Los Angeles Unified School District Student Identification Student Identification Student Identification Student Identification Student Identification <th>Los Angolos Unified</th><th>School D:</th><th></th><th>INDIVIDU</th><th>ALIZED ED</th><th>UCATION PROGRAM (I</th><th>IEP)</th><th></th><th>Page 1 of</th>	Los Angolos Unified	School D:		INDIVIDU	ALIZED ED	UCATION PROGRAM (I	IEP)		Page 1 of	
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Out of the home placement made by O Regional Center O Department of Mental Health O Department of Children's Service O Superior Court O Other	Out of the home place	ment made b		egional Cent		O Department of Ment	al Health () Departn	nent of Children's Services	
Child's family living within LAUSD's O No O Yes		vithin LAUS			L					
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?		rs old or old	er or is an emen	insted mine	r does he/sh	have educational decision	-making rights?		$\bigcap_{N_0} \bigcap_{V_{es}} V_{es}$	

	INDI	VIDUAT	IZED EDUC	ATION BROCK AM (IFI	b \	Page 2 of 27
Los Angeles	s Unified School District	VIDUAL	IZED EDUC	ATION PROGRAM (IEI	·)	
Student	SHALMONI SHIR	MIau		Date of Birth 31-MAR	R-2017	
		Section Section	on C: Langu	age Acquisition		
Language Cla	assification:				Start Date:	
Withdrawal b	y Parent Request:	\bigcirc	Yes 🔿 No		Reclassification Date:	
ELPAC Perfo	ormance Level and Performance Descriptor:			►	Test Date:	
	PAC Performance Level and Performance			♥	Test Date:	
Descriptor (V	CCALPS):					
	S	Section D:	Goal Achiev	ement from Current IEP		
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Goal for: (ex	xample - Reading)	Yes	No	If No, explain the reason n/a - initial IEP	the goal/objective was not achie	eved
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Los Angeles Linified School District Student [STAMMON] STR Last First MI Student [STAMMON] STR Last First MI State Of Performance Performance Area: Performa	Los Angolos Unified School District	Page 3 INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Last First MI Section E: Present Level of Performance Performance Area: Health Category: Assessment/Monitoring Process Health assessment Usedi 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 totel trained. The parent's peocchanguage delay and child has diagnosis of Autism. Child is ambutatory. Child does not have food allergy. Child ents regular meals, but is a picky eater. Child uses spoon when eating and there is no concorn in the synchylamic thearing screening because child refuses and is difficult to condition (1/25/2020). 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 vanibula gereening. Child is referred to the District Audiologic Resource Unit (ARU). Strength: Child passed the LAUSD vision screening using		
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Category:		
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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 masal camula 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, and aid 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 east 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 Ashma. Child has a valid result on District hearing screening because child refluess 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 has Asthma Action Plan Annabelle Turla, RN, MSN 1/25/2020 0/2/0/2020 At the IEP meeting, parents corrected the report, stating that Shir chokes when she drinks any liquid, re	Used:	Health assessment
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, erawled at 10 months, walked at 12 months, and said the first word recently. Child is to toilet trained. Child is anbulatory. Child does not have food allergy. Child east regular meals, but is a picky cater. 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 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 is all with weak on at after ta eaces, progress, performance in the education program. Accommodation: Asthma Action Plan Annabelle Turala, 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		
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 boes not have food allergy. Child east regular meals, but is a picky eater. 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 as 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 because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the newborn hearing screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed the satisfies and child because and needs assistance when having symptoms of Asthma. I	Current Performance/Assessment Summa	ry (include student strengths, student needs and impact of disability on student performance):
Category: Assessment/Monitoring Process Used: State/District Assessment Results:	 nasal cannula and was discharged from The developmental milestones were rep months, and said the first word recently The parent 's concern is the speech/lang Child is ambulatory. Child does not ha concern on biting, chewing, swallowing adenoid (1/2019). At home, child receiv has a no valid result on District hearing the newborn hearing screening. Child is Strength: Child passed the LAUSD vis feeding. Areas of need: Child has Asthma and n Impact of Disability: Child's health does not affect access, p Accommodation: Asthma Action Plan Annabelle Turla, RN, MSN 1/25/2020 02/20/2020 At the IEP meeting, parents drinking from a sippy, cup, open cup, on 	the hospital after 14 days. borted to occur within the following timelines: child sat at 9 months, crawled at 10 months, walked at 12 Child is toilet trained. uage delay and child has diagnosis of Autism. We food allergy. Child eats regular meals, but is a picky eater. Child uses spoon when eating and there is no . The mother reported child's immunizations are up to date. Child has Asthma and had surgery to remove es mechanical nebulizer treatment twice a day. There is no history of hospitalization due to Asthma. Child screening because child refuses and is difficult to condition (1/25/2020). The mother reported child passed referred to the District Audiologic Resource Unit (ARU). on screening using the Spot Vision Scan (1/25/2020). Child does not need assistance in walking and eeds assistance when having symptoms of Asthma. rogress, performance in the education program.
Assessment/Monitoring Process Used: State/District Assessment Results:	Performance Area:	
Used: State/District Assessment Results:	Category:	▼]
	e	
Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):	State/District Assessment Results:	
	Current Performance/Assessment Summa	ry (include student strengths, student needs and impact of disability on student performance):

I	. •	INDIVIDUALIZED EDUCATION	N PROGRAM (II	E P)		Page 4
Los Angeles Unified School Dis Student SHALMONI SH		Dat	e of Birth 31-MA	AR-2017	Meeting Date 14-AUG	-2020
Last	First	MI				
Performance Area:	Comm	Section E: Present Level of	Performance			
	Comm					
Category:	ahaam	tion, interview, MSEL, DP3, informal	aggaggmant			
Assessment/Monitoring Process Used:	observ	tion, interview, MSEL, DF5, informat	assessment			
State/District Assessment Results:	n/a					
Current Performance/Assessment St	ummary (inc	ude student strengths, student needs ar	d impact of disab	ility on studen	t performance):	1
(NLACRC) due to concerns in the	area of spee ne hour of oc	n initial language and speech evaluation h and language as well as an existing of cupational therapy weekly, and one ho herapy weekly at school.	liagnosis of autisr	n. Shir current	ly receives one hour of in-	
speech: /p, b, y, m, n, d, g/. She is I Shir demonstrates joint attention as	highly intelli nd goal direc	be adequate for speech production. So tible when repeating modeled phrases, ed behavior. She is able to request, lab ws simple one-step directions. Express	Shir demonstrates el, and greet. Shir	s strong intenti uses inflection	onal communication skills. n to indicate questions (e.g.,	
		er age. She is not yet able to use 2-3 we epeats modeled phrases and is not yet a				
Impact of Disability: Shir's langua	ige delay ma	affect her ability to progress and part	cipate in the press	chool curriculu	ım.	
Komal Sidhu, M.A., CCC-SLP Speech-Language Pathologist						
Performance Area:	Comm	inication continued				
Category:		♥				
Assessment/Monitoring Process						
Used: State/District Assessment Results:						
	Immary (inc	ude student strengths, student needs ar	d impact of disab	ility on studen	t performance):	
Addendum to Communication Pres	sent Level of She follows s	Performance completed at Initial IEP mple one-step directions inconsistently	Meeting on 2/20/2	•		

Last	IR	Date of Birth 31-MAR-2017 Meeting Date 14-AUG-20
	First	MI Section E: Present Level of Performance
Performance Area:	Cognition	
Category:		✓
Assessment/Monitoring Process Jsed:	Alternativ	re Assessment
State/District Assessment Results:	N/A	
Current Performance/Assessment S	ummary (includ	e student strengths, student needs and impact of disability on student performance):
completing short-term concrete tas Needs: Delays were seen in Visua the Visual reception tasks Shir had Receptive and Expressive languag presented. Her language skills did reported from the home environme Educational Impact: Based on alte	sks initiated by t Il Reception skill I trouble underst e scales Shir's so i't go much beyo ent. ernative forms o	problem-solving using a trial and error method on fine motor tasks administered on the MSEL the examiner. Is while below average skills were seen in the areas of Receptive and Expressive Language. On tanding and following directions given with and without visual and gestural cues. On the elf-directed behaviors and repetitive actions impacted overall performance on formal tasks ond labeling pictures and objects and repeated phrases. This is consistent with what was f assessment, which may include formal and informal testing, interviews, review of records, ive impact is identified at this time; which affects her ability to access the preschool curriculum.
Performance Area:	School Re	eadiness
Category:		▼
Assessment/Monitoring Process Jsed:	Psycho-E	ducational Assessment
State/District Assessment Results:	N/A	
Current Performance/Assessment S	ummary (includ	e student strengths, student needs and impact of disability on student performance):
-		
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f information, pre-mathematics, pre-reading and pre-writing skills. f assessment, which may include formal and informal testing, interviews, review of records, ational impact is identified at this time; which affects her ability to access the preschool
Educational Impact: Based on alte	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,
Educational Impact: Based on alto observations, and rating forms it a	ernative forms o	f assessment, which may include formal and informal testing, interviews, review of records,

Los Angeles Unified School District	Page 6 INDIVIDUALIZED EDUCATION PROGRAM (IEP)
Los Angeles Unified School District Student SHALMONI SHIR	Date of Birth 31-MAR-2017 Meeting Date 14-AUG-2020
Last First	
	Section E: Present Level of Performance
Performance Area:	Social Emotional
Category:	✓
Assessment/Monitoring Process Used:	Psyhco-Educational Assessment
State/District Assessment Results:	N/A
Current Performance/Assessment Summa	ry (include student strengths, student needs and impact of disability on student performance):
assessors at times to invade her space an was also observed to willingly take item Needs: Shir demonstrates challenges in follow adult directed tasks that were not presents as a much younger child. She h Social communication was significantly had trouble transitioning to other activiti difficulty answering questions presented use of language. The ASRS was given to suggesting that her behavioral characteri examiner's observation (please see 'Obse parents Shir has some self-injurious beh and limited eye contact. Educational Impact: Based on alternativ	er social emotional functioning as she exhibits approachability. During assessment Shir allowed the di responded to some physical gestures and attended to preferred activities for short amounts of time. She is and give select items to the assessors. social emotional functioning. During formal tasks, her joint attention was limited and she had trouble preferred. She did not respond consistently to her name or redirection and prompts. In her actions she ad difficulty looking consistently at the assessor's when they spoke to her and responding to her name. impacted. She had trouble staying engaged with non-preferred tasks. While engaged in her activities Shir ies with or without visual and verbal support. She was observed to wander the environment. Shir had loy assessors. Shir also struggles with age appropriate social interactions. Parents note limited functional o her parents to look for characteristics of Autism. Parent's rating reveal a Very Elevated total score istics overall are similar to behaviors of peers diagnosed with autism. It also should be noted that per ervation' section) Shir demonstrates behavioral challenges consistent with autistic-like characteristics. Per aviors. Limited joint attention and self-directed behaviors as well as difficulty with adult directed tasks
Performance Area:	Adaptive Skills
Category:	✓
Assessment/Monitoring Process	Psycho-Educational Assessment
State/District Assessment Results:	N/A
Current Performance/Assessment Summa	ry (include student strengths, student needs and impact of disability on student performance):
Needs: It is reported by parents that she help, use a fork or undo fasteners like Vo quite dependent on others to get through Educational Impact: Based on alternativ	DP-3 that note she helps with dressing and uses a spoon for feeding without assistance. is not yet able to remove clothing items like shoes and socks unassisted, drink from and open cup without elcro or zippers. Shir also does not remove a pullover t-shirt or toilet herself. Parent reports that she is

	INDIVIDUALIZED EDUCATION PROGRAM (IEP)	Page 7
Los Angeles Unified School Distric Student SHALMONI SHIR		ALIC 2020
Student SHALMONI SHIR Last Fin	Date of Birth 31-MAR-2017 Meeting Date 14- rst MI	AUG-2020
	Section E: Present Level of Performance	
Performance Area:	sensorimotor	
Category:	✓	
Assessment/Monitoring Process Used:	informal observation, parent interview, standardized assessment	
State/District Assessment Results:	n/a	
Current Performance/Assessment Sumr	mary (include student strengths, student needs and impact of disability on student performance):	
The following is a summary of occupa	ational therapy findings:	
She demonstrates functional visual ski coins and deposit them into a coin ban	uscular skills to transition from various positions independently. She navigates uneven terrain independentials to navigate a classroom without bumping into objects. She demonstrates an intact pincer grasp to pick hoth vertically and horizontally. She demonstrates an intact three-jaw chuck grasp to pick up and stack ndependently. She uses a right hand fisted grasp to scribble. She demonstrates functional hand strength to on the Bayley.	k up
Her participation in assessment tasks vorder to participate. While she scored	of sensory processing as well as fine motor development. She was observed to be constantly on the move was directly impacted by her sensory processing skills, needing jumping breaks and movement breaks in in the average range on the Bayley fine motor subtest, she continues to require assistance in overall coloring utensils as well as copying shapes.	
Impact of student's disability on acade Shir's delays in sensory processing an skilled school based occupational ther Talia Cohen, M.S. OTR/L LAUSD school based occupational th	nd fine motor skills impact her ability to access her educational curriculum without the intervention of rapy.	
Performance Area:		
Category:	✓	
Assessment/Monitoring Process Jsed:		
State/District Assessment Results:		
Current Performance/Assessment Summ	mary (include student strengths, student needs and impact of disability on student performance):	

			INDIVID	UALIZED EDUCATIO	N PROGRAM (IEP)		Page
~~~~~~	es Unified School	SHIR		Dat	te of Birth 31-MAR-201	7 Meeting Date	14-AUG-2020
	Last	First	MI				
	e, areas discussed i neral ability, acade			Section F: Eligit disability: ial emotional, self-help, n	-		
ILACRC- CDS 4x/w	EP, interventions a LAS 2x/weekly 'eekly s. per week	ttempted prior	• to determining e	ligibility:			
igible as a	a student with the o	lisability of					
de:	AUT		ıtism				
	Not Applicab		Blind or	OPartially Sighted			
lditional I				A, HOH, or severe OI):	a		
de:			OI VI, DBL, DEF	x, 11011, 01 severe 01).			
				<u> </u>			
	ONot Applicab	le, Ol	Blind or	OPartially Sighted	d		
Date):							
		dent remains e	ligible for Specia		the Effective Date below	<i>.</i>	
nal IEP R	eason:			Fin	al IEP Effective Date:		
nal IEP Ro ne IEP Te	eason: eam has considere		that the educatio	Fin onal needs of the studen	al IEP Effective Date: t are not primarily due t	o:	
nal IEP Ro ne IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility	o: ✓ Lack of instruction in re	eading
nal IEP Ro ne IEP Te Socia	eason: eam has considere	ed and agrees	that the educatio	Fin onal needs of the studen	al IEP Effective Date: t are not primarily due t bility ncy	o:	
nal IEP Ro ne IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	
nal IEP Ro ne IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	
nal IEP Ro ne IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	
nal IEP Ro he IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	
nal IEP Ro ne IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	
nal IEP Ro ne <b>IEP Te</b> Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	
nal IEP Ro ne IEP Te Socia	eason: e <b>am has considere</b> al Maladjustment	ed and agrees	that the educatio	Fin onal needs of the studen Temporary Physical Disa	al IEP Effective Date: t are not primarily due t bility ncy	o: ✓ Lack of instruction in re	

os Angeles Unified Sc Student SHALMONI			Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
Last	First	MI Section C: Arrent C		Meeting Date 14-A0G-2020
rmance Area:	Communication C	Section G: Annual G ategory: Con	nmunication V Annual Ge	pal #: 1
hir will use 2-3 word phr.	ases to express her wants an	d needs, to label, and to com	ment on items in her immediate environm	ent with 80% accuracy
	o be reported to parents by Progress Report or Report C	Card periods.	t of Progress and Achievement from Cur	rent IEP" form(s) which
		Methods of ]	$\square$	
<ul> <li>State Assessments</li> <li>Observation</li> <li>Other</li> </ul>	Norm     Portfo	Referenced lio	Criterion Referenced Work Samples	<ul><li>✓ Curriculum Based</li><li>✓ Informal</li></ul>
o comment on items in h	er immediate environment		comment on items in her immediate er moderate prompting.	
te to be achieved:	June V 2020	MO/YR	Date to be achieved: October CHIEVEMENT FROM CURRENT II	✓ 2020 ✓ MO/YF
	IEI KEI OKI		ON OF MARKS	12
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	<i>GRESS</i> (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	oal met) <i>I NO PROGRESS</i>
st Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	4th Reporting Period (Secondary	Goal Achievement
Date:	Date:	Date:	Date:	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: Ves No
is progress sufficient to neet annual goal? Yes No if "No" please comment: Needs More Time Excess	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed	Objective 2 Met: Yes No If "No" please explain:
Absence/Tardy Assignments Not Completed Need to eview/revise Goal	Absence/Tardy Assignments Not Completed Need to review/revise Goal	Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	<ul> <li>Need to review/revise Goal</li> <li>Other</li> </ul>	

T A I TI (# 10		DIVIDUALIZED EDUCA	ATION PROGRAM (IEP)	Page 10 of
Los Angeles Unified Sc Student SHALMON Last		MI Section G: Annual G	Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
When Shir becomes upset, pressure/heavy work activ	, frustrated, or angry, she wil ity, etc.) to avoid engaging i	n self-injurious behaviors (h	Annual Go g strategy (movement break, deep breathin ead banging, throwing self-on ground, elo observations and behavior logs.	ng, quiet space break, deep
Progress on annual goals t will be provided at either I	o be reported to parents by Progress Report or Report C	completing the "IEP Report ard periods.	t of Progress and Achievement from Cur	rent IEP" form(s) which
_	_	Methods of ]	Evaluation	_
<ul> <li>State Assessments</li> <li>Observation</li> <li>Other</li> </ul>	Norm Portfo behavior lo		Criterion Referenced Work Samples	<ul><li>Curriculum Based</li><li>Informal</li></ul>
regulation/coping strategy break, deep pressure/heav injurious behaviors (head climbing on furniture), wi	related to the goal: t, frustrated, or angry, she w y (movement break, deep br y work activity, etc.) to avo banging, throwing self-on ith adult assistance, on 3 ou ervations and behavior logs.	eathing, quiet space oid engaging in self- ground, eloping, t of 5 opportunities, as	Incremental objective #2 related to t When Shir becomes upset, frustrated, or regulation/coping strategy (movement deep pressure/heavy work activity, etc behaviors (head banging, throwing sel furniture), with adult prompts, on 3 ou teacher observations and behavior logs	or angry, she will use a self- break, deep breathing, quiet space break .) to avoid engaging in self-injurious if-on ground, eloping, climbing on tt of 5 opportunities, as measured by
Date to be achieved:	June 🗙 2020	✓ MO/YR	Date to be achieved: October	<ul> <li>✓ 2020</li> <li>✓ MO/YR</li> </ul>
	IEP REPORT		CHIEVEMENT FROM CURRENT II	EP
4 GOAL MET OR EXCEEDED	3 SUBSTANTIAL PRO met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) <i>1 NO PROGRESS</i>
1st Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	4th Reporting Period (Secondary	Goal Achievement
Date:	Date:	Date:	Only) Date:	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: O Yes O No
Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Objective 2 Met: Yes No If "No" please explain:

Student SHALMON	hool District		Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
Last	First	MI		
ormance Area:	anguage Devel C	Section G: Annual G	Annual Ge	bal #: 3
			s, clothing items, and common classroom i	
aily use of language.				
	o be reported to parents by Progress Report or Report C		t of Progress and Achievement from Cur	rent IEP" form(s) which
_		Methods of	Evaluation	
State Assessments		Referenced	Criterion Referenced	Curriculum Based
Observation	Dertfo	lio	U Work Samples	Informal
Other				
ncremental objective #1			Incremental objective #2 related to	
	abulary to 30 words to incl common classroom items, imal prompting.		Shir will increase her vocabulary to 50 parts, clothing items, and common clar of language, with minimal prompting.	
ate to be achieved:	June V 2020 IEP REPORT	f OF PROGRESS AND A	Date to be achieved: October CHIEVEMENT FROM CURRENT II ON OF MARKS	<ul> <li>✓ 2020</li> <li>✓ MO/YR</li> <li>EP</li> </ul>
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) 1 NO PROGRESS
1st Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	4th Reporting Period (Secondary	Goal Achievement
Date:	Date:	Date:	Only) Date:	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: Ves No
Is progress sufficient to neet annual goal? Yes No If "No" please comment:	Is progress sufficient to meet annual goal? Yes No If "No" please comment:	Is progress sufficient to meet annual goal? O Yes O No If "No" please comment:	Is progress sufficient to meet annual goal? Yes No If "No" please comment:	Objective 2 Met: Yes No If "No" please explain:
<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> <li>Completed</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> <li>Completed</li> <li>Need to</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess Absence/Tardy</li> <li>Assignments Not Completed</li> <li>Need to review/revise Goal</li> <li>Other</li> </ul>	

Student SHALMON			Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
Last	First	MI Section G: Annual G	oals and Objectives	
ormance Area:	anguage Devel C	ategory:	✓ Annual Ge	oal #: 4
Shir will follow two-step r	elated directions when com	bined with gestures or visual	l cues, on 3 opportunities, during a school	day.
	o be reported to parents by Progress Report or Report C	Card periods.	t of Progress and Achievement from Cur	rent IEP" form(s) which
	$\Box$	Methods of	$\Box$	
<ul> <li>State Assessments</li> <li>Observation</li> <li>Other</li> </ul>	Norm     Portfo	Referenced	Criterion Referenced Work Samples	<ul><li>Curriculum Based</li><li>Informal</li></ul>
Shir will follow a one-ste opportunities, during a sc	p direction with no more th hool day.	an one prompt, on 3	Shir will follow two-step related direc opportunities, during a school day.	tions with adult assistance, on 3
Date to be achieved:	June V 2020		Date to be achieved: October	<ul> <li>✓ 2020</li> <li>✓ MO/Y</li> </ul>
	IEP REPORT		CHIEVEMENT FROM CURRENT I	Er
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) 1 NO PROGRESS
1st Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	4th Reporting Period (Secondary	<b>Goal Achievement</b>
Date:	Date:	Date:	Only) Date:	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met: O Yes O No
Is progress sufficient to meet annual goal? Yes No If "No" please comment:	Is progress sufficient to meet annual goal? Yes No If "No" please comment:	Is progress sufficient to meet annual goal? Yes No If "No" please comment:	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time	Objective 2 Met: Yes No If "No" please explain:
<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> <li>Completed</li> </ul>	Needs More Time     Excess     Absence/Tardy     Assignments Not     Completed     Need to	Excess Absence/Tardy     Assignments Not Completed     Need to review/revise Goal     Other	

		DIVIDUALIZED EDUCA	ATION PROGRAM (IEP)	Page 13 c
Los Angeles Unified Sc Student SHALMON Last		MI Section G: Annual G	Date of Birth 31-MAR-2017 oals and Objectives	Meeting Date 14-AUG-2020
When given a teacher sele		-	Annual Go behaviors, then will stay on task, with min	
	o be reported to parents by Progress Report or Report C		t of Progress and Achievement from Cur	rent IEP" form(s) which
		Methods of 1	Evaluation	
State Assessments         Observation         Other	Norm	Referenced	<ul><li>Criterion Referenced</li><li>Work Samples</li></ul>	<ul><li>Curriculum Based</li><li>Informal</li></ul>
voidance behaviors, ther	ected, non-preferred task, S n will stay on task, with ma utes at a time in 4 of 5 opp	ximum verbal and non- ortunities.	When given a teacher selected, non-pr avoidance behaviors, then will stay on verbal prompts, for 4 minutes at a time	task, with moderate verbal and non- e in 4 of 5 opportunities.
ate to be achieved:	June V 2020		Date to be achieved: October CHIEVEMENT FROM CURRENT II	✓ 2020 ✓ MO/YR
	IEF KEFOKI		ON OF MARKS	
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) <i>I NO PROGRESS</i>
<b>1st Reporting Period</b> Date:	2nd Reporting Period Date:	<b>3rd Reporting Period</b> Date:	<b>4th Reporting Period</b> (Secondary Only) Date:	Goal Achievement
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Objective 2 Met: Yes No If "No" please explain:

Student SHALMON	I SHIR		Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
Last	First	MI Section G: Annual G	oals and Objectives	
rmance Area:	oc Emot/Safety C	Category:	Annual Go	oal #: 6
			ed area, refrain from climbing on furniture least 80% of the time in 4 of 5 days per w	-
ogress on annual goals t ill be provided at either I	o be reported to parents by Progress Report or Report C	completing the "IEP Repor Card periods.	t of Progress and Achievement from Cur	rent IEP" form(s) which
_	_	Methods of	Evaluation	_
State Assessments	Norm	Referenced	Criterion Referenced	Curriculum Based
Observation	Portfo	lio	Work Samples	Informal
Other				
cremental objective #1			Incremental objective #2 related to t	8
lesignated area, refrain fr rom throwing self back o	l practice classroom safety rom climbing on furniture, l on floor, head banging) with least 50% of the time in 3 o	keep hands to self, refrain n maximum teacher	On a daily basis, Shir will practice clas designated area, use classroom, refrain to self, refrain from throwing self back teacher prompts and guidance, at least	from climbing on furniture, keep han on floor, head banging) with moderat
ate to be achieved:	June 💙 2020		Date to be achieved: October	<ul> <li>✓ 2020</li> <li>✓ MO/YR</li> </ul>
	IEP REPORT		CHIEVEMENT FROM CURRENT II	EP
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) 1 NO PROGRESS
lst Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	4th Reporting Period (Secondary	Goal Achievement
Date:	Date:	Date:	Only)	
			Date:	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
				$\bigcirc$ Yes $\bigcirc$ No
s progress sufficient to	Is progress sufficient to	Is progress sufficient to	Is progress sufficient to meet annual	Objective 2 Met:
neet annual goal?	meet annual goal?	meet annual goal?	goal?	$\bigcirc$ Yes $\bigcirc$ No
⊖ Yes ⊖ No	$\bigcirc$ Yes $\bigcirc$ No	$\bigcirc$ Yes $\bigcirc$ No	$\bigcirc$ Yes $\bigcirc$ No	If "No" please explain:
f "No" please comment:	If "No" please comment:	If "No" please comment:	If "No" please comment:	
<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> <li>Completed</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess</li> <li>Absence/Tardy</li> <li>Assignments Not</li> <li>Completed</li> </ul>	<ul> <li>Needs More Time</li> <li>Excess Absence/Tardy</li> <li>Assignments Not Completed</li> <li>Need to review/revise Goal</li> <li>Other</li> </ul>	

Student SHALMON	SHIR		Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
Last	First	MI Section G: Annual G	oals and Objectives	
rmance Area:	ine motor C	ategory:	✓ Annual Ge	oal #: 7
o demonstrate improved pportunities.	fine motor skills, Shir will c	opy age appropriate pre writ	ting shapes with minimal verbal/visual/tac	tile cues (1-2), 4/5
ogress on annual goals to ill be provided at either I	o be reported to parents by Progress Report or Report C	completing the "IEP Repor Card periods.	t of Progress and Achievement from Cur	rent IEP" form(s) which
2		Methods of 1	Evaluation	_
State Assessments	U Norm	Referenced	Criterion Referenced	Curriculum Based
Observation	U Portfo		Work Samples	Informal
Other	teacher inte	erview		
cremental objective #1	related to the goal: fine motor skills, Shir will	· · · · )	Incremental objective #2 related to the To demonstrate improved fine motors	
	mum verbal/visual/tactile c		writing shapes with moderate verbal/v	
te to be achieved:	June V 2020	✓ MO/YR	Date to be achieved: October CHIEVEMENT FROM CURRENT II	<ul> <li>✓ 2020</li> <li>✓ MO/YR</li> <li>EP</li> </ul>
		EXPLANATIO	ON OF MARKS	
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) <i>1 NO PROGRESS</i>
st Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	<b>4th Reporting Period</b> (Secondary	<b>Goal Achievement</b>
Date:	Date:	Date:	Only) Date:	
rogress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
s progress sufficient to neet annual goal? Yes No f "No" please omment: Needs More Time Excess usence/Tardy Assignments Not completed Need to eview/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Objective 2 Met: Yes No If "No" please explain:

		DIVIDUALIZED EDUC.	ATION PROGRAM (IEP)	Page 16 o
Los Angeles Unified Sc Student SHALMON Last		MI	Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
_		Section G: Annual G		
		ategory:	✓ Annual Go	
onn win play alongside al	ionici cinici, with a reast 5 v		ions, for at least 5 minutes, on 4 occasions	duning a school week.
rogress on annual goals t vill be provided at either I	o be reported to parents by Progress Report or Report C	completing the "IEP Repor Card periods.	t of Progress and Achievement from Cur	rent IEP" form(s) which
_		Methods of	Evaluation	
State Assessments		Referenced	Criterion Referenced	Curriculum Based
Observation Other	Portfo	lio	U Work Samples	Informal
ncremental objective #1	related to the goal:		Incremental objective #2 related to t	the goal.
Shir will play alongside a minutes, on 4 occasions d	nother child, with adult sup luring a school week.	port, for at least 3	Shir will play alongside another child, interaction, with adult support, for at le school week.	with at least 1 verbal or non-verbal east 5 minutes, on 4 occasions during a
Date to be achieved:	June V 2020	✓ MO/YR	Date to be achieved: October CHIEVEMENT FROM CURRENT II	<ul> <li>✓ 2020</li> <li>✓ MO/YR</li> </ul>
			ON OF MARKS	
4 GOAL MET OR EXCEEDED	<i>3 SUBSTANTIAL PRO</i> met)	GRESS (50-99% of goal	2 PARTIAL PROGRESS (1-49% of g	goal met) <i>I NO PROGRESS</i>
1st Reporting Period	2nd Reporting Period	<b>3rd Reporting Period</b>	4th Reporting Period (Secondary	Goal Achievement
Date:	Date:	Date:	Only) Date:	
Progress Mark:	Progress Mark:	Progress Mark:	Progress Mark:	Objective 1 Met:
Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Is progress sufficient to meet annual goal? Yes No If "No" please comment: Needs More Time Excess Absence/Tardy Assignments Not Completed Need to review/revise Goal Other	Objective 2 Met: Yes No If "No" please explain:

Student	SHALMONI	SHIR		Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
	Last	First	MI		
		Section	on K: Participation	in State and District-wide Assessments	
essments a	dministered will	conform to those as	ssessments determined	for each grade by the California Department o	f Education and/or the Los Angeles Uni
				School District.	
				School District.	
RDP-A -	(Adaptations iden	tified below are appl	licable)	School District.	
RDP-A -		tified below are appl	licable)	School District.	
daptation			licable)	School District.	
daptation - Function	s:	5	licable)		

Los Angeles Unified School District	INDIVIDUALIZED EDUCATION PROGRAM (IEP)	Page 18 of 2
Student SHALMONI SHIR	Date of Birth 31-MAR-2017	Meeting Date 14-AUG-2020
Last First	MI	
_	ction N: Procedural Safeguards and Follow-up Actions	
	vices including Procedural Rights & Safeguards was provided to the	he parent in his/her primary language.
	nts were read aloud at the beginning of the IEP Team meeting.	
The parent/guardian was informed of his/her i	right to a written translation of the IEP.	
Is the parent/guardian requesting translation servi	ces? • Yes O No	
If yes, the parent/guardian has requested a wri	tten translation of the IEP in Hebrew	
Specify the Individual Pages to be translated:		
all		
Special Requests:		
For students who are 17 years old, the studen student at 18 years of age, unless the court ha	t and parent(s)/guardian(s) have been informed that the educational de s determined otherwise.	ecision-making rights will transfer to the
п	THE ODACE DELIDED ATELVI EET DI ANIV	
1	THIS SPACE DELIBERATELY LEFT BLANK.	

		INDIVIDUALIZED	EDUCATION PROGRAM	<b>1</b> (IEP)	Page 19 of 27
Los Angeles Unified Schoo	ol District			· · ·	
Student SHALMONI	SHIR		Date of Birth 31.	-MAR-2017 Mee	ting Date 14-AUG-2020
Last	First	MI			
		Section Q: Paren	t Participation and Cor		
Pa	rent Participation			Parent Notificati	
Parent/Student (18-21) has			Method Email	Whom FSA	<b>When</b> 24-JUN-2020
O Parent/Student (18-21) indi- able to attend.	cated before the me	eting that they would n	tot be		
O Parent/Student (18-21) was Parent/Student (18-21) did not r the meeting was held without th	espond to any of th	e meeting notifications			
Parent/Student (18-21) did without them if they did not atter		permission to proceed	I (PARENT) acknowle request.		as rescheduled to this date at my / if the PARENT requested that
			the IEP meeting be re	scheduled.)	• •
		( ) 8	nent to Components of	1	
A Parent/Student (18-21) ma implement those portions of					and services.
O Parent/Student (18-21) AG	REES to all compo	nents of the IEP.			
O Parent/Student (18-21) AG	REES o all compo	nents of the proposed I	EP WITH THE SPECIFIC	EXCEPTION(S) stated be	low:
Assessment	Specify				
Eligibility	Specify				
Instructional S	ettingSpecify				
Services	Specify				
O The Parent/Student (18-21)	DOES NOT AGR	EE with any of the cor	nponents of the proposed IEF	2.	
A Parent/Student (18-21) is n					
not agree. If a parent/student					
information on dispute resolu <i>Rights and Safeguards</i> ).	ation processes in	the District's publica	tion, A Parent's Guide to S	pecial Education Services	s (Including Procedural
Rights und Sajeguaras).		Dement Com			
			ncerns and Comments	1 6 4	
Per Parent's signature on the Fina	al Settlement Agree	ment dated 06/24/2020	, Parent agrees to this IEP an	d no further consent is requi	ired
Signature(s)		Γ		Date	14-AUG-2020
		L		Date	
O Guardian Parent	O Stuc 21 years	lent age 18-21 years ag	e 18- O Surrogate Parer	nt O Emancipated Minor	O Foster Parent
Did the school district facilitate	parent involvemen	t as a means of improvi	ng services and results for yo	our child? $\bigcirc$ Yes $\bigcirc$ No	No Response
I certify that I have received voluntary and can be done at			regarding the IEP process.	I understand that my com	pletion of the form is
Signature(s)				_	14 AUC 2020
Signulure(s)				Date	14-AUG-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.

А.	Regarding your child's current IEP:	Yes	No	Does Not Apply
1.	I am satisfied with the IEP meeting.			
2.	I feel that the IEP accurately reflects the decisions made at the IEP meeting.			
3.	I received notice of the IEP meeting.			
4.	I received "The IEP and You" handbook with the notice of the IEP meeting.			
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.			
6.	The IEP meeting was held in an appropriate setting.			
7.	I feel I was treated as an equal and important part of the IEP team.			
8.	The participants at the IEP meeting were prepared and informed.			
9.	Placements for my child, including the general education setting, were discussed and decided upon.			
10.	Related services were discussed and decided upon, if relevant.			
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.			
12.	At the end of the IEP meeting the decisions were summarized.			
13.	If I needed an oral interpretation of the IEP team meeting an interpreter was provided.			
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.			
15.	The interpreter stayed for the duration of the IEP team meeting.			
16.	If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.			
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.			
18.	If I needed a written translation of the IEP, translation services were offered.			
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.			
	any of the answers to items 13–16 or 18–19 was No, please discuss your concern(s) with the te administrator or call the Division of Special Education at (213) 241-6701.			
Sec.	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.)			
		2	Addition	al Comments

Please fold alor	ng dotted lines with	the address showing Again, Thank you!	. Seal and mail. Postage i	s pre-paid.
	BUSINES	S REPLY		NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATE
	T-CLASS MAIL PERM	T NO. 33798 LOS ANG BE PAID BY ADDRES	ELES CA 90051	
	LOS ANGELE PO BOX 5133	T RESOURCE NE S UNIFIED SCHO 307 S CA 90099-409	OL DISTRICT	
		II.dadh	ռԱահետեսՍահետվեն	ull
2				
PARENT INPUT SURVEY English				
UTS				
dNI				
PARENT English				
Jo D				

os Angeles Unified School District		Reconvened Meeting Date
Student SHALMONI SHIR Last First	Date of Birth 31-MAF	R-2017 Meeting Date 14-AUG-2020
S	Section R: Names and Signatures (Signatures on F	ile)
Team Member	Print Name	Signature
Parent/Guardian	Revital Shalmoni	
arent/Guardian	Jeffry Shalmoni	
tudent Age 18 - 21 years		
tudent Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Tanyka Nelson-Robinson	
Special Education Teacher	Romy Sperling	
General Education Teacher	Rina Duarte	
School Psychologist		
School Nurse		
Related Service Staff LAS	Sara Cohen	
Related Service Staff OT	Talia Cohen	
Related Service Staff		
nterpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other Advocate	Luciana Ganach	
Dther		
Dther		
Dther		

		INDIVIDUALIZED EDUC	ATION PROC	GRAM (IEP)		Page 21 of 27
- /	s Unified School Dist SHALMONI SHI Last	trict	Date of Birth	31-MAR-2017	Meeting Date	14-AUG-2020
		LEAST RESTRICTIVE EN	VIRONM	ENT ANALYSIS	5	
		To Be Completed By the IEP T	eam at the IE	P Team Meeting		
		Student's Current	Placement Ty	pe:		
○ General	Education Class/Ger	neral Education Site	○ Special	Day Program/General	Education Site	
○ Special	Day Program/Specia	Education Center	ONonpub	lic School		
O Home/H	Iospital or Residentia	l Care Facility				
		nformation below as part of the IEP tean that indicates YES. After reaching the S				
Placement i restrictive s required sup there is a co	n a more restrictive s etting with the use of pports, services, accor ompelling reason why	Education Act (IDEA) requires that studetting should only occur if the nature or supplementary aids and services cannot modations and modifications is not the they cannot be provided. In selecting the s that he or she needs.	severity of the be achieved s sole justifica	e student's disability is satisfactorily. The lack tion for placement in a	such that placen of current availa more restrictive	nent in a less bility of a student's setting, unless
Step A.	Can the supports, s classroom/setting?	services, accommodations and/or modifi	cations in the	student's IEP be made	available in a ge	eneral education
	⊖ Yes ⊖ No	If the answer is YES, then a general e NO, go to the question below.				
	○ Yes ○ No	If not currently available, can the requ available in a general education classr and/or modifications must be provided the box below. Then go to Step B.	oom/setting?	If YES, all required su	pports, services,	accommodations
Step B.	Can the supports, s in a special day pro	services, accommodations and/or modifior	cations in the	student's IEP be made	available on a g	eneral education site
	$\bigcirc \text{Yes} \bigcirc \text{No}$	If the answer is YES, then a special data answer is NO, go to the question below		a general education si	te is the appropr	iate placement. If the
	○ Yes ○ No	If not currently available, can the requ available in a special day program on accommodations and/or modifications articulate why in the box below. Then	ired supports a general edu s must be prov	cation site? If YES, all vided within a reasonab	required suppor	ts, services,

s Unified Sch	ool District	INDIVIDUALIZEDI	EDUCATION PROC	GRAM (IEP)		
SHALMONI Last	SHIR First	MI	Date of Birth	31-MAR-2017	Meeting Date	14-AUG-2020
ANN					(Continued)	)
Can the sup	oports, services, ac	commodations and/or n	nodifications in the	student's IEP be made	e available in a sp	ecial school setting
O Yes (			cial school setting i	s the appropriate place	ement. If the answ	ver is NO, go to the
O Yes (	available modifica	in a special school sett tions must be provided	ing? If YES, all req	uired supports, service	es, accommodatio	ons and/or
Can the su	oports, services, ac	commodations and/or n	nodifications in the	student's IEP be made	e available in a ho	ome/hospital setting
O Yes (				s the appropriate place	ement.	
O Yes (	○ No If not cur available modifica	rrently available, can th in a home/hospital sett tions must be provided	e required supports ing? If YES, all rec	uired supports, service	es, accommodatio	ons and/or
Can the sup facility?	pports, services, ac	commodations and/or n	nodifications in the	student's IEP be made	available in a re	sidential care
○ Yes (			ate in the IEP what	supports, accommoda	tions and/or mod	lifications are requi
	SHALMONI Last ANN Can the sup O Yes ( Yes ( Yes ( Yes ( Yes ( Yes ( Yes ( Can the sup facility?	Last       First         ANNUAL LEAST         Table         Can the supports, services, act         Yes       No         Yes       No         Yes       No         f the ansquestion         Yes       No         f not cur available modificat box belo         Can the supports, services, act         Yes       No         If the ansulation of the supports of the supports of the support of the suport of the support of the	SHALMONI       SHIR         Last       First       MI         ANNUAL LEAST RESTRICTIVE To Be Completed By the         Can the supports, services, accommodations and/or n       Yes       No         Yes       No       If the answer is YES, then a spe question below.         Yes       No       f not currently available, can the available in a special school sett modifications must be provided box below. Then go to Step D.         Can the supports, services, accommodations and/or n         Yes       No         If the answer is YES, then a hon If the answer is NO, go to the qu         Yes       No         If not currently available, can th available in a home/hospital sett modifications must be provided box below. Then go to Step E.         Can the supports, services, accommodations and/or n         fact the supports, services, accommodations and/or n         facility?	SHALMONI       SHIR       Date of Birth         ANNUAL LEAST RESTRICTIVE ENVIRONME To Be Completed By the IEP Team at the IE         Can the supports, services, accommodations and/or modifications in the         Yes       No         If the answer is YES, then a special school setting i question below.         Yes       No         f not currently available, can the required supports, available in a special school setting? If YES, all req modifications must be provided within a reasonable box below. Then go to Step D.         Can the supports, services, accommodations and/or modifications in the         Yes       No         If the answer is YES, then a home/hospital setting i If the answer is NO, go to the question below.         Yes       No         If the answer is YES, then a home/hospital setting? If YES, all req modifications must be provided within a reasonable box below. Then go to Step E.         Can the supports, services, accommodations and/or modifications in the available in a home/hospital setting? If YES, all req modifications must be provided within a reasonable box below. Then go to Step E.         Can the supports, services, accommodations and/or modifications in the facility?         Yes       No         If not currently available, articulate in the IEP what	SHALMONI       SHIR       MI       Date of       31-MAR-2017         Last       First       MI       Birth       31-MAR-2017         ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS       To Be Completed By the IEP Team at the IEP Team Meeting         Can the supports, services, accommodations and/or modifications in the student's IEP be made       Yes       No         If the answer is YES, then a special school setting is the appropriate place question below.       Yes       No         Yes       No       If the answer is YES, then a special school setting? If YES, all required supports, services, accommodations must be provided within a reasonable timeline. If the answer box below. Then go to Step D.         Can the supports, services, accommodations and/or modifications in the student's IEP be made if the answer is NO, go to the question below.         Yes       No       If the answer is YES, then a home/hospital setting is the appropriate place if the answer is NO, go to the question below.         Yes       No       If not currently available, can the required supports, services, accommodations must be provided within a reasonable timeline. If the answer box below. Then go to Step E.         Can the supports, services, accommodations and/or modifications in the student's IEP be made facility?         Yes       No         If not currently available, anticulate in the IEP what supports, accommodat available in a home/hospital setting?	SHALMONI       SHIR       Date of Birth       31-MAR-2017       Meeting Date         ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued) To Be Completed By the IEP Team at the IEP Team Meeting       Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a sp ves       No       If the answer is YES, then a special school setting is the appropriate placement. If the answ question below.         Yes       No       If the answer is YES, then a special school setting? If YES, all required supports, services, accommodations available in a special school setting? If YES, all required supports, services, accommodation modifications must be provided within a reasonable timeline. If the answer is NO, please a box below. Then go to Step D.         Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a hore/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, accommodation available in 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 mod available in a home/hospital setting? If YES, all required supports, services, accommodation available in a home/hospital setting? If YES, all required supports, services, accommodation modifications must be provided within a reasonable timeline. If the answer is NO, please a box below. Then go to Step E.         Can the supports, services, accommodations and/or modifications in the student

os Angeles	unified Scho	ol District	INDIVIDUALIZED	EDUCATION PRO	GRAM (IEP)		
0	SHALMONI	SHIR		Date of	31-MAR-2017	Meeting	14-AUG-2020
	Last	First	MI	Birth		Date	
	ANN	UAL LEAST	RESTRICTIVE	E ENVIRONMI	ENT ANALYSIS	(Continued)	)
		То	Be Completed By th	e IEP Team at the IE	P Team Meeting		
Step F.			ed in the contents of this time, including (che	-	ement being considered	l by the IEP team	n, outweigh any
		Missed genera Rate at which Lack of oppor Lack of oppor Amount of soc Limited access	cess to the full range l education instruction student may earn cred tunity for social intera tunities for age-approp cialization opportunities to peers in student's ure to appropriate beh	n taught by highly qu lits for graduation action priate peer role mode es with typical peers home community	els		

Student SHALMON	I School District	Date of Birth 31-MAR-2	t 1 - Eligibility, Placements and Supports 2017 Meeting Date 14-AUG-2020
Last	First	MI	
		Effective With this IEP	Entrus Changes Delated to this IFD
	As of Date:		Future Changes Related to this IEP
Eligibility:	As of Date.		
from Page 4)		Eligible (AUT)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	Preschooler Non-LAUSD/Not Headstart	
	Name of School	SP ED INF/PRE (1989)	
		CALABASH CA	
nstructional Setting	Setting	DIS Only - Preschooler	
		GE	
	Program		
	Special Day Minutes/Wk	0	
	Addresses Goals	1(Communication),2(Language Devel),3(Language Devel),4(Social Emotional),5(Soc Emot/Safety),6(fine motor)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	• Yes O No	<u></u>
	Parent Counseling and Training (PCT)	● Yes ○ No	
	ESY Transportation	No	
Accommodation, Modifications, Supports	Instructional Accommodations	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	
	Instructional Modifications		
	Other Supports, including Non- Academic and Extra- curricular Activities	All staff working with Shir should be aware that she does not like people to touch her or her belongings.	
Preparation for Three Vear Review IEP (At he second Annual Review IEP Meeting, he team must discuss and document the lecision to conduct or	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	○ Yes ○ No	
reassessment.)	If the Parent does not agree, specify the area(s) to be reassessed.		

Assistive Technology Equipment	
Participation in General Education	

os Angeles Unified School Dis tudent SHALMONI SHIR		IEP FAPE Part 2 - Summary o Date of Birth 31-MAR-2017	Meeting 14-AUG-2020
Last Fir	rst MI		Date
		Effective With This IEP	Future Changes Related To This IEP
Service 1	Start Date:	Effective on Signature Date 14-AUG-2020	
16	End Date:		
Occupational Therapy	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following <b>goals:</b>	Interval:	Weekly	
5(Social Emotional)	Minutes/Interval:	30	
7(fine motor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Other Provider(s)	
	*		
	*		
Service 2	Start Date:	Effective on Signature Date 14-AUG-2020	
16	End Date:		
Occupational Therapy	Service applies to:	ESY	
	Frequency:	1-10	
This service addresses the following <b>goals:</b>	Interval:	Yearly	
5(Social Emotional)	Minutes/Interval:	60	
7(fine motor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Other Provider(s)	

	*		
Service 3	Start Date:	Effective with Future Changes	18-AUG-2020
		14-AUG-2020	
26	End Date:		10-JUN-2021
Pre-Kdg. Itinerant	Service applies to:		Regular
	Frequency:		1-5
This service addresses the following <b>goals:</b>	Interval:		Monthly
5(Social Emotional)	Minutes/Interval:		120
6(Soc Emot/Safety)	Minutes/Interval (Pullout from Gen Ed):		0
2(Behavioral Support)	Service Delivery Model:		Direct Service (Collaborative)*
8(Social Emotional)	Responsible Personnel:		Special Education Teacher
Service 4	** Start Date:	Effective on Signature Date	
501110 4	Start Date.	14-AUG-2020	
18	End Date:		
Occupational Therapy - Clinic	Service applies to:	ESY	
	Frequency:	1	
This service addresses the following <b>goals:</b>	Interval:	Weekly	
5(Social Emotional)	Minutes/Interval:	60	
7(fine motor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	

	Responsible Personnel:	Licensed/Credentialed Provider	
	*		
Service 5	Start Date:	Effective as of 3rd Birthday with Parent Signature 31-Mar-2020	
18	End Date:	28-FEB-2021	
Occupational Therapy - Clinic	Service applies to:	Regular	
	Frequency:	1	
This service addresses the following <b>goals:</b>	Interval:	Weekly	
5(Social Emotional)	Minutes/Interval:	60	
7(fine motor)	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	

Notes:

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

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

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	0	
Part 4 - Additional Discussion (This	s section is optional)	

The purpose of this updated IEP Document is to implement the terms of the Final Settlement Agreement dated 06/24/2020.

Per the terms Agreement as documented in this IEP Meeting dated 08/14/2020:

In lieu of a District placement offer, Parents have elected to enroll Shir in Woodland Hills Private School, a non LAUSD, private preschool setting (See Agreement for details related to private preschool reimbursement through 06/30/2021).

For the 2020-21 Regular School Year, 120 minutes per month of Pre- K Itinerant Teacher (PKIT) Services will be provided for 120 minutes per month. The PKIT Services will be provided to Shir at her private preschool in conjunction with the District's Calendar Year.

A total of 40 hours of Compensatory Language and Speech Services (LAS) will be provided to Shir by a certified Non-Public Agency (NPA) Provider, Professional Tutors of America (See Agreement for details related to LAUSD Direct Pay Model to NPA LAS Agency through 08/30/2022).

60 minutes per week of District Occupational Therapy (OT) Clinic Services as offered in the IEP dated 02/20/2020 have been extended from the end date of 09/30/2020 will now be provided to Shir through 02-28-2021.

30 minutes per week of School Based OT Services will be provided to Shir as offered in the IEP dated 02/20/2020.

LAUSD schools are closed at this time due to the COVID-19 national pandemic. Shir will continue to receive educational services using the At Home Continuity of Learning Plan until schools reopen.

For this IEP Meeting dated 08/14/2020, Parent waives the presence of a full IEP Team and the statutory requirement for IEP Notification procedures. Per Parent's signature on the Final Settlement Agreement dated 06/24/2020, Parent agrees to this IEP and no further consent is required. The completed IEP will be sent to Parents via email.

Los Angeles Unified School District Student SHALMONI SHIR

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP FAPE Part 2 - Summary of Services

Student SHALMONI Last

Date of Birth 31-MAR-2017

Meeting Date 14-AUG-2020

Page 24 of 27

C	Last	First MI			Date of Dirth		2017		1100 2020	
			FAP	E Summ	ary Grid					
Program	n:	GE		\$	Setting:		DIS Or	ly - Preschooler		
Eligibilit	ty:	Eligible (AUT)			Curriculum:		Genera	General Education		
Transpo	rtation:	None		]	Low Incident S	upport:	None			
	trict Received	14-Aug-2	020							
Service Code	Service Desc	Start Date	Service Applies To	Interva	l Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent	
16	Occupational Therapy	Effective on Signature Date	Regular	Weekly	1-5	~	30	Social Emotional, fine motor		
16	Occupational Therapy	Effective on Signature Date	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 on Signature Date	ESY	Weekly	/ 1	~	60	Social Emotional, fine motor		
26	Pre-Kdg. Itinerant	Effective with Future Changes 18-Aug-2020	Regular	Monthl	у 1-5	~	120	Social Emotional, Soc Emot/Safety, Behavioral Support, Social Emotional		

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.

					DOCDAT		Page 25 of 2
				ZED EDUCATION P			
		E D 1		or Intervention Plan			
	Los A	Angeles Unified Scho		udent's Learning or the Lea		navior Interven	tion Plan, pg. 1 of 3
Student	SHALMON	-		Date of Birth		Meeting Date	14-AUG-2020
	Last	First	MI			U	
1		impeding learning is:		Describe what it looks			
1	other	· • •			ack, bangs head, elopes		2
2	-	e	k of work production	disrupts other stud	ients requires inst	ruction to stop	
	instructional		ative interaction with p	beers			
	other 🗸	safety risk					
3	The need for	r a Behavior Intervention	Plan: O early stage	intervention 🔘 modera	te 🔿 serious 🔿 extrem	ne	
3	Encontration	n interesity on dynation of	haharian Enamerary	v) Daviad Lat	Dynation (m)	)	
4	Frequency o	r intensity or duration of	benavior: Frequency (		ensity Duration (m	in)	
	1     Image: Construction of the second secon	1 by			edium  2 bserved by		
		parent					
PREVEN	NTION		PART 1	J	ENVIRONMENTAL FAC	TORS AND NECH	ESSARY CHANGES
	_	What are the predict	ors for the behavior? (S	Situations in which the beh	navior is likely to occur: pe	ople, time, place, s	subject, etc).
	5	Disruption in rou	utines 🗸 Wor	rk level higher than	Uverbal directives		k of predictability
		Time of day	student	's ability	Peer conflict	$\frown$	r stimulation
		Unstructured tim		ernal physical/emotional	Room conditions		cific room arrangemen
		Events from prev	vious state	k of freedom, choice,			
		environments	desirabl	le activities, friends			
		Other Describe		ler stimulation			
				m hahavian? (What is mis	sing in the anyting magnet (as	mionime og minet i	a in the
Observat	tion 6	environment/curricu	alum that needs changi	ng?)	sing in the environment/cu	friculum of what is	s in the
Analysis		the environment:	$\Box$				
2	i tesent in			0 0	oise levels		ions (adult and/or
	Missing in	n the environment:	Peer status gai misbehavior		happropriate materials (age chedule	-appropriate, size, Conflic	etc.) t resolution skills
			🗹 Transition skil		ask structuring		ve communication with
			Re-teaching	🗹 с	onsequences not clear to	parent	inications system
			Social skills in	struction stude	nt	Commu	inications system
	☐ Othe	r (Missing/Present):	Choices				
		DEMOI					n
					THE PROBLEM		
Intervent	ion 7			l supports are needed to rei ve the likelihood of behavi	move the student's need to	use this behavior?	(Changes in
inter venu	1011 /	Ĩ	_			_	
		Time Changes:	_	ive more time on tasks	Allow completion ir	n parts 🛛 🗌 Tea	ch a closure system
		Space Changes:		gnal transition	Provide a break	=	e less time on tasks
		Material Changes:		referred seating	Different work areas		dy carrels
		c	Pe	ersonal space ccommodated work	Hands-on learning		ks organized arged print size books
		Interaction:	_	igh interest materials	Cue the student	Mo	
				6			
			🗹 Us	se specific supportive	Praise successes	L Pee	r Models
			words		<ul> <li>✓ Praise successes</li> <li>✓ Use calm, de-escalat</li> </ul>		r Models
			words	s erbally praise student			r Models
			words Ve Ve	s erbally praise student se specific support	🗹 Use calm, de-escala		r Models
		Other	words Ve Ve	s erbally praise student	🗹 Use calm, de-escala		r Models
	Who will	Other establish?	words	s erbally praise student se specific support	🗹 Use calm, de-escala	ting	r Models

		IND		<b>ED EDUCATION PF</b> r Intervention Plan			Page 26 of 2
		For Behavior Interf	fering with Stud	lent's Learning or the Leas	rning of His/Her Peers		
_		geles Unified School Distri	ict				ition Plan, pg. 2 of 3
Student S	HALMONI	SHIR		Date of Birth	31-MAR-2017	Meeting Date	14-AUG-2020
ALTERNA		First PART II	MI	NCTIONAL FACTORS A		ς το τελοή λνι	SUDDODT
ALIERNA	IIVE	Team believes the behavior of					
	8	To Get:	_				
				ory input ible (desired item)	Attention (peer) Tangible (desired ac		ention (staff)
		To Avoid:		ory input	Attention (peer)		ention (staff)
				(too difficult)	Task (too easy)		k (too long)
		Describe:					
Observatio	n 9	What team believes the stude his/her need met in an accept		NSTEAD of the problem b	behavior? (How should th	ne student escape/p	rotest/avoid or get
Analysis		nsory input, Shir will use safe so ging head, climbing on furnitur			ED team, instead of usir	ng unsafe strategie	s (i.e. throwing self or
		avoiding a task that is too diffi , for 3 minutes at a time.	icult, Shir will	signal/ask for help, then	will complete part of th	e accommodated	task with adult
		What teaching Strategies/Nec	essary Curricu	lum/Materials are needed?	)		
	10						
		Better communication	🗹 Anj	ger management	Communication sys	stem 🔽 Se	f-management systems
		skills	🗹 Lea	rning new social skills	Learning how to ne	egotiate 🗹 Le	arning structured choic
		Following schedules & routines	Lea organiz	urning notebook	Learning to use cor resolution	nflict 🗹 Le	arning to request breaks
		Learning new scripts	organiz	ation	resolution		
		Other					
		Who will establish? SPED teacher	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Who will monitor? SPED team	Frequency	y:	
		What are reinforcement proce			daily	nlacement behavio	r(s)?
Interventio	n 11	Physical:					
		i liysical.	-	gh-fives on the back	Smiles	└─ Ha	ndshake
		Verbal:	_	e specific praises		Pe	er recognition
		Contingent Access:	🗌 Tin	ne on the computer	Recognition of student	's Lis	sten to music
		Contingent / recess.	$\frown$	ferred activity	Free time Describe: animal toys		her
		Tangibles		sitive phone calls or o home			ating Location
		Tokens and Points:	🗹 Tol		Certificate sent hor	ne 🗆 Se	ating Location
		Privileges:		empt assignment	Extra test points		
		Other ideas:			]		
		Selection of reinforcer based o	n: parent inpu	ıt			
		reinforcer for using replac			ral increase in positive be	ehaviors	
		By whom?		Frequency			
		SPED team		daily			
EFFECTIV	E REACTIO	N PA	ART III		REACTIVE	STRATEGIES	
12	What strateg should handl school conse	ies will be employed if the proble e the problem behavior if it occu quences)	em behavior oo Irs again, 3. Pos	ccurs again. (1. Prompt stu sitive discussion with stude	dent to switch to the repl ent after behavior ends, 4	acement behavior, 4. Any necessary fu	2. Describe how staff in the classroom or
(V	When Shir be	ecomes upset, frustrated, or ang	gry, she will us	e a self-regulation/coping	g strategy (movement br	eak, deep breathin	ng, quiet space break,
		e/heavy work activity, etc.) to a		-		ring self-on groun	d, eloping, climbing
		with one reminder, on 4 out of	f 5 opportuniti	es, as measured by observ	vations.		
C	ersonnel? SPED team						
	n ED team						

				us Learning or the	Learning of His/Her Peer		
,		s Unified Schoo	l District				Plan, pg. 3 of 3
Student		SHIR	MI	Date of Birth	31-MAR-2017	Meeting Date	14-AUG-202
	Last	First	IVII	Dirtii		Dutt	
OUTCO	MES		PART IV		BEHAVIORA	AL GOALS	
13	Behavioral Goal	l: Goal #: 2					
	break, deep press	ure/heavy work ac		iging in self-injurio	ping strategy (movement b us behaviors (head banging red by observations.	-	
oservation					nd may also include: hat remove student's need	to use the probl	em behavior
Are	curriculum accom		ifications also necessary	? Where described	?		
	PE 1						
0	0						
_	environmental sup	ports/changes nec	essary?				
0	-						
Is re	-	lacement behavior	r alone enough? (no new	v teaching is necess	sary)?		
$\cap$							
0	Yes 🔘 No			1 10			
Are	both teaching of ne	ew replacement be	ehavior AND reinforcen	nent needed?			
Are	both teaching of ne Yes O No	-					
Are	both teaching of ne Yes O No	-	ency's service plans? A				
Are This	both teaching of ne Yes O No	-					
Are This	both teaching of ne Yes No BIP to be coordina Yes No	ated with other ag	ency's service plans? A				
Are This	both teaching of ne Yes No BIP to be coordina	ated with other ag	ency's service plans? A				
Are This	both teaching of ne Yes No BIP to be coordina Yes No	ated with other ag	ency's service plans? A		COMMUNIC	CATION PROVI	ISIONS
Are This	both teaching of ne Yes No BIP to be coordina Yes No on responsible for JNICATION	ated with other ag	ency's service plans? A gencies. PART V		COMMUNIC	CATION PROVI	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for UNICATION Manner and co	ated with other ag contact between a pontent of commun	ency's service plans? A gencies. PART V		COMMUNIC		ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for JNICATION	ated with other ag contact between a pontent of commun	ency's service plans? A gencies. PART V ication:	gency?	Written notes	3	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for JNICATION Manner and co	ated with other ag contact between a ontent of commun s rts	ency's service plans? A gencies. PART V ication:	gency?		3	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for JNICATION Manner and co Ver Phone calls	ated with other ag contact between a ontent of commun s rts	ency's service plans? A gencies. PART V ication:	gency?	Written notes	3	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for JNICATION Manner and co V Phone calls Phone calls Daily repor	ated with other ag contact between a ontent of commun s rts	ency's service plans? A gencies. PART V ication:	gency?	Written notes	3	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for UNICATION Manner and co Ver Phone calls Daily repor Daily repor Other Between?	ated with other ag contact between a ontent of commun s rts ports	ency's service plans? A gencies. PART V ication: Email Z Daily chan Frequency?	gency?	Written notes	3	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for UNICATION Manner and co Ver Phone calls Daily repor Daily repor Other Between?	ated with other ag contact between a ontent of commun s rts	ency's service plans? A gencies. PART V ication: Email Z Daily char	gency?	Written notes	3	ISIONS
Are This Person COMMU	both teaching of ne Yes No BIP to be coordina Yes No on responsible for UNICATION Manner and co Ver Phone calls Daily repor Daily repor Other Between?	ated with other ag contact between a ontent of commun s rts ports	ency's service plans? A gencies. PART V ication: Email Z Daily chan Frequency?	gency?	Written notes	3	ISIONS