

INDIVIDUALIZED EDUCATION PROGRAM (IEP)			
<b>Los Angeles Unified School District</b>		<b>Eligible (HOH)</b>	
Student Identification Number	<input type="text" value="200089X512"/>	SSID	<input type="text"/>
Student Last	<input type="text" value="RABINA"/>	Student First	<input type="text" value="AMIT"/>
		Student MI	<input type="text"/>
		Date of Birth:	<input type="text" value="19-JUL-2015"/>
Section A: Meeting Information			
Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	<input type="text" value="03-JUL-2019"/>	<input checked="" type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting	<input type="text" value="03-JUL-2019"/>	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	<input type="text" value="03-JUL-2020"/>	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	<input type="text" value="03-JUL-2022"/>	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	<input type="text" value="03-JUL-2019"/>	<input type="text"/>	
Transition to Kindergarten to be conducted by	<input type="text"/>		
Location of Meeting	<input type="text" value="BURROUGHS MS"/>	District Name	<input type="text" value="Los Angeles Unified School District"/>
Section B: Student Information			
Date of Birth	<input type="text" value="19-JUL-2015"/>	Age	<input type="text" value="3"/>
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No
Location of the Psych Folder	<input type="text" value="SP ED INF/PRE (1989)"/>	Student has no Psych Folder	<input type="checkbox"/>
Location of the Cum Folder	<input type="text"/>	Student has no Cum Folder	<input checked="" type="checkbox"/>
Home Language	<input type="text"/>	Student Language	<input type="text"/>
Home Address of Student	<input type="text" value="3166 S BARRINGTON AV #206"/>		
City	<input type="text" value="LOS ANGELES"/> CA	ZIP Code	<input type="text" value="90066"/>
Home Telephone	<input type="text" value="(424) 353-9213"/>	Daytime Telephone	<input type="text"/>
School of Attendance	<input type="text" value="Sp Ed Inf/Pre (1017)"/>	Location Code	<input type="text" value="1017"/>
School of Residence	<input type="text" value="Mar Vista El"/>	Location Code	<input type="text" value="5192"/>
Name of Parent/Guardian	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/> CA	ZIP Code	<input type="text"/>
Surogate Parent	<input type="text"/>	Telephone	<input type="text"/>
Attends <b>CURRENT SCHOOL</b> as a result of one of the following	<input type="text" value="Preschool Program"/> <input checked="" type="checkbox"/>		
Is the student living in a Family Foster Home (FFH)?	<input type="radio"/> No <input type="radio"/> Yes	FFH#	<input type="text"/>
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship	<input type="text"/>
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name	<input type="text"/>
		LCI#	<input type="text"/>
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services
	<input type="radio"/> Superior Court	<input type="radio"/> Other	<input type="text"/>
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input type="radio"/> Yes		
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date   
 Last First MI

Section C: Language Acquisition

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

Section D: Goal Achievement from Current IEP

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

## Los Angeles Unified School District

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student   
Last  
First  
MIDate of Birth Meeting Date 

## Section E: Present Level of Performance

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

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

Overall, Amit's current functioning in cognition/general ability is estimated to be in the high average range based on information gathered via observation and interview on the Developmental Profile Third Edition (DP3). Amit's performance on the Mullen Scales of Early Learning (MSEL) is unclear due to her non-compliant and resistant behavior; testing was not completed. This may be due to the nature of the assessment in an unfamiliar environment and within a short amount of time.

Potential factors impacting the validity of the findings include: N/A

Educational Impact: A general ability/cognition impact is unclear at this time, a re-evaluation is recommended to more accurately determine cognitive ability.

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

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

Overall, Amit's current functioning in school readiness is developing not as expected given the student's chronological age and school experience to date, based on information gathered via observation and interview on the Developmental Profile Third Edition (DP3).

Per mother report, Amit demonstrates strengths in general fund, pre-reading, and pre-writing. Areas of need/challenge were identified in pre-mathematics. Given her behavioral difficulties, it is likely that Amit may have difficulty participating in academic tasks within the classroom setting. The school was contacted; however no information was provided.

Educational Impact: An academic performance/school readiness impact was identified at this time.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last  
First  
MIDate of Birth Meeting Date 

## Section E: Present Level of Performance

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

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

Amit's primary language is Hebrew. Mother reported that she is exposed to English at her school. The assessment was completed in English with translation in Hebrew.

Overall, Amit's language skills are found to be in the average range. Based on the rater's responses on the Developmental Profile 3, Amit's evidences the following strengths: she has fifty different speaking words, she can sing common songs, she understands nonverbal gestures, she can tell a story by looking at pictures in a book, she can recognize her name in print, and she can use logic when arguing.

Amit evidences the following needs/challenges: given her age, Amit should have more than three hundred words in her primary language and she currently has only one hundred. Amit presents with overall communication delays, which is likely attributed to her hearing loss as well. Please review the deaf and hard of hearing and speech and language report before making educational decisions for Amit.

Educational Impact: A communication impact was identified at this time.

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

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

Overall, Amit's motor skills are found to be in the high average range. Based on the rater's responses on the Developmental Profile 3, Amit evidences the following strengths: she can tip toe for ten feet, she can buckle herself into her car seat, she can swing herself on a swing, she can carry a chair from one room to another, and she can copy a diamond shape.

Amit evidences the following needs/challenges: she cannot play a game requiring hopping on one foot, and she cannot hit a ball that is pitched to her.

Educational Impact: A motor skill impact was not identified at this time.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last  
First  
MIDate of Birth Meeting Date 

## Section E: Present Level of Performance

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

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

Overall, Amit's social emotional status is found to be in the average range. Based on observations, informal interviews and the rater's responses on formal rating scales, Amit evidences the following strengths: she understands what 'my' means, she can name a familiar friend, she responds better to familiar adults, she indicates toileting needs, she expresses wanting to play with peers, she prefers to play with peers vs. playing alone, she can play group games, she can stay engaged on a single task for up to thirty minutes, and she understands that some things belong to other people and asks permission for access. During the assessment, she made adequate eye contact with the examiners.

Amit evidences the following needs/challenges: she cannot verbally express how someone else is feeling. During the assessment, she did not participate in the adult directed activities. Mother reported some difficulty making friends or playing with peers in small group since moving from Israel. However, these behavioral difficulties seem to be due to the following factors: she is new to the country, most of the children do not speak in her native language, and she has hearing loss. These factors are affecting her ability to socialize, communicate, and participate with others and at this time her difficulties due not seem to be due to a true social emotional deficit.

Educational Impact: A social emotional status impact was not identified at this time.

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

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

Overall, Amit's self-help/adaptive behavior is found to be in the average range. Based on the rater's responses on the Developmental Profile 3, Amit evidences the following strengths: she can put away three things, she take off a t-shirt, she can put on shoes, she is toilet trained, she can wash/dry hands/face, she can dress herself, use a touch screen device, and help prepare simple foods.

Amit evidences the following needs/challenges: she cannot select and play a DVD/video, care for bowel movements independently, or state personal information.

Educational Impact: A self-help/adaptive behavior impact was not identified at this time.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

This is an Initial IEP health assessment for Amit. Amit's mother, Adva Loutaty provided a health history for this IEP.

Birth and Developmental History: Pregnancy and delivery were medically uneventful, Amit was healthy at birth and discharged home from the hospital with her mother. Developmental milestones as reported by parent: she sat at 9 months, crawled at 5 months, walked at 15 months, first words at 24 months and putting 2 words together at 36 months. Amit was toilet trained at age 2.5 years.

Strengths: Amit is in good general health, has no known significant health problems and does not take any medication on a routine, daily basis. She has ear tubes inserted and wears bilateral hearing aids. Per parent's report, hearing loss was from birth. Amit refused the vision screening 6-18-19; however mother states there are no concerns with her vision,. Amit was referred to ARU for further evaluation. She eats a regular diet, is a picky eater and can feed herself with utensils and drink from an open cup. Amit communicates her needs using gestures. She is alert, active and ambulatory. She is aware of common dangers in her environment. Parent reports she is up to date on her immunizations.

Areas of need: Diagnosed with a hearing loss

Impact of disability: Hearing deficit may impact student's participation and progress in the educational curriculum

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Accommodations:  
 Preferential seating  
 Parent to follow up with primary health-care provider for complete eye exam

Elizabeth Raffifar RN MA  
 6-18-19

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student RABINA AMIT

Last First MI

Date of Birth 19-JUL-2015

Meeting Date 03-JUL-2019

Section E: Present Level of Performance

Performance Area: Hearing

Assessment/Monitoring Process Used: Audiologic Evaluation and Observation

State/District Assessment Results:

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

Hearing evaluation was completed in Israel on December 6, 2018. Amit has a moderate sensorineural hearing loss at the right ear with a conductive component at 4000 Hz. Left ear thresholds were moderate to mild sensorineural (permanent) hearing loss. Speech Reception Thresholds (SRTs) were obtained at 50-55 dB at the right ear and at 45 dB at the left ear, consistent with tonal responses and suggestive of good test reliability. History and observations on the evaluation report could not be read since they were written in Hebrew.

Amit is able to hear loud speech and environmental sounds in a quiet one to one listening environment. She is not able to hear normal conversational level speech and may have difficulty understanding what is said to her without visual cues and or the consistent use of hearing technology. Amit will have significantly more difficulty hearing when speech is presented at a distance or in the presence of a competing background noise, such as is found in a typical classroom listening environment. Amit will benefit from preferential/flexible classroom seating and consistent use of hearing technology.

It was noted on Amit's Early Childhood Referral form that she wears hearing aids.

Strengths: It was noted that Amit uses binaural hearing aids. Consistent use of properly fit hearing technology provides access to the sounds Amit does not hear.

Needs: Amit needs to demonstrate consistent use of properly functioning hearing technology.

Impact of Hearing Loss: This degree of hearing loss may impact Amit's access to and or progress in the general education curriculum. Her eligibility is Hard of Hearing.

Submitted by Maria Pezzulo, Educational Audiologist, 6/28/19

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student RABINA Last

AMIT First

MI MI

Date of Birth 19-JUL-2015

Meeting Date 03-JUL-2019

Section E: Present Level of Performance

Performance Area: Speech and Language Skills

Assessment/Monitoring Process Used: Formal and Informal Assessment, Observation, Parent Feedback

State/District Assessment Results: N/A

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

Background: This assessment is a component of a comprehensive preschool assessment to determine a need for possible special education services. Parent contacted LAUSD preschool intake department as she has concerns about Amit's speech development and hearing loss.

Areas of Strength: Amit is a pleasant 3.10 year girl who is very shy and reserved. Formal language test was attempted using PLS-5 but Amit refused to participate and was non-compliant throughout the session. However, based on parent interview, Amit is able to understand 1-2 step directions, prepositions (above, below, near, behind, front) and analogies. She is able to count from 1-15, sing songs (but it is not clear), uses concepts such as small/big and plurals. Amit has vocabulary of approximately 100 words in Hebrew and is able to generate 2-3 word utterances to express her wants and needs and thoughts and ideas. As reported by parent, she also attempts to tell simple short stories of events.

Areas of Need: During the assessment process, Amit was shy and non-compliant. Refused to participate and thus formal testing was not completed. Based on Parent interview, Amit currently has limited vocabulary and emerging in expanding her vocabulary and sentence structure. Amit's speech is reportedly unclear and she gets easily frustrated when someone doesn't understand her speech.

Impact of Disability: Amit's history of hearing loss and limited receptive and expressive language skills will directly impact her communication and participation in preschool oral language activities.

Recommendation: Comprehensive Speech and Language assessment to determine her current speech and language skills.

Suhasini Shome M.S CCC-SLP  
Speech Language Pathologist

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]



## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     Date of Birth  Meeting Date

Last First MI

## Section E: Present Level of Performance

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

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

Strengths- Amit responds to basic questions such as 'what color is this?' and can follow two step related, familiar directions. Per parent report, based on speech therapist's report in Israel, Amit can identify 100 words in Hebrew. When called from across a room, Amit will turn and localize to her name being called. Per parent report, Amit utilizes the plural form of words. When asked, Amit can give her name, age and favorite color in Hebrew. In a quiet setting, Amit was observed to listen to object names in Hebrew such as ball, cake, horse, fish and point to the correct picture. Amit was observed to sequence two critical elements in a message.

Needs- Amit needs to work on following multistep directions in the classroom setting.

Impact of Disability: Amit's eligibility of HOH, manifested in a moderate sensorineural hearing loss at the right ear and a moderate to mild sensorineural hearing loss at the left ear affects her ability to understand information presented through audition alone which impacts her access to and progress in the general education curriculum.

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

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

Strengths- Amit is able to communicate her wants and needs in her native language of Hebrew. According to her parent, she knows about 100 words in Hebrew. Amit is incredibly shy but when asked a question she knows the answer to, she will answer within 5 seconds (in Hebrew). When responding to questions, she is able to use 2-3 words as reported by her Hebrew school teacher. Amit makes eye contact when speaking to an adult. Amit knows her colors and shapes (in her native language). When asked, Amit can give her name, age and favorite color in Hebrew. Amit is able to sing common songs in Hebrew as reported by both her parent and teacher.

Needs- Amit needs to work on expanding her sentences to 4 or more words when expressing her wants and needs.

Impact of Disability: Impact of Disability: Amit's eligibility of HOH, manifested in a moderate sensorineural hearing loss at the right ear and a moderate to mild sensorineural hearing loss at the left ear affects her ability to understand information presented through audition alone which impacts her access to and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student RABINA AMIT  
Last First MI

Date of Birth 19-JUL-2015

Meeting Date 03-JUL-2019

Section E: Present Level of Performance

Performance Area: Auditory Learning

Assessment/Monitoring Process Used: Informal Observations, Teacher and Parent comments, ASIPs

State/District Assessment Results:

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

Strengths- According to her Hebrew Camp teacher, she responds using sentences. Amit looks for the sound source in the classroom. She is able to attend to the speaker for an extended period of time. Per teacher report, she is able to discriminate between a linguistic and non linguistic sound. She follows oral stereotypical directions (1 step, possibly two steps). She is able to repeat the Ling 6 sounds from a distance of 3 and 6 feet from the speaker. When asked, she is able to tell the speaker her name and favorite color. (All of this she is able to do in Hebrew). Amit was observed to follow two critical elements in a message in a quiet setting from 2 feet.

Needs- Amit needs to work on recalling 3 critical elements of a message.

Impact of Disability: Amit's eligibility of HOH, manifested in a moderate sensorineural hearing loss at the right ear and a moderate to mild sensorineural hearing loss at the left ear affects her ability to understand information presented through audition alone which impacts her access to and progress in the general education curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student RABINA AMIT Date of Birth 19-JUL-2015 Meeting Date 03-JUL-2019
Last First MI

Section F: Eligibility

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

Health; General ability/cognition; school readiness skills; motor skills; communication; social-emotional functioning; self-help skills; audiology

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: HOH Hard of Hearing
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:

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student    Date of Birth  Meeting Date   
 Last First MI

Section G: Annual Goals and Objectives

Performance Area:  Annual Goal #:

RABINA AMIT will enter a group of children and play cooperatively for at least 20 minutes, on four occasions during a school week.

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:

RABINA AMIT will work/play cooperatively with one other child for at least 10 minutes, on 4 occasions during a school week.

Incremental objective #2 related to the goal:

RABINA AMIT will enter a group of children and play cooperatively for at least 10 minutes, on 4 occasions during a school week.

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"/>

**Los Angeles Unified School District**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student    Date of Birth  Meeting Date   
 Last First MI

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

With support as needed, Amit will follow 3 step directions with 80% accuracy in 4/5 trials as measured by teacher observations.

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

**Methods of Evaluation**

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

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

With maximum teacher support, Amit will follow 2 step directions with 70% accuracy in 3/5 trials as measured by teacher observations.

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

With fading support, Amit follow 2-3 step directions with 75% accuracy in 3/5 trials as measured by teacher observations.

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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **RABINA** **AMIT**  Date of Birth **19-JUL-2015** Meeting Date **03-JUL-2019**  
 Last First MI

Section G: Annual Goals and Objectives

Performance Area:  Annual Goal #:

Amit will relate personal experiences and/or respond to questions by answering simple WH-questions (who, what, where, when) with 80% accuracy in 4 out of 5 trials, given minimal (1-2) models, prompts, and/or cues, as measured by informal 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:

Amit will relate personal experiences and/or respond to questions by answering simple WH-questions (who, what, where, when) with 60% accuracy in 3 out of 5 trials, given maximum (more than 5) models, prompts, and/or cues, as measured by informal observation.

Incremental objective #2 related to the goal:

Amit will relate personal experiences and/or respond to questions by answering simple WH-questions (who, what, where, when) with 70% accuracy in 7 out of 10 trials, given moderate (3-4) models, prompts, and/or cues, as measured by informal 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	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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student    Date of Birth  Meeting Date   
 Last First MI

Section G: Annual Goals and Objectives

Performance Area:  Annual Goal #:

With support as needed, Amit will recall three critical elements in a message with 80% accuracy in 4/5 trials as measured by teacher observations.(ASIPS 2.1.3)

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With maximum teacher support, Amit will recall 1-2 critical elements in a message with 80% accuracy in 4/5 trials as measured by teacher observations.(ASIPS 2.1.1)

Incremental objective #2 related to the goal:

With maximum teacher support, Amit will recall two critical elements in a message with 70% accuracy in 3/5 trials as measured by teacher observations.(ASIPS 2.1.2)

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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **RABINA** **AMIT**  Date of Birth **19-JUL-2015** Meeting Date **03-JUL-2019**  
 Last First MI

Section G: Annual Goals and Objectives

Performance Area:  Articulation Skills Annual Goal #:

Amit will increase overall speech clarity by producing age appropriate consonants in words and phrases (2-4 words) with minimal (1-2) prompting with 80% accuracy in 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:

Amit will increase overall speech clarity by producing age appropriate consonants in words, phrases (2-3 words utterances) with maximum prompting with 45% accuracy in 4/5 opportunities.

Incremental objective #2 related to the goal:

Amit will increase overall speech clarity by producing age appropriate consonants in words, phrases (2-3 word utterances) with moderate prompting with 60% accuracy in 4/5 opportunities.

Date to be achieved:  November  2019  MO/YR Date to be achieved:  March  2019  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"/>



Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student    Date of Birth  Meeting Date   
 Last First MI

Section G: Annual Goals and Objectives

Performance Area:  Annual Goal #:

With fading teacher support, Amit will let an adult know if her hearing aids are not functioning properly with 80% accuracy in 4/5 trials as measured by teacher charted observations.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

With maximum teacher support, Amit will let an adult know if her hearing aids are not functioning properly with 80% accuracy in 4/5 trials as measured by teacher charted observations.

Incremental objective #2 related to the goal:

With moderate teacher support, Amit will let an adult know if her hearing aids are not functioning properly with 80% accuracy in 4/5 trials as measured by teacher charted observations.

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   
Last

First

MI

Date of Birth

Meeting Date

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

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

**DRDP-A** - (Adaptations identified below are applicable)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

Last First MI

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services?  Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student    Date of Birth  Meeting Date

**Section Q: Parent Participation and Consent**

Parent Participation	Parent Notification		
<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.	Method	Whom	When
	<input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Student	TSF

*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)   Date

Parent  
  Guardian  
  Student age 18-21 years age 18-21  
  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

**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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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="ADVA LOUTATY"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="GILAD RABINA"/>	<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"/>	<input type="text"/>
Administrative Designee	<input type="text" value="HEIDI SPERBER"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="NEIL LEWIS"/>	<input type="text"/>
General Education Teacher	<input type="text" value="ANNE PETERSEN"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="EMILY HRUBY"/>	<input type="text"/>
Related Service Staff <input type="text" value="DHH"/>	<input type="text" value="STACY JACOBSON"/>	<input type="text"/>
Related Service Staff <input type="text" value="DHH"/>	<input type="text" value="MARIA PEZZULO"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Advocate"/>	<input type="text" value="Luciana Granach"/>	<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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student     
Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

<input 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. 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.

<b>Step A.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input type="radio"/> Yes <input 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.
<div style="border: 1px solid black; height: 60px;"></div>	

<b>Step B.</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.
<div style="border: 1px solid black; height: 60px;"></div>	



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step 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: 60px;"></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: 60px;"></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: 60px;"></div>		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last

First

MI

Date of Birth

Meeting Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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



Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Last: RABINA, First: AMIT, MI: [ ], Date of Birth: 19-JUL-2015, Meeting Date: 03-JUL-2019

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: [ ]	[ ]
Eligibility: (from Page 4)		<b>Eligible (HOH)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	[ ]
Placement	Type of School	Preschooler Non-LAUSD/Not Headstart	[ ]
	Name of School	SP ED INF/PRE (1989)	[ ]
		MAR VISTA EL	[ ]
Instructional Setting	Setting	DIS Only - Preschooler	[ ]
	Program	GE	[ ]
	Special Day Minutes/Wk	0	[ ]
	Addresses Goals	(Expressive Language),(Auditory Learning), (Receptive Language),(Social Emotional),(School Readiness),(School Readiness)	[ ]
Additional Factors	Low Incident Support	Yes (DHH-Eligibility)	[ ]
	Assistive Technology Support	No	[ ]
	Transportation	None	[ ]
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	[ ]
Parent Counseling and Training (PCT)		<input checked="" type="radio"/> Yes <input type="radio"/> No	[ ]
	ESY Transportation	[ ]	[ ]
Accommodation, Modifications, Supports	Instructional Accommodations	Flexible, preferential seating in class in close proximity to the primary speaker or learning activity; attention should be gained prior to delivery of auditory information, teacher should face student when speaking to maximize visual cues; rephrase/restate information as needed for clarification; make frequent checks for understanding, minimize background noise as possible; and provide visual/graphic supplements for materials when available. For all curriculum and assessments that require Amit to respond to audio/listening stimuli, Amit will have access to hearing and/or amplification technology as appropriate.	[ ]
	Instructional Modifications	[ ]	[ ]
	Other Supports, including Non-Academic and Extra-curricular Activities	[ ]	[ ]
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input checked="" type="radio"/> Yes <input type="radio"/> No	[ ]
	If the Parent does not agree, specify the area(s) to be reassessed.	[ ]	[ ]
Comments, as appropriate			
Low Incidence Equipment	Hearing Technology		
Assistive Technology Equipment	[ ]		

Participation in  
General Education

--

**Los Angeles Unified School District**  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**IEP FAPE Part 2 - Summary of Services**

Student:     
 Last First MI Date of Birth:  Meeting Date:

Effective With This IEP Future Changes Related To This IEP

**Service 1**  
**10**  
**Language/Speech**

Start Date: Effective on Signature Date  
 End Date:  
 Service applies to: ESY  
 Frequency: 1-10  
 Interval: Weekly

This service addresses the following goals:

(Receptive Language)	Minutes/Interval:	30
(Expressive Language)	Minutes/Interval (Pullout from Gen Ed):	30
(Articulation Skills)		

Service Delivery Model: Direct Service (By a Single Provider)  
 \*  
 Area: School-Based  
 Responsible Personnel: Licensed/Credentialed Provider

\*

**Service 2**  
**05**  
**Deaf/Hard of Hearing Itinerant**

Start Date: Effective on Signature Date  
 End Date:  
 Service applies to: ESY  
 Frequency: 1-5  
 Interval: Weekly

This service addresses the following goals:

(Auditory Learning)	Minutes/Interval:	40
(Self-Advocacy DHH)	Minutes/Interval (Pullout from Gen Ed):	0

Service Delivery Model: Direct Service (Collaborative)\*  
 Responsible Personnel: Licensed/Credentialed Provider

\*

<b>Service 3</b>	Start Date:	Effective on Signature Date	
<b>05</b>	End Date:		
<b>Deaf/Hard of Hearing Itinerant</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
(Auditory Learning)	Minutes/Interval:	60	
(Self-Advocacy DHH)	Minutes/Interval (Pullout from Gen Ed):	30	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

\*

<b>Service 4</b>	Start Date:	Effective with Future Changes	20-AUG-2019
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Weekly	
(Receptive Language)	Minutes/Interval:	60	
(Expressive Language)	Minutes/Interval (Pullout from Gen Ed):	60	
(Articulation Skills)	Service Delivery Model:	Direct Service (By a Single Provider)	**
	Area:	School-Based	
	Responsible Personnel:	Licensed/Credentialed Provider	

\*\*

**Notes:**

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

**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	4
---	---

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

Placement options were discussed including Amit's current private preschool program with DHH Itinerant support and a Listening and Spoken Language DHH SDC. At this time, the IEP team agrees that a Amit's parentally placed private preschool with DHH Itinerant support is appropriate at this time. During the IEP the team did offer for the parent to visit the ESY Listening and Spoken Language DHH SDC program and if they would rather the IEP could be recessed and they could visit the Listening and Spoken Language DHH SDC program at Palms in Fall 2019 in order to see the school of possible attendance with possible mainstreaming opportunities.

Parent stated they would continue Amit in the private school but would like to note that Parent would like to visit the DHH program to possibly reconsider placement options. The IEP team discussed that some services could be missed during the summer if the IEP was recessed.

The Deaf and Hard of Hearing Itinerant teacher will consult with Amit's classroom teacher for 15 minutes per week in addition to her 60 minutes direct service time weekly. Amit's 60 minutes of Deaf and Hard of Hearing Itinerant service will be 30 minutes push in the classroom and 30 minutes pullout of the classroom (contingent on the private school providing a space for them).

At the time of IEP the parent via advocate requested AVT assessment. Dhh personnel stated an AVT screening would be conducted in Fall 2019.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**IEP FAPE Part 2 - Summary of Services**

Los Angeles Unified School District

Student     Meeting Date

Last First MI

**FAPE Summary Grid**

<b>Program:</b>	GE		<b>Setting:</b>	DIS Only - Preschooler				
<b>Eligibility:</b>	Eligible (HOH)		<b>Curriculum:</b>	General Education				
<b>Transportation:</b>	None		<b>Low Incident Support:</b>	Yes (DHH-Eligibility)				
<b>Date District Received</b>								
<b>Parent Signature:</b>								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
05	Deaf/Hard of Hearing Itinerant	Effective on Signature Date	Regular	Weekly	1-5	~	60	Auditory Learning, Self-Advocacy DHH
05	Deaf/Hard of Hearing Itinerant	Effective on Signature Date	ESY	Weekly	1-5	~	40	Auditory Learning, Self-Advocacy DHH
10	Language/Speech	Effective on Signature Date	ESY	Weekly	1-10	School-Based	30	Receptive Language, Expressive Language, Articulation Skills
10	Language/Speech	Effective with Future Changes 20-Aug-2019	Regular	Weekly	1-10	School-Based	60	Receptive Language, Expressive Language, Articulation Skills

**For IEP Team Information**

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



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

Los Angeles Unified School District

Attachment B

Student AMIT RABINA

Date of Birth 19-JUL-2015

Meeting Date 03-JUL-2019

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

**Complete Step 1a or 1b**

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

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

**Step 1b. Interventions Not Applicable**

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

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

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

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

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

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

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

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