

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 200144X822 SSID

Eligible (AUT)

Student SHALMONI SHIR MI Last First MI

Date of Birth: 31-MAR-2017

Section A: Meeting Information

Table with 2 columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and meeting types like Initial, Annual Review, etc.

Location of Meeting: Early Ed Assessment Center at ... District Name: Los Angeles Unified School Dis

Section B: Student Information

Form for student information including Date of Birth, Gender, Age, Grade, Ethnic Code, Home Address, School of Attendance, etc.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student

Last First MI

Date of Birth

Meeting Date

Section C: Language Acquisition

Language Classification: Start Date:

Parent Waiver: Yes No Reclassification Date:

Elementary English Language Development Level: Start Date:

Secondary English Language Development Level: Start Date:

Communication Observation Matrix Level: Start Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	n/a - initial IEP
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"/>
2 <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"/>
3 <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"/>
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"/>

	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" value="▼"/>			
	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 SHALMONI SHIR MI Date of Birth 31-MAR-2017 Meeting Date 20-FEB-2020

Section E: Present Level of Performance

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

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

Shir is a 33 months old child who was born at 34 weeks gestation in Israel. The parents reported child received oxygen therapy for 2 days via nasal cannula and was discharged from the hospital after 14 days. The developmental milestones were reported to occur within the following timelines: child sat at 9 months, crawled at 10 months, walked at 12 months, and said the first word recently. Child is toilet trained. The parent 's concern is the speech/language delay and child has diagnosis of Autism. Child is ambulatory. Child does not have food allergy. Child eats regular meals, but is a picky eater. Child uses spoon when eating and there is no concern on biting, chewing, swallowing. The mother reported child's immunizations are up to date. Child has Asthma and had surgery to remove adenoid (1/2019). At home, child receives mechanical nebulizer treatment twice a day. There is no history of hospitalization due to Asthma. Child has a no valid result on District hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening. Child is referred to the District Audiologic Resource Unit (ARU). Strength: Child passed the LAUSD vision screening using the Spot Vision Scan (1/25/2020). Child does not need assistance in walking and feeding. Areas of need: Child has Asthma and needs assistance when having symptoms of Asthma. Impact of Disability: Child's health does not affect access, progress, performance in the education program. Accommodation: Asthma Action Plan Annabelle Turla, RN, MSN 1/25/2020 02/20/2020 At the IEP meeting, parents corrected the report, stating that Shir chokes when she drinks any liquid, regardless of whether she is drinking from a sippy, cup, open cup, or baby bottle. She may need assistance with drinking. Parents also reported that Shir has been hospitalized twice, at the age of 2 years old, from her asthma. RS

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):

[Empty text box for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHALMONI SHIR MI Date of Birth 31-MAR-2017 Meeting Date 20-FEB-2020

Section E: Present Level of Performance

Performance Area: Communication
Category:
Assessment/Monitoring Process Used: observation, interview, MSEL, DP3, informal assessment
State/District Assessment Results: n/a

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

Shir is a 2;9 year old girl who was referred for an initial language and speech evaluation by the North Los Angeles County Regional Center (NLACRC) due to concerns in the area of speech and language as well as an existing diagnosis of autism. Shir currently receives one hour of in-home service four times weekly, one hour of occupational therapy weekly, and one hour of speech and language service twice weekly through the NLACRC. She also receives 40 hours of ABA therapy weekly at school.
Strengths: Shir's oral motor structures appear to be adequate for speech production. Shir is able to produce the following sounds in spontaneous speech: /p, b, y, m, n, d, g/. She is highly intelligible when repeating modeled phrases. Shir demonstrates strong intentional communication skills. Shir demonstrates joint attention and goal directed behavior. She is able to request, label, and greet. Shir uses inflection to indicate questions (e.g., open?). Shir is able to identify objects and follows simple one-step directions. Expressively, Shir uses pointing, signs, gestures, imitation, and single words to communicate.
Needs: Shir's verbal expression is limited for her age. She is not yet able to use 2-3 word combinations to express her wants and needs. Shir is estimated to be 25-50% intelligible. She often repeats modeled phrases and is not yet able to consistently respond to direct questions and comments.
Impact of Disability: Shir's language delay may affect her ability to progress and participate in the preschool curriculum.
Komal Sidhu, M.A., CCC-SLP
Speech-Language Pathologist

Performance Area: Communication continued
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):

Addendum to Communication Present Level of Performance completed at Initial IEP Meeting on 2/20/20: Parents reported that Shir follows one-step directions on her own terms. She follows simple one-step directions inconsistently.
Sara Cohen, MS, CCC-SLP
Speech Language Therapist (present at IEP meeting)

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Los Angeles Unified School District

Student SHALMONI SHIR MI Date of Birth 31-MAR-2017 Meeting Date 20-FEB-2020

Section E: Present Level of Performance

Performance Area: Cognition
Category:
Assessment/Monitoring Process Used: Alternative Assessment
State/District Assessment Results: N/A

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

Strengths: Cognitively, Shir exhibited strengths in problem-solving using a trial and error method on fine motor tasks administered on the MSEL completing short-term concrete tasks initiated by the examiner.
Needs: Delays were seen in Visual Reception skills while below average skills were seen in the areas of Receptive and Expressive Language.
Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears a Cognitive impact is identified at this time; which affects her ability to access the preschool curriculum.

Performance Area: School Readiness
Category:
Assessment/Monitoring Process Used: Psycho-Educational Assessment
State/District Assessment Results: N/A

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

Strengths: Shir's profile as examined using all forms of alternative assessment suggests relative strengths in the area of pre-reading. Shir was able to attend to a picture in a book on her terms and label a picture she sees.
Needs: Weaknesses were noted in general fund of information, pre-mathematics, pre-reading and pre-writing skills.
Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Educational impact is identified at this time; which affects her ability to access the preschool curriculum.

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Student SHALMONI SHIR MI Date of Birth 31-MAR-2017 Meeting Date 20-FEB-2020

Section E: Present Level of Performance

Performance Area: Social Emotional
Category:
Assessment/Monitoring Process Used: Psycho-Educational Assessment
State/District Assessment Results: N/A

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

Shir demonstrates relative strengths in her social emotional functioning as she exhibits approachability. During assessment Shir allowed the assessors at times to invade her space and responded to some physical gestures and attended to preferred activities for short amounts of time. She was also observed to willingly take items and give select items to the assessors.
Needs: Shir demonstrates challenges in social emotional functioning. During formal tasks, her joint attention was limited and she had trouble follow adult directed tasks that were not preferred. She did not respond consistently to her name or redirection and prompts. In her actions she presents as a much younger child. She had difficulty looking consistently at the assessor's when they spoke to her and responding to her name. Social communication was significantly impacted. She had trouble staying engaged with non-preferred tasks. While engaged in her activities Shir had trouble transitioning to other activities with or without visual and verbal support. She was observed to wander the environment. Shir had difficulty answering questions presented by assessors. Shir also struggles with age appropriate social interactions. Parents note limited functional use of language. The ASRS was given to her parents to look for characteristics of Autism. Parent's rating reveal a Very Elevated total score suggesting that her behavioral characteristics overall are similar to behaviors of peers diagnosed with autism. It also should be noted that per examiner's observation (please see 'Observation' section) Shir demonstrates behavioral challenges consistent with autistic-like characteristics. Per parents Shir has some self-injurious behaviors. Limited joint attention and self-directed behaviors as well as difficulty with adult directed tasks and limited eye contact.
Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears Shir presents with social emotional delays which impacts her ability to access a preschool curriculum.

Performance Area: Adaptive Skills
Category:
Assessment/Monitoring Process Used: Psycho-Educational Assessment
State/District Assessment Results: N/A

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

Overall, Shir's adaptive behavior is found to be in the well below average range.
Strengths: Shir demonstrates skills on DP-3 that note she helps with dressing and uses a spoon for feeding without assistance.
Needs: It is reported by parents that she is not yet able to remove clothing items like shoes and socks unassisted, drink from and open cup without help, use a fork or undo fasteners like Velcro or zippers. Shir also does not remove a pullover t-shirt or toilet herself. Parent reports that she is quite dependent on others to get through her daily activities.
Educational Impact: Based on alternative forms of assessment, which may include formal and informal testing, interviews, review of records, observations, and rating forms it appears an Adaptive Behavior impact is identified at this time; which affects her ability to access the preschool curriculum.

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Last First

Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

Section E: Present Level of Performance

Performance Area: sensorimotor

Category: [dropdown]

Assessment/Monitoring Process Used: informal observation, parent interview, standardized assessment

State/District Assessment Results: n/a

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

The following is a summary of occupational therapy findings:

Student's areas of strengths:

Shir demonstrates functional neuromuscular skills to transition from various positions independently. She navigates uneven terrain independently. She demonstrates functional visual skills to navigate a classroom without bumping into objects. She demonstrates an intact pincer grasp to pick up coins and deposit them into a coin bank both vertically and horizontally. She demonstrates an intact three-jaw chuck grasp to pick up and stack nine blocks, and copied a train form independently. She uses a right hand fistted grasp to scribble. She demonstrates functional hand strength to disconnect and reconnect lego cubes on the Bayley.

Student's areas of need:

Shir demonstrates delays in the area of sensory processing as well as fine motor development. She was observed to be constantly on the move. Her participation in assessment tasks was directly impacted by her sensory processing skills, needing jumping breaks and movement breaks in order to participate. While she scored in the average range on the Bayley fine motor substest, she continues to require assistance in overall development of her grasp patterns on coloring utensils as well as copying shapes.

Impact of student's disability on academic and overall performance:

Shir's delays in sensory processing and fine motor skills impact her ability to access her educational curriculum without the intervention of skilled school based occupational therapy.

Talia Cohen, M.S. OTR/L
LAUSD school based occupational therapist

Performance Area: [input]

Category: [dropdown]

Assessment/Monitoring Process Used: [input]

State/District Assessment Results: [input]

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

[Empty text box for summary]

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Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

Section F: Eligibility

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

Health, general ability, academics, speech and language, social emotional, self-help, motor

For Initial IEP, interventions attempted prior to determining eligibility:

NLACRC- LAS 2x/weekly
CDS 4x/weekly
ABA 40hrs. per week

Eligible as a student with the disability of:

Code: AUT Autism

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason: Final IEP Effective Date:

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

- Social Maladjustment, 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)

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Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Shir will use 2-3 word phrases to express her wants and needs, to label, and to comment on items in her immediate environment with 80% accuracy given minimal prompting.

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:

Shir will use 1-2 word phrases to express her wants and needs, to label, and to comment on items in her immediate environment with 40% accuracy given moderate prompting.

Incremental objective #2 related to the goal:

Shir will use 2 word phrases to express her wants and needs, to label, and to comment on items in her immediate environment with 60% accuracy given moderate prompting.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When Shir becomes upset, frustrated, or angry, she will use a self-regulation/coping strategy (movement break, deep breathing, quiet space break, deep pressure/heavy work activity, etc.) to avoid engaging in self-injurious behaviors (head banging, throwing self-on ground, eloping, climbing on furniture), with one reminder, on 4 out of 5 opportunities, as measured by teacher observations and behavior 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 Shir becomes upset, frustrated, or angry, she will use a self-regulation/coping strategy (movement break, deep breathing, quiet space break, deep pressure/heavy work activity, etc.) to avoid engaging in self-injurious behaviors (head banging, throwing self-on ground, eloping, climbing on furniture), with adult assistance, on 3 out of 5 opportunities, as measured by teacher observations and behavior logs.

Incremental objective #2 related to the goal:

When Shir becomes upset, frustrated, or angry, she will use a self-regulation/coping strategy (movement break, deep breathing, quiet space break, deep pressure/heavy work activity, etc.) to avoid engaging in self-injurious behaviors (head banging, throwing self-on ground, eloping, climbing on furniture), with adult prompts, on 3 out of 5 opportunities, as measured by teacher observations and behavior 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	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 #:

Shir will increase her vocabulary to 70 words to include colors, shapes, body parts, clothing items, and common classroom items, as observed in her daily use of language.

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:

Shir will increase her vocabulary to 30 words to include colors, shapes, body parts, clothing items, and common classroom items, as observed in her daily use of language, with minimal prompting.

Incremental objective #2 related to the goal:

Shir will increase her vocabulary to 50 words to include colors, shapes, body parts, clothing items, and common classroom items, as observed in her daily use of language, with minimal prompting.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
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Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Shir will follow two-step related directions when combined with gestures or visual cues, on 3 opportunities, during a school day.

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:

Shir will follow a one-step direction with no more than one prompt, on 3 opportunities, during a school day.

Incremental objective #2 related to the goal:

Shir will follow two-step related directions with adult assistance, on 3 opportunities, during a school day.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

When given a teacher selected, non-preferred task, Shir will go without avoidance behaviors, then will stay on task, with minimal non-verbal prompts, using sensory strategies as needed, for 5 minutes at a time in 4 of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

When given a teacher selected, non-preferred task, Shir will go with minimal avoidance behaviors, then will stay on task, with maximum verbal and non-verbal prompts, for 2 minutes at a time in 4 of 5 opportunities.

Incremental objective #2 related to the goal:

When given a teacher selected, non-preferred task, Shir will go with minimal avoidance behaviors, then will stay on task, with moderate verbal and non-verbal prompts, for 4 minutes at a time in 4 of 5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

On a daily basis, Shir will practice classroom safety rules (e.g. stay in the designated area, refrain from climbing on furniture, keep hands to self, refrain from throwing self back on floor, head banging) with minimal teacher prompts, at least 80% of the time in 4 of 5 days per week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

On a daily basis, Shir will practice classroom safety rules (e.g. stay in the designated area, refrain from climbing on furniture, keep hands to self, refrain from throwing self back on floor, head banging) with maximum teacher prompts and guidance, at least 50% of the time in 3 of 5 days per week.

Incremental objective #2 related to the goal:

On a daily basis, Shir will practice classroom safety rules (e.g. stay in the designated area, use classroom, refrain from climbing on furniture, keep hands to self, refrain from throwing self back on floor, head banging) with moderate teacher prompts and guidance, at least 70% of the time in 3 of 5 days per week.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

1st Reporting Period 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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

To demonstrate improved fine motor skills, Shir will copy age appropriate pre writing shapes with minimal verbal/visual/tactile cues (1-2), 4/5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

To demonstrate improved fine motor skills, Shir will copy age appropriate pre writing shapes with maximum verbal/visual/tactile cues (5+), 2/5 opportunities.

Incremental objective #2 related to the goal:

To demonstrate improved fine motor skills, Shir will copy age appropriate pre writing shapes with moderate verbal/visual/tactile cues (3-4), 3/5 opportunities.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

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

Shir will play alongside another child, with at least 3 verbal or non-verbal interactions, for at least 5 minutes, on 4 occasions during a school week.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Shir will play alongside another child, with adult support, for at least 3 minutes, on 4 occasions during a school week.

Incremental objective #2 related to the goal:

Shir will play alongside another child, with at least 1 verbal or non-verbal interaction, with adult support, for at least 5 minutes, on 4 occasions during a school week.

Date to be achieved: MO/YR

Date to be achieved: MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

4 GOAL MET OR EXCEEDED

3 SUBSTANTIAL PROGRESS (50-99% of goal met)

2 PARTIAL PROGRESS (1-49% of goal met)

1 NO PROGRESS

1st Reporting Period 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 K: Participation in State and District-wide Assessments

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

DRDP-A - (Adaptations identified below are applicable)
Adaptations: <ul style="list-style-type: none">- Functional positioning- Alternative response mode- Visual support

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHALMONI SHIR MI
Last First MI

Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

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:

all

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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student SHALMONI SHIR MI Last First MI

Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Phone, R. Sperling, 27-JAN-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 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

Signature(s)

Signature(s)

Date

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

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

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

Signature(s)

Signature(s)

Date 20-FEB-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. Regarding your child's previous IEP (if relevant):			
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.

Handwriting lines for providing feedback.

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="Revital Shalmoni"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Jeffry Shalmoni"/>	<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="Tanyka Nelson-Robinson"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Romy Sperling"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Rina Duarte"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Sara Cohen"/>	<input type="text"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Talia Cohen"/>	<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="Advocate"/>	<input type="text" value="Luciana Ganach"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
 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 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.

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input 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; width: 100%;"></div>	

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?
	<input type="radio"/> Yes <input type="radio"/> No If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> Yes <input type="radio"/> No If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHALMONI
Last

SHIR
First

MI

Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step C. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a special school setting?

Yes 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.

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

Step D. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?

Yes 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.

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

Step E. Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?

Yes 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 SHALMONI
Last

SHIR
First

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Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

Step F.	<p>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):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diminished access to the full range of the curriculum <input type="checkbox"/> Missed general education instruction taught by highly qualified staff <input type="checkbox"/> Rate at which student may earn credits for graduation <input type="checkbox"/> Lack of opportunity for social interaction <input type="checkbox"/> Lack of opportunities for age-appropriate peer role models <input type="checkbox"/> Amount of socialization opportunities with typical peers <input type="checkbox"/> Limited access to peers in student's home community <input type="checkbox"/> Lack of exposure to appropriate behavioral models from peers <input type="checkbox"/> Other: <input type="text"/>
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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student
 Last First MI

Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="LOCKHURST DR CEL"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="PAL"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="1350"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Communication),2(Language Devel),3(Language Devel),4(Social Emotional),5(Soc Emot/Safety),6(fine motor)"/>	<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="Home to School"/>	<input type="text"/>
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	<input type="text" value="Home to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Check for understanding before and during tasks; provide signals, scripts, and models for improved communication; facilitate peer interactions; break tasks into small steps; prompt to stay on task; provide visuals with instruction; provide opportunities for hands-on learning"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extracurricular Activities	<input type="text" value="All staff working with Shir should be aware that she does not like people to touch her or her belongings."/>	<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 type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.	<input type="text"/>	<input type="text"/>

Comments, as appropriate

Low Incidence Equipment

Assistive Technology Equipment	
Participation in General Education	

DATA/TRANSPORTATION TRANSFER FORM

This information is for data collection and record keeping purposes only. It is not part of the IEP.

At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

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

SCHOOL SETTING

- District School of Residence
- District Non-residence School
- Head Start
- Community College
- District Early Education Center
- District Special Education School/Center
- Nonpublic School
- Nonpublic Agency
- State Residential School
- Dual Enrollment
- Home
- Hospital
- Private/Parochial School
- Other

RELATED SERVICES

- Check:
- Assistant - Class
 - Health Care Assistant - Class
 - Licensed Vocational Nurse - Class
 - Assistant - Bus
 - Health Care Assistant - Bus
 - Licensed Vocational Nurse - Bus

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School Location Code
 School Hours Begin End Arrival time for breakfast program

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

- Allergies
- Asthma
- Behavioral Support Plan
- Bleeder
- Blind/Partially Sighted
- Brittle Bones
- Brace
- Bus Safety Vest
- Cardiac
- Cerebral Palsy
- Child Safety Seat
- Crutches
- Deaf/Hard of Hearing
- Diabetes
- G-Tube
- Helmet
- Lift Bus
- Muscular Dystrophy
- Medication
- Oxygen - Tank
- Oxygen - Portable
- Seizures
- Shunt
- Sickle Cell
- Spina Bifida
- Suctioning
- Therapy with Transportation
- Tracheotomy
- Ventilator
- Walker
- Wheelchair
- Other

Prepared by Telephone Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student SHALMONI

SHIR

Date of Birth 31-MAR-2017

Meeting Date 20-FEB-2020

Last

First

MI

FAPE Summary Grid

Program:	PAL	Setting:	Special Education						
Eligibility:	Eligible (AUT)	Curriculum:	General Education						
Transportation:	Home to School	Low Incident Support:	None						
Date District Received Parent Signature:									
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1-5	~	30	Social Emotional, fine motor	--
16	Occupational Therapy	Effective as of 3rd Birthday with Parent Signature	ESY	Yearly	1-10	~	60	Social Emotional, fine motor	--
18	Occupational Therapy - Clinic	Effective as of 3rd Birthday with Parent Signature	Regular	Weekly	1	~	60	Social Emotional, fine motor	--
18	Occupational Therapy - Clinic	Effective as of 3rd Birthday with Parent Signature	ESY	Weekly	1	~	60	Social Emotional, fine motor	--

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student **SHALMONI SHIR** **MI** **Date of Birth** 31-MAR-2017 **Meeting Date** 20-FEB-2020

1 The behavior impeding learning is: Describe what it looks like:

2 It impedes learning because: lack of work production disrupts other students requires instruction to stop
 instructional time is lost negative interaction with peers
 other

3 The need for a Behavior Intervention Plan: early stage intervention moderate serious extreme

4 Frequency or intensity or duration of behavior: Frequency (x) Period Intensity Duration (min)
 Reported by and/or observed by

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).

<input type="checkbox"/> Disruption in routines	<input checked="" type="checkbox"/> Work level higher than student's ability	<input type="checkbox"/> Verbal directives	<input type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input checked="" type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input type="checkbox"/> Unstructured time	<input checked="" type="checkbox"/> Lack of freedom, choice, desirable activities, friends	<input type="checkbox"/> Room conditions	<input checked="" type="checkbox"/> Specific room arrangement
<input type="checkbox"/> Events from previous environments	<input type="checkbox"/> Under stimulation		

Other Describe:

Observation Analysis

6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Present in the environment:	<input type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input checked="" type="checkbox"/> Interactions (adult and/or peers)
Missing in the environment:	<input type="checkbox"/> Peer status gained for misbehavior	<input checked="" type="checkbox"/> Inappropriate materials (age-appropriate, size, etc.)	<input type="checkbox"/> Conflict resolution skills
	<input checked="" type="checkbox"/> Transition skills	<input type="checkbox"/> Schedule	<input type="checkbox"/> Effective communication with parent
	<input type="checkbox"/> Re-teaching	<input checked="" type="checkbox"/> Task structuring	<input checked="" type="checkbox"/> Communications system
	<input type="checkbox"/> Social skills instruction	<input checked="" type="checkbox"/> Consequences not clear to student	
<input type="checkbox"/> Other (Missing/Present):	<input checked="" type="checkbox"/> Choices		

REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention

7 What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:	<input type="checkbox"/> Give more time on tasks	<input checked="" type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input checked="" type="checkbox"/> Signal transition	<input checked="" type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input checked="" type="checkbox"/> Preferred seating	<input checked="" type="checkbox"/> Different work areas	<input type="checkbox"/> Study carrels
Interaction:	<input checked="" type="checkbox"/> Personal space	<input checked="" type="checkbox"/> Hands-on learning	<input checked="" type="checkbox"/> Tasks organized
	<input checked="" type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input checked="" type="checkbox"/> High interest materials	<input checked="" type="checkbox"/> Cue the student	<input checked="" type="checkbox"/> Model
	<input checked="" type="checkbox"/> Use specific supportive words	<input checked="" type="checkbox"/> Praise successes	<input type="checkbox"/> Peer Models
	<input checked="" type="checkbox"/> Verbally praise student	<input checked="" type="checkbox"/> Use calm, de-escalating language	
	<input checked="" type="checkbox"/> Use specific support communications		

Other

Who will establish? Who will monitor? Frequency

INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

For Behavior Interfering with Student's Learning or the Learning of His/Her Peers

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student **SHALMONI SHIR** **Date of Birth** 31-MAR-2017 **Meeting Date** 20-FEB-2020

ALTERNATIVE PART II FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

8

Team believes the behavior occurs because: (Function of behavior in terms of getting, protest or avoiding something)

- To Get: Sensory input Attention (peer) Attention (staff)
- To Avoid: Tangible (desired item) Tangible (desired activity)
- Sensory input Attention (peer) Attention (staff)
- Task (too difficult) Task (too easy) Task (too long)

Describe:

Observation Analysis 9

What team believes the student should do INSTEAD of the problem behavior? (How should the student escape/protest/avoid or get his/her need met in an acceptable way?)

To get sensory input, Shir will use safe sensory strategies determined by the SPED team, instead of using unsafe strategies (i.e. throwing self on floor, banging head, climbing on furniture, eloping, etc.).

Instead of avoiding a task that is too difficult, Shir will signal/ask for help, then will complete part of the accommodated task with adult assistance, for 3 minutes at a time.

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

- Better communication skills Anger management Communication system Self-management systems
- Following schedules & routines Learning new social skills Learning how to negotiate Learning structured choice
- Learning new scripts Learning notebook organization Learning to use conflict resolution Learning to request breaks
- Other

Who will establish? Who will monitor? Frequency:

SPED teacher SPED team daily

Intervention 11

What are reinforcement procedures to use for establishing, maintaining, and generalizing the replacement behavior(s)?

- Physical: High-fives Smiles Handshake
- Verbal: Pat on the back Use specific praises Recognition of student's ... Peer recognition
- Contingent Access: Time on the computer Free time Listen to music
- Tangibles: Preferred activity Describe: Other
- Tokens and Points: Positive phone calls or notes to home Certificate sent home Seating Location
- Privileges: Tokens Points
- Exempt assignment Extra test points

Other ideas:
Selection of reinforcer based on: reinforcer for using replacement behavior reinforcer for general increase in positive behaviors
By whom? Frequency
SPED team daily

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

What strategies will be employed if the problem behavior occurs again. (1. Prompt student to switch to the replacement behavior, 2. Describe how staff should handle the problem behavior if it occurs again, 3. Positive discussion with student after behavior ends, 4. Any necessary further classroom or school consequences)

When Shir becomes upset, frustrated, or angry, she will use a self-regulation/coping strategy (movement break, deep breathing, quiet space break, deep pressure/heavy work activity, etc.) to avoid engaging in self-injurious behaviors (head banging, throwing self-on ground, eloping, climbing on furniture), with one reminder, on 4 out of 5 opportunities, as measured by observations.

Personnel?
SPED team

