

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number  SSID

**Eligible (SLD)**

Student      
 Last First MI

Date of Birth:

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting <input type="text" value="23-OCT-2017"/>	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting <input type="text" value="24-FEB-2021"/>	
Annual Review to be conducted by <input type="text" value="24-FEB-2022"/>	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Next Three Year Review will be conducted by <input type="text" value="24-FEB-2024"/>	<input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Three Year Review or Evaluation was conducted on <input type="text" value="24-FEB-2021"/>	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Transition to Kindergarten to be conducted by <input type="text"/>	<input type="text"/>

Location of Meeting  District Name

Section B: Student Information

Date of Birth  Age  Grade

Gender  Male  Female Limited English Proficient Student  Yes  No Ethnic Code

Location of the Psych Folder  Student has no Psych Folder

Location of the Cum Folder  Student has no Cum Folder

Home Language  Student Language  Alternate Mode of Communication

Home Address of Student

City  CA ZIP Code

Home Telephone  Daytime Telephone

School of Attendance  Location Code

School of Residence  Location Code

Name of Parent/Guardian  Telephone

Address

City  CA ZIP Code

Surogate Parent  Telephone

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

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

Is FFH Provider related to student?  No  Yes Relationship

Licensed Children's Institution  No  Yes LCI Name

Out of the home placement made by  Regional Center  Department of Mental Health  Department of Children's Services

Superior Court  Other

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    MI

Date of Birth

Last First

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" value="READING"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="Progress towards goals cannot be measured as IEP.."/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value="was not implemented.."/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value="due to private school enrollment by the parent."/>
<b>2</b> <input type="text" value="WRITING"/>	<input type="radio"/>	<input type="radio"/>	<input type="text" value="Progress towards goals cannot be measured as IEP.."/>
<b>Category</b> <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value="was not implemented.."/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text" value="due to private school enrollment by the parent."/>
<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"/>

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

ROBO

SHIRA

Last

First

MI

Date of Birth

18-DEC-2008

Meeting Date

24-FEB-2021

## Section E: Present Level of Performance

Performance Area:

Reading

Category:

Assessment/Monitoring Process  
Used:

Review of records, parent/teacher input

State/District Assessment Results:

N/A

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

Relative Strength(s): Based on previous and current data collected, Shira is able to read simple high frequency words in isolation. She is able to fill in the blank with a missing word to complete a sentence. Her current teacher noted that Shira is 'thoughtful' and 'creative.'

Area(s) of concern: Based on previous and current data collected, Shira exhibits concern in the area of determining central idea of a text/passage. She exhibits a need in the area of reading fluency. Shira makes frequent miscues when reading which impacts her comprehension.

Parent Input: Mother stated during a phone interview that Shira 'reads okay' and that she usually reads books at her great level. In the area of reading comprehension, mother stated that she has good comprehension but it's hard to judge this school year. There has been great progress as Shira has learned English and has become a part of the school.

Impact of Disability: Shira's Specific Learning Disability (SLD) affects her ability to retain, recall key details of a passage/text, which impacts her involvement and progress in the general education reading curriculum.

Performance Area:

Writing

Category:

Assessment/Monitoring Process  
Used:

Review of records, parent/teacher input

State/District Assessment Results:

N/A

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

Relative Strength(s): Based on a review of records, Shira performed within the lower average range (SS 86). The Sentence Writing Fluency Test measured Shira's skill in formulating and writing simple sentences quickly. She was required to write sentences in response to pictures that included a set of three words. In addition, she scored in the average range (SS 89) in the area of writing samples. She was asked to produce written sentences that were evaluated with respect to the quality of expressions. Teacher input indicated that she writes in complete sentences.

Area(s) of concern: Based on review of records, she struggles with spelling. Her most recent assessment indicated that she scored in the below average range in the area of spelling. The Spelling Test measured Shira's ability to write orally presented words correctly. Shira is inconsistent in punctuation and capitalization. As a result, Shira is unable to demonstrate command of the conventions of standard English capitalization, punctuation, and spelling when writing.

Parent Input: Mother stated during a phone interview that Shira make some 'spelling errors' and is able to 'express herself' in writing. Family states that during the Initial IEP, student had just come to the United States which may have affected her scores due to lack of English skills.

Impact of Disability: Shira's specific learning disability (SLD) affects her ability to apply sound/symbol knowledge to spelling words, which impacts her involvement and progress in the general education writing curriculum.

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Los Angeles Unified School District

Student

ROBO

SHIRA

Last

First

MI

Date of Birth

18-DEC-2008

Meeting Date

24-FEB-2021

## Section E: Present Level of Performance

Performance Area:

Mathematics

Category:

Assessment/Monitoring Process  
Used:

Review of records, parent/teacher input

State/District Assessment Results:

N/A

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

Relative Strength(s): Based on a review of records, Shira is able to add, subtract, multiplication, and divide basic facts. She is able to complete simple word problems. Shira is able to explain the steps she takes to solve math problems involving regrouping. Based on most recent assessment, Shira scored in the average range in the area of applied problems (SS 100). This assessment measured her ability to analyze and solve math problems that were read to her.

Area(s) of concern: Based on data collected, Shira scored in the below average range (SS 83) in the area of math calculations. This subtest measured her ability to perform mathematical computations. She was asked to solve as many problems as she could. She has made inverse operation errors. Mother stated that she would benefit from a goal in solve equations.

Parent Input: Mother stated during a phone interview, that 'she needs extra help with explanations.' Mother stated that Shira knows her addition, subtraction, multiplication, and division facts. She would like to see support in the area of algebra since she starting this in school (equations).

Impact of Disability: Shira's specific learning disability (SLD) affects her ability to complete math tasks that require reading complex word problems and requiring multi-steps to solve, which impacts her involvement and progress in the general education math curriculum.

Performance Area:

Vocational Education

Category:

Assessment/Monitoring Process  
Used:

Review of records, parent/teacher input

State/District Assessment Results:

N/A

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

Relative Strength(s): Based on current teacher input, Shira is getting a 'B' in her English and Science classes. Her English teacher indicated that Shira is cooperative and seeks help when needed. Shira's current science teacher indicated that she 'has been able to meet expectations of the class by completing computer simulations, preparing CER write ups, completing scientific investigations, etc.' In addition, her teacher stated that she 'has been mostly successful in the class and excels at participating in the class and completing assignments.'

Area(s) of Concern: Based on teacher input, Shira needs extra time to complete in-class assignments. She can be easily distracted in class. She is inconsistent in completing classwork.

Parent Input: Mother indicated that she is currently back to in-school learning which may help her progress. As of the date of the IEP, Shira is receiving an 'A' in Science.

Impact of Disability: Shira's specific learning disability (SLD) affects her ability to keep up with the pace of tasks and complete assignments by due dates, which impacts her involvement and progress in the general education curriculum in all classes.

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SHIRA

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Meeting Date

24-FEB-2021

Section E: Present Level of Performance

Performance Area:

Health

Category:



Assessment/Monitoring Process Used:

Review of School Health Records, Interview with Parent, Screenings

State/District Assessment Results:

n/a

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

LAUSD schools are closed at this time due to the COVID-19 pandemic. Health information is gathered from a review of health records and conference with parent/guardian. Vision and hearing information are the most current documented in the health record.

Health Summary: Shira Robo is a 12-year-old female in the 6th grade attending Kadima Day School. Per Mother, Shira does not take any medication at home or school. Mother reported she has no other significant health history of serious or chronic illness, allergies, injury, accident, surgery or hospitalization for the past 3 years.

Strengths: Per Mother, she is in good general physical health. Mother reported during Shira's physical exam, she passed her hearing and vision on 11-3-2020 at the doctor's office with no concerns. Mother reported she is independent with activities of daily living and mobility.

Areas of Need: Health is not an area of need.

Impact of Disability: Student's health does not impact her participation, performance, and access in her educational program.

Accommodations/Modifications: None.

Tracy Pajela, BSN, RN, PHN  
School Nurse  
2-23-2021

Performance Area:

[Empty text box]

Category:



Assessment/Monitoring Process Used:

[Empty text box]

State/District Assessment Results:

[Empty text box]

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

[Empty text box]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ROBO SHIRA MI  
Last First MI

Date of Birth 18-DEC-2008

Meeting Date 24-FEB-2021

Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

- Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

- Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

Final IEP Reason: [Empty] Final IEP Effective Date: [Empty]

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When given a grade level text/passage to read, Shira will determine a central idea of a text by recalling at least (3) key details to support her conclusion with teacher support in the form of modeling and guidance as measured by student work samples in 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a grade level text/passage to read, Shira will determine a central idea of a text by recalling at least (3) key details to support her conclusion with teacher support in the form of modeling and guidance as measured by student work samples in 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

When given a grade level text/passage to read, Shira will determine a central idea of a text by recalling at least (3) key details to support her conclusion with teacher support in the form of modeling and guidance as measured by student work samples in 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"/> 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

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When writing, Shira will demonstrate command of the conventions of standard English by using correct spelling with teacher guidance as measured by student work samples in 5 trials with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When writing, Shira will demonstrate command of the conventions of standard English by using correct spelling with teacher guidance as measured by student work samples in 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

When writing, Shira will demonstrate command of the conventions of standard English by using correct spelling with teacher guidance as measured by student work samples in 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	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Shira will use variables to represent numbers when given real-world or mathematical problem to solve with the support in the form of teacher modeling as measured by student work samples in 5 opportunities with 80% accuracy.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shira will use variables to represent numbers when given real-world or mathematical problem to solve with the support in the form of teacher modeling as measured by student work samples in 5 opportunities with 60% accuracy.

Incremental objective #2 related to the goal:

Shira will use variables to represent numbers when given real-world or mathematical problem to solve with the support in the form of teacher modeling as measured by student work samples in 5 opportunities 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	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 G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

When given assignments in class to complete, Shira will complete and submit the assignments with minimal prompting within (2) days after the due date in all classes with 90% accuracy as measured by student logs.

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 assignments in class to complete, Shira will complete and submit the assignments with minimal prompting within (2) days after the due date in all classes with 80% accuracy as measured by student logs.

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

When given assignments in class to complete, Shira will complete and submit the assignments with minimal prompting within (2) days after the due date in all classes with 85% accuracy as measured by student logs.

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**

ROBO

SHIRA

Last

First

MI

**Date of Birth**

18-DEC-2008

**Meeting Date**

24-FEB-2021

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

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

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

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

**CAASPP Subject**

ELA and Math

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last First MI

Date of Birth

Meeting Date

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 ROBO SHIRA MI Last First MI

Date of Birth 18-DEC-2008

Meeting Date 24-FEB-2021

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Rows: Email H.K. 04-FEB-2021, Email H.K. 27-JAN-2021

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

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

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

- Parent/Student (18-21) AGREES to all components of the IEP.
Parent/Student (18-21) AGREES o all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:
Assessment Specify
Eligibility Specify
Instructional SettingSpecify
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

I would like you to take an in person assessment whenever possible Due to Covid-19.
I would like that the diagnosis to be based not just on 2 teachers that know Shira very short time, only over the zoom.

Signature(s)

Signature(s)

Date 02-MAR-2021

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

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

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

Signature(s)

Signature(s)

Date 24-FEB-2021

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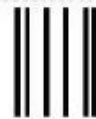
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Please fold along dotted lines with the address showing. Seal and mail. Postage is pre-paid.  
Again, Thank you!

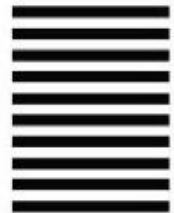


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student     
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Gila Robo"/>	<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"/>	<input type="text"/>
Administrative Designee	<input type="text" value="B. Kim"/>	<input type="text" value="Bo Kim-Chang"/>
Special Education Teacher	<input type="text" value="O. Ascencio"/>	<input type="text" value="O. Ascencio"/>
General Education Teacher	<input type="text" value="G. Gomez"/>	<input type="text" value="G. Gomez"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text" value="T. Pajela"/>	<input type="text" value="T. Pajela"/>
Related Service Staff <input type="text" value="private school consultant"/>	<input type="text" value="K Hacker"/>	<input type="text" value="K Hacker"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="Cousin"/>	<input type="text" value="Maya Illouz"/>	<input type="text" value="Maya Illouz"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

<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.

**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: 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>	

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 checked="" type="checkbox"/>	Other: <input type="text" value="N/A"/>

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" value="02-MAR-2021"/>	<input type="text"/>
Eligibility: (from Page 4)		<b>Eligible (SLD)</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 Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="COLUMBUS MS"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="0"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing),3(Mathematics),4(Vocational Education)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Parent Counseling and Training (PCT)	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Extra time to complete assignments up to (2) days past the due date. Check with student for understanding. Clarify directions if needed. Access to graphic organizers/Thinking Maps prior to writing. Teacher modeling/guided practice."/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extracurricular Activities	<input type="text" value="Learning Center"/>	<input type="text"/>
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text" value="Full Comprehensive"/>	<input type="text"/>
<b>Comments, as appropriate</b>			
Low Incidence Equipment	<input type="text"/>		

<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 02-MAR-2021		
<b>RSP</b>	End Date:			
<b>RSP</b>	Service applies to:	Regular		
	Frequency:	1-5		
This service addresses the following goals:	Interval:	Weekly		
	Minutes/Interval:	100		
	Minutes/Interval (Pullout from Gen Ed):	0		
	Service Delivery Model:	RSP: Collaborative Teaching and Planning*		
	RSP Area:	Literacy/ELA/ELD		
	Responsible Personnel:	Resource Specialist Teacher		
		General Education Teacher		
*				
<b>Service 2</b>	Start Date:	Effective on Signature Date 02-MAR-2021		
<b>RSP</b>	End Date:			
<b>RSP</b>	Service applies to:	Regular		
	Frequency:	1-5		
This service addresses the following goals:	Interval:	Weekly		
	Minutes/Interval:	250		
	Minutes/Interval (Pullout from Gen Ed):	250		
	Service Delivery Model:	RSP: Direct Instruction Services*		
1(Reading)				
2(Writing)				
3(Mathematics)				
4(Vocational Education)				

	RSP Area:	Multiple Academic Areas	
	Responsible Personnel:	Resource Specialist Teacher	

\*

<b>Service 3</b>	Start Date:	Effective on Signature Date 02-MAR-2021	
<b>RSP</b>	End Date:		
<b>RSP</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
3(Mathematics)	Minutes/Interval:	100	
4(Vocational Education)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	RSP: Collaborative Teaching and Planning*	
	RSP Area:	Math	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	

\*

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

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	16	

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

Services related to health are suspended until student returns to an LAUSD campus with valid and current authorization for health services.

LAUSD school facilities are closed at this time due to the COVID-19 national pandemic. STUDENT will receive educational services as described in the Distance Learning Plan (DLP) recommended by the IEP team.

IEP Team recommends for a full comprehensive assessment to be conducted when LAUSD reopens to determine student's needs, as these assessments were not conducted prior to this IEP due to the COVID-19 national pandemic.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student ROBO SHIRA MI Last First MI

Date of Birth 18-DEC-2008

Meeting Date 24-FEB-2021

SPECIFIC LEARNING DISABILITIES CERTIFICATION

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

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

Empty text box for describing medical conditions.

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

Empty text box for describing behavior noted in general education setting.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)
Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)
Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

5. The Team agrees that the discrepancy is not primarily the result of:
Limited school experience, Poor school attendance, Environmental, economic or cultural disadvantage, Social maladjustment, Intellectually Disabled, Visual, hearing or motor impairment, Unfamiliarity with the English language



## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student Date of Birth Meeting Date 

Last

First

MI

## FAPE Summary Grid

<b>Program:</b>	GE	<b>Setting:</b>	General Education					
<b>Eligibility:</b>	Eligible (SLD)	<b>Curriculum:</b>	General Education					
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None					
<b>Date District Received Parent Signature:</b>	02-Mar-2021							
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	Reading, Writing, Vocational Education
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Multiple Academic Areas	250	Reading, Writing, Mathematics, Vocational Education
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	100	Mathematics, Vocational Education

## Alternative Remote/Distance Learning Services During Emergency Conditions

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

## Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):

	Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
Specialized Academic Instruction and Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.**