

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 051709M044 SSID 4431482504

Eligible (SLD)

Student SCHWARZK ITAMAR C  
Last First MI

Date of Birth: 17-MAY-2009

Section A: Meeting Information

| Pertinent Dates   | Type of Meeting   |
|---|---|
| Date of Initial IEP Team Meeting: 02-NOV-2017                 | <input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated                  |
| Date of Present Meeting: 30-OCT-2020                          | <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition            |
| Annual Review to be conducted by: 16-OCT-2021                 | <input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis |
| Next Three Year Review will be conducted by: 16-OCT-2023      | <input type="radio"/> Other <input type="radio"/> Individual Transition Plan                |
| Three Year Review or Evaluation was conducted on: 16-OCT-2020 |   |
| Transition to Kindergarten to be conducted by:                |   |

Location of Meeting: Portola CM/Virtual District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 17-MAY-2009 Age: 11 Grade: 6  
 Gender:  Male  Female Limited English Proficient Student:  Yes  No Ethnic Code: White  
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:   
 Location of the Cum Folder: PORTOLA CM Student has no Cum Folder:   
 Home Language: English Student Language: English Alternate Mode of Communication:  
 Home Address of Student: 19529 FRIAR ST  
 City: TARZANA CA ZIP Code: 91335  
 Home Telephone: (818) 798-8774 Daytime Telephone:  
 School of Attendance: Portola Cm Location Code: 8107  
 School of Residence: Portola Cm Location Code: 8107  
 Name of Parent/Guardian: Telephone:  
 Address: City: CA ZIP Code:  
 Surogate Parent: Telephone:  
 Attends CURRENT SCHOOL as a result of one of the following: Attends School of Residence  
 Is the student living in a Family Foster Home (FFH)?  No  Yes FFH#:  
 Is FFH Provider related to student?  No  Yes Relationship:  
 Licensed Children's Institution:  No  Yes LCI Name:  
 LCI#:  
 Out of 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     
 Last First MI

Date of Birth

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 (VCCALPS):  Test Date:

Section D: Goal Achievement from Current IEP

|                               |   | Achieved                         |                                  |   |
|-------------------------------|---|----------------------------------|----------------------------------|---|
| Goal for: (example - Reading) |   | Yes                              | No                               | If No, explain the reason the goal/objective was not achieved             |
| 1                             | <input type="text" value="Reading"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs practice analyzing text"/>                |
| Category                      | <input type="text" value="Functional Reading"/> |                                  |                                  |   |
|                               | Objective 1 met                                 | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>  |
|                               | Objective 2 met                                 | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs practice analyzing text"/>                |
| 2                             | <input type="text" value="Mathematics"/>        | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Learning how to break a problem into parts"/>   |
| Category                      | <input type="text" value="Math"/>               |                                  |                                  |   |
|                               | Objective 1 met                                 | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text"/>  |
|                               | Objective 2 met                                 | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Learning how to break a problem into parts"/>   |
| 3                             | <input type="text" value="Writing"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text" value="Needs practice writing multi-paragraph essay"/> |
| Category                      | <input type="text"/>                            |                                  |                                  |   |
|                               | Objective 1 met                                 | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="text" value="Needs practice writing multi-paragraph essay"/> |
|                               | Objective 2 met                                 | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="text"/>  |
| 4                             | <input type="text"/>                            | <input type="radio"/>            | <input type="radio"/>            | <input type="text"/>  |
| Category                      | <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"/>  |
| Category                      | <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"/>  |
| Category                      | <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"/>  |
| Category                      | <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"/>  |
| Category                      | <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"/>  |
| Category                      | <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"/>  |
| Category                      | <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 SCHWARZK  
LastITAMAR  
FirstC  
MI

Date of Birth 17-MAY-2009

Meeting Date 30-OCT-2020

## Section E: Present Level of Performance

Performance Area: Reading

Category: 

Assessment/Monitoring Process Used: Teacher reports/Observation

State/District Assessment Results: 2018 SBAC 2398 Standard not met

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

Data and progress reporting is based upon Welligent documentation prior to the March 16, 2020 COVID-19 school facility closures. This data may not be reflective of student's present level as of the date of today's IEP and does not imply regression.

Strengths: Itamar can identify main ideas and supporting details within text. He is able to can read grade level with some understanding. He is able to identify the plot, and can identify characters and setting. He is able to sequence events in the text.

Needs: Itamar struggles with comprehension of grade level text. He often rushes through the text, and requires multiple attempts to reread the passage to further his comprehension .Itamar's teacher reports that he is having difficulties with figurative language. He needs to cite textual evidence to support analysis of the text.

Impact of Disability: Itamar's eligibility of specific learning disability impacts his ability to cite textual evidence, impacting his participation and progress in the general education reading curriculum

Performance Area: Writing

Category: 

Assessment/Monitoring Process Used: Teacher reports, observation

State/District Assessment Results: 

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

Data and progress reporting is based upon Welligent documentation prior to the March 16, 2020 COVID-19 school facility closures. This data may not be reflective of student's present level as of the date of today's IEP and does not imply regression.

Strengths: Itamar can produce a multi-paragraph essay with supports and graphic organizers. He is able to use proper capitalization, and some appropriate punctuation within his sentences . He is able to write complete sentences .

Needs: Itamar needs practice adding details from text into his writing. He needs practice using academic vocabulary within his writing. Itamar needs to use correct grammar and correct verb usage. Itamar needs to develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach.

Impact of Disability: Itamar's eligibility of Specific Learning Disability impacts his ability to develop and strengthen writing as needed by revising, impacting his participation and progress in the general education writing curriculum

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Date of Birth 17-MAY-2009

Meeting Date 30-OCT-2020

## Section E: Present Level of Performance

Performance Area:

HEALTH ASSESSMENT

Category:

Assessment/Monitoring Process  
Used:

State/District Assessment Results:

LAUSD HEALTH ASSESSMENT

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

LAUSD SCHOOLS ARE CLOSED DUE TO COVID-19 PANDEMIC.HEALTH INFORMATION IS GATHERED FROM A REVIEW OF HEALTH RECORD AND CONFERENCE WITH PARENT/GUARDIAN. VISION AND HEARING INFORMATION ARE THE MOST CURRENT DOCUMENTED IN THE HEALTH RECORD.

HEALTH SUMMARY: INFORMATION PROVIDED BY HIS MOTHER AND REVIEW OF THE SCHOOL HEALTH RECORD. STUDENT'S CURRENT DIAGNOSIS IS ADD AND HE TAKED 15MG DAYTRANA PATCH DAILY.

STUDENT STRENGTHS: HE PASSED VISION TEST ON 1/31/20 AND PASSED HEARING TEST ON 3/5/20. NO SERIOUS ILLNESS, INJURY, OR HOSPITALIZATION IN THE LAST 3 YEARS.

STUDENT NEEDS: PREFERENTIAL SEATING.

IMPACT OF DISABILITY: STUDENT HEALTH DOES NOT IMPACT HIS PARTICIPATION, PERFORMANCE, AND ACCESS IN HIS EDUCATIONAL PROGRAM.

ACCOMMODATION/MODIFICATION: PREFERENTIAL SEATING.

Performance Area:

Mathematics

Category:

Assessment/Monitoring Process  
Used:

Teacher reports, assessments

State/District Assessment Results:

SBAC 2018 2396 standard not met

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

Data and progress reporting is based upon Welligent documentation prior to the March 16, 2020 COVID-19 school facility closures. This data may not be reflective of student's present level as of the date of today's IEP and does not imply regression.

Strengths: Itamar know his multiplication facts. He can successfully add, subtract, multiply and divide single digits. Itamar can add and subtract decimals. He can successfully find the greatest common factor. He understands ratios. He is learning to convert decimals to fractions.

Needs: Itamar needs practice writing ratios as a fraction in simplest form . He needs practice writing each rate as a unit rate. Itamar needs to solve numerical expressions involving whole-number exponents .

Impact of Disability: Itamar's eligibility of Specific learning Disability impacts his ability to solve numerical expressions involving whole-number exponents , impacting his progress and participation in the general education mathematics curriculum

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Los Angeles Unified School District

Student SCHWARZK ITAMAR C Date of Birth 17-MAY-2009 Meeting Date 30-OCT-2020  
Last First MI

Section E: Present Level of Performance

Performance Area: Voc Ed  
Category:   
Assessment/Monitoring Process Used: Teacher reports/observation  
State/District Assessment Results:

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

Strengths: Itamar has a wonderful attitude. he is positive, participates and asks questions. He is respectful to teachers and adults. He has positive peer relations. Itamar always has his supplies with him.  
Needs: No academic needs  
Impact: No impact

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

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

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Meeting Date 30-OCT-2020

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Itamar will cite at least three pieces of textual evidence to support analysis of the inferences made from the text independently, as measured by work samples, in 3/4 trials to 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:

Itamar will cite one piece of textual evidence to support analysis of the inferences made from the text with teacher modeling, as measured by work samples, in 3/4 trials to 60% accuracy

Incremental objective #2 related to the goal:

Itamar will cite two pieces of textual evidence to support analysis of the inferences made from the text with teacher modeling, as measured by work samples, in 3/4 trials to 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<br>Date: <input type="text"/>  | 2nd Reporting Period<br>Date: <input type="text"/>  | 3rd Reporting Period<br>Date: <input type="text"/>  | 4th Reporting Period (Secondary Only)<br>Date: <input type="text"/>   | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please explain:<br><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 #:

With some guidance and support from peers and adults, Itamar will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, independently, as measured by work samples, in 3/4 trials to 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:

With some guidance and support from peers and adults, Itamar will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, with teacher modeling, as measured by work samples, in 3/4 trials to 60% accuracy

Incremental objective #2 related to the goal:

With some guidance and support from peers and adults, Itamar will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, with teacher modeling, as measured by work samples, in 3/4 trials to 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<br>Date: <input type="text"/>  | 2nd Reporting Period<br>Date: <input type="text"/>  | 3rd Reporting Period<br>Date: <input type="text"/>  | 4th Reporting Period (Secondary Only)<br>Date: <input type="text"/>   | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please explain:<br><input type="text"/>                        |



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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Itamar will write and/or solve numerical expressions involving whole-number exponents independently, as measured by work samples, in 3/4 trials to 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:

Itamar will write and/or solve numerical expressions involving whole-number exponents with teacher modeling, as measured by work samples, in 3/4 trials to 60% accuracy.

Incremental objective #2 related to the goal:

Itamar will write and/or solve numerical expressions involving whole-number exponents with teacher modeling, as measured by work samples, in 3/4 trials to 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<br>Date: <input type="text"/>  | 2nd Reporting Period<br>Date: <input type="text"/>  | 3rd Reporting Period<br>Date: <input type="text"/>  | 4th Reporting Period (Secondary Only)<br>Date: <input type="text"/>   | Goal Achievement   |
|---|---|---|---|--|
| Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Progress Mark:<br><input type="text"/>  | Objective 1 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Is progress sufficient to meet annual goal?<br><input type="radio"/> Yes <input type="radio"/> No   | Objective 2 Met:<br><input type="radio"/> Yes <input type="radio"/> No |
| If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please comment:<br><input type="checkbox"/> Needs More Time<br><input type="checkbox"/> Excess Absence/Tardy<br><input type="checkbox"/> Assignments Not Completed<br><input type="checkbox"/> Need to review/revise Goal<br><input type="checkbox"/> Other<br><input type="text"/> | If "No" please explain:<br><input type="text"/>                        |

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ITAMAR  
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C  
MI

Date of Birth 17-MAY-2009

Meeting Date 30-OCT-2020

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.

|   |  |
|---|--|
| <p><b>Student will participate in Regular State and District Assessments.</b><br/> <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>                                 | <p><b>CAASPP Subject</b><br/>         ELA and Math</p> |
| <p>Designated Supports:</p> <ul style="list-style-type: none"> <li>- Simplified or paraphrased test directions (non-embedded designated support)</li> <li>- Test in a separate/smaller setting</li> </ul> |  |
| <p>Accommodations:</p> <ul style="list-style-type: none"> <li>- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).</li> </ul>   |  |

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Student SCHWARZK ITAMAR C Date of Birth 17-MAY-2009 Meeting Date 30-OCT-2020  
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Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services?  Yes  No

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

Specify the Individual Pages to be translated:

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.

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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 (E. Magrelli, 05-OCT-2020), Email (E. Magrelli, 16-OCT-2020)

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s)

[Signature Box]

Date 10-NOV-2020

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

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

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

Signature(s)

[Signature Box]

Date 30-OCT-2020

## 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.<br>(If your answer to this question is "No", please write concerns below.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          |
|  |                          |                          |                          |
| Additional Comments  |                          |                          |                          |

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

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



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 SCHWARZK  
Last

ITAMAR  
First

C  
MI

Date of Birth 17-MAY-2009

Meeting Date 30-OCT-2020

Section R: Names and Signatures (Signatures on File)

| Team Member                 | Print Name         | Signature |
|-----------------------------|--------------------|-----------|
| Parent/Guardian             | Zohar Schwarzkopf  | Z S       |
| Parent/Guardian             | Ron Schwarzkopf    |           |
| Student Age 18 - 21 years   |                    |           |
| Student Under Age 18 years  |                    |           |
| Surrogate Parent            |                    |           |
| Foster Parent               |                    |           |
| Family Foster Home Provider |                    |           |
| Administrator               |                    |           |
| Administrative Designee     | Jamie Domine       | J D       |
| Special Education Teacher   | Alison Brooks      | AP        |
| General Education Teacher   | Amanda Kim         | AK        |
| School Psychologist         | Nancy Daly         | N D       |
| School Nurse                | Mehrdokht Parsinia | MP        |
| Related Service Staff       |                    |           |
| Related Service Staff       |                    |           |
| Related Service Staff       |                    |           |
| Interpreter                 | Orly Benun         |           |
| Sign Language Interpreter   |                    |           |
| Agency Representative       |                    |           |
| Agency Representative       |                    |           |
| Agency Representative       |                    |           |
| Other                       |                    |           |
| Other                       |                    |           |
| Other                       |                    |           |
| Other                       |                    |           |

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. |
| <div style="border: 1px solid black; height: 80px;"></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: 80px;"></div> |  |  |



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student **SCHWARZK**  
Last

**ITAMAR**  
First

**C**  
MI

Date of Birth **17-MAY-2009**

Meeting Date **30-OCT-2020**

**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. |
|                |   |   |

|                |  |  |
|----------------|--|--|
| <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. |
|                |  |  |

|                |  |  |
|----------------|--|--|
| <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. |
|                |  |  |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SCHWARZK  
Last

ITAMAR  
First

C  
MI

Date of Birth 17-MAY-2009

Meeting Date 30-OCT-2020

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 checked="" type="checkbox"/>  | Diminished access to the full range of the curriculum                 |
|                | <input checked="" type="checkbox"/>  | Missed general education instruction taught by highly qualified staff |
|                | <input checked="" type="checkbox"/>  | Rate at which student may earn credits for graduation                 |
|                | <input checked="" type="checkbox"/>  | Lack of opportunity for social interaction                            |
|                | <input checked="" type="checkbox"/>  | Lack of opportunities for age-appropriate peer role models            |
|                | <input checked="" type="checkbox"/>  | Amount of socialization opportunities with typical peers              |
|                | <input checked="" type="checkbox"/>  | Limited access to peers in student's home community                   |
|                | <input checked="" type="checkbox"/>  | Lack of exposure to appropriate behavioral models from peers          |
|                | <input type="checkbox"/>   | Other: <input type="text"/>   |

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student SCHWARZK ITAMAR C  
 Last First MI

Date of Birth 17-MAY-2009 Meeting Date 30-OCT-2020

|   |   | Effective With this IEP   | Future Changes Related to this IEP |
|---|---|---|------------------------------------|
|   |   | As of Date: 10-NOV-2020   |                                    |
| Eligibility:<br>(from Page 4)   |   | <b>Eligible (SLD)</b>   |                                    |
|   | Final IEP Reason<br>Final IEP Effective Date:   |   |                                    |
| Curriculum  |   | General Education   |                                    |
| Placement   | Type of School  | District Resident School  |                                    |
|   | Name of School  | PORTOLA CM  |                                    |
| Instructional Setting   | Setting   | General Education   |                                    |
|   | Program   | GE  |                                    |
|   | Special Day Minutes/Wk  | 0   |                                    |
|   | Addresses Goals   | 1(Reading),2(Writing),3(Mathematics)  |                                    |
| Additional Factors  | Low Incident Support  | None  |                                    |
|   | Assistive Technology Support  | No  |                                    |
|   | Transportation  | None  |                                    |
|   | Extended School Year/Intersession   | <input type="radio"/> Yes <input checked="" type="radio"/> No   |                                    |
| Parent Counseling and Training (PCT)  | Parent Counseling and Training (PCT)  | <input checked="" type="radio"/> Yes <input type="radio"/> No   |                                    |
|   | ESY Transportation  |   |                                    |
| Accommodation, Modifications, Supports  | Instructional Accommodations  | Scaffolding, detailed instruction, positive feedback, check for understanding, small group testing, extended time for assignments and assessments not to exceed 2xs, chunk assignments as necessary |                                    |
|   | 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.                                 |   |                                    |
| <b>Comments, as appropriate</b>   |   |   |                                    |
| Low Incidence Equipment   |   |   |                                    |

**Assistive Technology  
Equipment**

|  |
|--|
|  |
|--|

**Participation in  
General Education**

|  |
|--|
|  |
|--|

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student **SCHWARZK** **ITAMAR** **C**  
 Last First MI

Date of Birth **17-MAY-2009** Meeting Date **30-OCT-2020**

|   |   | Effective With This IEP                    | Future Changes Related To This IEP |  |
|---|---|--|------------------------------------|--|
| <b>Service 1</b>                            | Start Date:                             | Effective on Signature Date<br>10-NOV-2020 |                                    |  |
| <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  |                                    |  |
|   | Minutes/Interval (Pullout from Gen Ed): | 0  |                                    |  |
|   | Service Delivery Model:                 | Direct Service (Co-teaching)*              |                                    |  |
|   | RSP Area:                               | Math                                       |                                    |  |
|   | Responsible Personnel:                  | General Education Teacher                  |                                    |  |
|   |   | Resource Specialist Teacher                |                                    |  |
|   |   | Other Provider(s)                          |                                    |  |
|   |   |  |                                    |  |
|   |   |  |                                    |  |
|   |   |  |                                    |  |
|   |   |  |                                    |  |
|   |   |  |                                    |  |
| *   |   |  |                                    |  |
| <b>Service 2</b>                            | Start Date:                             | Effective on Signature Date<br>10-NOV-2020 |                                    |  |
| <b>RSP</b>                                  | End Date:                               |  |                                    |  |
| <b>RSP</b>                                  | Service applies to:                     | Regular                                    |                                    |  |
|   | Frequency:                              | 1-5  |                                    |  |
| This service addresses the following goals: | Interval:                               | Weekly                                     |                                    |  |
| 1(Reading)                                  | Minutes/Interval:                       | 336  |                                    |  |
|   | 2(Writing)                              | Minutes/Interval (Pullout from Gen Ed):    | 236                                |  |
| Service Delivery Model:                     |   | Direct Service (Co-teaching)*              |                                    |  |
|   | RSP Area:                               | Literacy/ELA/ELD                           |                                    |  |

|   |                        |                             |  |
|---|------------------------|-----------------------------|--|
|   | Responsible Personnel: | General Education Teacher   |  |
|   |                        | Resource Specialist Teacher |  |
|   |                        | Other Provider(s)           |  |
|   |                        |                             |  |
|   |                        |                             |  |
|   |                        |                             |  |
|   |                        |                             |  |
| * |                        |                             |  |

**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 | <input type="text" value="13"/> |                                    |

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

LAUSD schools are closed at this time due to the COVID-19 national pandemic.

Itamar will receive educational services as described in the Distance Learning Plan (DLP) recommended by the IEP team.

The terms 'evaluation', 'assessment', and 'testing' are often used interchangeably in practice. In fact, they are related but not identical practices per distinctions in the law and as defined in professional literature. This means that 'evaluation' and 'assessment' are both broader activities and that both can be conducted without 'testing'. Given the concerns regarding validity with virtual administration of test instruments and safety/health concerns of students/staff due to the national pandemic, assessment has been conducted by qualified District staff using both quantitative and qualitative data (refer to Present Levels of Performance for details). The team was able to satisfactorily complete an evaluation for Itamar Scharzkopf

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student SCHWARZK ITAMAR C
Last First MI

Date of Birth 17-MAY-2009

Meeting Date 30-OCT-2020

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

If Yes, describe

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

Yes No

If Yes, describe

Empty text box for describing behavior.

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

- Listening Comprehension, Written Expression, Basic Reading Skills, Math Calculation, Oral Expression, Math Reasoning, Reading Comprehension, 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, Cognitive abilities including association, conceptualization and expression, Visual Processing, Auditory Processing, Phonological Processing, Sensory Motor Skills

5. The Team agrees that the discrepancy is not primarily the result of:

- Limited school experience, Social maladjustment, Unfamiliarity with the English language, Poor school attendance, Intellectually Disabled, Environmental, economic or cultural disadvantage, Visual, hearing or motor impairment





**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 2 - Summary of Services**

Student SCHWARZK ITAMAR C  
 Last First MI

Date of Birth 17-MAY-2009 Meeting Date 30-OCT-2020

**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> | 10-Nov-2020    |                              |                   |

| Service Code | Service Desc | Start Date                  | Service Applies To | Interval | Frequency | Area                 | Total Minutes | Addresses Goal(s) | No Consent |
|--------------|--------------|-----------------------------|--------------------|----------|-----------|----------------------|---------------|-------------------|------------|
| RSP          | RSP          | Effective on Signature Date | Regular            | Weekly   | 1-5       | RSP-Math             | 100           | Mathematics       | --         |
| RSP          | RSP          | Effective on Signature Date | Regular            | Weekly   | 1-5       | RSP-Literacy/ELA/ELD | 336           | Reading, Writing  | --         |

**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 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.