

Yes  No

If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.

**Step B.** Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?

Yes  No

If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.

Yes  No

If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.

Student   
Last

First

MI

Date of   
Birth

Meeting   
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

Student   
Last

First

MI

Date of   
Birth

Meeting   
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student     
 Last First MI

Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		<b>Eligible (AUT)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="SHERMAN OAKS EL CS"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="SLD"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1595"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Sensorimotor),2(Social Emotional),3(Reading),4(Mathematics),5(Written Language),6(Articulation),7(Language)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="School to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text" value="School to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="use of visuals; use of graphic organizers; break assignments, tests, &amp; homework into parts; simplify directions &amp; check for understanding of those directions; and preferential seating; use of highlighting and color coding of patterns to assist in decoding and reading; read aloud directions, questions, answer choices on Math &amp; Writing, sensory breaks, pencil grip, slant board, sit in cushion. Give directions using simple vocabulary, short utterances and use visuals, support auditory message with visual cues, teach new vocabulary in context, repeat and emphasize key words, check for comprehension, model appropriate language, use of peer models."/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extracurricular Activities	<input type="text"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

not conduct a three-year comprehensive reassessment.)	If the Parent does not agree, specify the area(s) to be reassessed.	FBA	
<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)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student     
 Last First MI

Date of Birth  Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>04</b>	End Date:		
<b>Counseling and Guidance</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Monthly	
<input type="text" value="2(Social Emotional )"/>	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	60	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
	*		
<b>Service 2</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
<input type="text" value="6(Articulation)"/>	Minutes/Interval:	45	
	<input type="text" value="7(Language)"/>	Minutes/Interval (Pullout from Gen Ed):	0
Service Delivery Model:		Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	


\*

<b>Service 3</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	ESY	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Yearly	
1(Sensorimotor)	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

<b>Service 4</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
1(Sensorimotor)	Minutes/Interval:	45	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

		Special Education Teacher	
	*		
<b>Service 5</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	ESY	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Yearly	
6(Articulation)	Minutes/Interval:	120	
7(Language)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	

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

### Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	92	

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

--

The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined that no compensatory education is required. Elian was not old enough to be in school during the pandemic closure. The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined that no recoupment services are being considered as Elian was not old enough to be in school during the pandemic closure.

Nurse reported and mom had no questions. Mom was asked if she needs anything interpreted and mom said no. Mom will speak up if she doesn't understand. Psychologist reported that second language acquisition is not an impact. Psychologist reported and mom had no questions. School stated child was observed by BCBA at school and home and she saw the same behaviors at home and at school. (Marita Pardo, MA, BCBA- contracted Assessor, ABA Assessments Easter Seals So. Cal 818-281-3648). Mom had no questions. Academic assessments and PLP were reported. LAS assessments and PLP were reported. Mom said child is working with a speech therapist and it is helping. APE assessments and PLP were discussed with mom before IEP with the provider and a brief summation of the assessments were presented. OT assessments and PLP were reported.

Eligibility was discussed as a team and consensus was aut eligibility. Goals and objectives were presented and discussed. Mom had no questions. FBA was discussed and child should be assessed after 30 days of beginning of 2022-2023 school year.



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

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

**For IEP Team Information**

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