

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student Identification Number

**Eligible (AUT)**

Student     
Last First MI

Date of Birth

**Section A: Meeting Information**

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	<input type="text" value="21-APR-2017"/>	<input checked="" type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting	<input type="text" value="21-APR-2017"/>	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	<input type="text" value="21-APR-2018"/>	<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	<input type="text" value="21-APR-2020"/>	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	<input type="text" value="21-APR-2017"/>	<input type="text"/>	
Transition to Kindergarten to be conducted by	<input type="text"/>		
Location of Meeting:	<input type="text" value="Preschool Assessment Center Melvin ES"/>	District Name:	<input type="text" value="Los Angeles Unified School District"/>

**Section B: Student Information**

Date of Birth  Age  Grade  Gender  Male  Female Limited English Proficient Student  Yes  No

Ethnic Code

Location of the Psych Folder:  Student has no Psych Folder:

Location of the Cum Folder:  Student has no Cum Folder:

Home Language  Student Language

Alternate Mode of Communication

Home Address of Student

City  CA ZIP Code

Home Telephone  Daytime Telephone  Emergency Telephone

School of Attendance  Location Code

School of Residence  Location Code

Name of Parent/Guardian  Telephone

Address

City  CA ZIP Code

Surrogate Parent  Telephone

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

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

Relationship

Licensed Children's Institution  No  Yes LCI Name  LCI#

Out of home placement made by:  Department of Mental Health  Department of Children's Services  Regional Center  Superior Court

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHITRIT OREL O Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

Section C: Language Acquisition

Language Classification: \_\_\_\_\_ Start Date: \_\_\_\_\_ Reclassification Date: \_\_\_\_\_

Parent Waiver: Yes  No

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="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10. _____	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHITRIT

OREL

Date of Birth 30-APR-2012


Meeting Date 21-APR-2017

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Health assessment, Parent interview (02/14/2017)

State/District Assessment Results:

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

Orel is 4 years old product of full term pregnancy born via C-section due to failure to progress labor with no newborn complications.

His developmental milestones were reported to occur within the following timelines: he sat at 6 months, crawled at 7 months, walked at 12 months, and said the first word at 8 months.

He attends pre school and the teacher is concern of his speech. The parents reported he is shy but very friendly, does not seat in circle time, hugs other children  
His current height is 44 inches. His weight is 36 pounds.

Strength: He passed the LAUSD vision screening using the LEA puzzle (02/14/2017). He passed the LAUSD hearing screening (02/14/2017). He ambulates with no assistance. He eats regular meals and has good appetite. He uses spoon/fork when eating with no assistance. He does not have current medical diagnosis and no history of serious/chronic illness, multiple ear infections, injury, accident, surgery, hospitalization, allergy, seizure, diabetes, or heart problem.

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

Impact of Disability:

His health does not affect his participation, performance, and access in the educational program.

Accommodation: None in regards to health.


Annabelle Turla, RN,MSN

02/14/2017

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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



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Student SHITRIT

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Date of Birth 30-APR-2012


Meeting Date 21-APR-2017

## Section E: Present Level of Performance

Performance Area: Cognitive

Assessment/Monitoring Process Used:

State/District Assessment Results:

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


Overall, Orel's current functioning in cognition/ general ability is estimated to be in the average to well below average range based on performance on the Mullen Scales of Early Learning (MSEL), Developmental Tasks for Kindergarten Readiness II (DTKR II), Kaufman Survey of Early Academic and Language Skills (K-SEALS), and information gathered via observation and interview on the Developmental Profile Third Edition (DP3). However, due to Orel's limited joint attention and sustained engagement with the assessors, the results of this assessment should be interpreted with caution as it may not be a true estimate of his general ability.

Areas of Strength: Orel's profile as examined on the MSEL reflects a relative strength in visual reception skills (the ability to discriminate, recall, organize, and sequence visual stimuli); and fine motor skills (the process involving visual motor planning, unilateral, and bilateral manipulation and writing readiness). On the K-SEALS, Orel's profile as examined reflects a relative strength in receptive and expressive language skills. On the DTKR-II, Orel's profile as examined reflects a relative strengths in visual skills (visual motor, visual memory, and visual discrimination skills), and verbal-conceptual skills (awareness and use of body concepts, auditory association, auditory sequencing, and relational concept skills). Per parent rating on the DP 3, he is able to draw a cross and is able to rote count to fifteen.

Performance Area: Cognitive (continued)

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Needs: Orel's profile as examined on the MSEL reflects relative weaknesses in expressive language skills (the ability to employ auditory discrimination, auditory comprehension, and auditory memory in order to verbally demonstrate concept formation), and receptive language skills (the process involving auditory discrimination, linguistic conceptualization, auditory comprehension and memory). On the K-SEALS, Orel's profile as examined reflects a relative weakness in vocabulary skills. Per parent rating on the DP3, he does not understand the difference between living and non-living things. Moreover, Orel demonstrated challenges in being able to sustain attention and shift focus from one activity to another.

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 Orel's ability to access the preschool curriculum.

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## Section E: Present Level of Performance

Performance Area: Academic

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Orel demonstrates average to below average pre-academic skills.

Areas of Strength: Overall, as based on direct testing, Orel demonstrates a relative strength in general fund of information skills (identification and labeling of colors, relating personal information of name, age, and gender); and pre-writing skills (making marks on paper, imitate copying basic lines). Based on results from the Developmental Tasks of Kindergarten Readiness II (DTKR II), Orel performed within the average range in relational concept skills, number counting, number use, and number naming skills, and above average range in alphabet knowledge skills. Parent reported that Orel enjoys reading and has memorized stories. When interested, he can easily describe what is happening in a book. Orel understands number concepts, demonstrates one to one correspondence, and recognizes numerals.


Areas of Weakness: Even though Orel is performing within the average range in overall academic skills, as reported and observed, Orel had difficulty in his ability to sustain attention and shift focus from one activity to another needing continuous redirection and prompting during testing to complete all tasks presented. Attention challenges may impact Orel's ability to follow directions and attend to, participate, and complete adult directed tasks, involving the acquisition and development of school readiness tasks.

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.

Performance Area: Communication

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Current parent interview indicates Orel uses more words than gestures to communicate his needs and wants. He has a well-developed vocabulary and is able to express himself in complete sentences. He will ask questions such as "What is it, where is it." Familiar listeners and unfamiliar can understand up to 100% of his speech.

Overall, Orel's language skills are found to be in the average range.

**Strengths:** Receptively, Orel exhibits age appropriate skills in tasks that require the ability to identify pictures, and action words as well as identify object function, colors, understand length concepts, respond to general knowledge questions, and identify letters. Expressively, he exhibits age appropriate skills in tasks that require the ability to label objects and pictures, use three to four word sentences, and repeat sentences. Per parent rating on the DP3, he demonstrate a relative strength in that he can sing a song of at least thirty words, and can tell a story by looking at the pictures in a book.

**Needs:** Receptively, Orel presents with deficits in tasks that include understanding comparative concepts, following three unrelated commands, and understanding number concepts. Expressively, he presents with deficits in tasks that require the ability to comprehend questions related to practical reasoning skills. Moreover, he had difficulty in engaging in a reciprocal conversation with the assessor during the assessment and was observed to have difficulty as well in the classroom setting with both peers and adults.

**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 Communication impact is identified at this time; which affects his ability to access the preschool curriculum.



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## Section E: Present Level of Performance

Performance Area: Motor

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Orel's motor skills are found to be in the average range.

Strengths: Per parent interview and assessment observation, gross motor skills and fine motor skills are age appropriate. Per ratings on the DP3, gross motor skills including the movement and coordination of the arms, legs, and other large body parts and movement are not an area of concern (e.g. running, walking, and jumping). Furthermore, fine motor skills including the movement and coordination of small body parts such as the wrists, hands, and fingers are not an area of concern (e.g. writing, drawing, and cutting).


Needs: None at this time.

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 Motor impact is not identified at this time.

Performance Area: Social-Emotional

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Orel's social emotional functioning is found to be in the below average to average range.

Strengths: As based on observation during the testing session and the class session, Orel demonstrated mainly functional play skills with some emerging pretend play skills. He was able to work on nonverbal tasks using scanning with less trial and error. He smiled and demonstrated interest in certain toys/objects. During these times, he was able to briefly engage with the assessors, teachers and peers before going off on his own. Parent interview indicates that Orel is able to engage in parallel play with peers as well as engage in social games and pretend play. He is able to follow directions and is helpful, social and loving with his family. Orel has made much improvement in his ability to attend and cooperate in adult directed activities. Parent reported that Orel is able to attend in an age appropriate manner. Per parent rating on the DP3, Orel evidences the following strength: playing in group games with other children, and being able to keep working with another child on one activity for at least thirty minutes. The Conners Early Childhood Rating Form and The Autism Spectrum Rating Scale (ASRS) were administered with parent as respondent. On the Conners, Orel received average scores on all of the treatment scales to include inattention/hyperactivity, defiant/aggressive behaviors, social functioning/atypical behaviors, anxiety, mood and affect, and physical symptoms. On the ASRS, with the mother as respondent, Orel received an average score on the total score indicating that he does not appear to have behavioral characteristics similar to children diagnosed with an Autism Spectrum Disorder.

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**Section E: Present Level of Performance**

Performance Area: Social-Emotional (continued)

Assessment/Monitoring Process Used:

State/District Assessment Results:

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


Based on responses to the ASRS (2-5 Years) Parent form, there were no scale elevations. Orel appropriately uses verbal and non-verbal communication for social contact, does not engage in unusual behaviors, relates well to children, relates well to adults, provides appropriate emotional responses to people in social situations, uses language appropriately, does not engage in stereotypical behaviors, tolerates changes in routine well, reacts appropriately to sensory stimulation, and does not have problems with attention and/or motor and impulse control. Based on responses to the ASRS (2-5 Years) Teacher/Childcare Provider form, Orel uses language appropriately

Needs: During the assessment observation, Orel had much difficulty in being able to participate in a back and forth conversation with the examiners. Orel was observed to have difficulty with transitions. His attention was limited and selective. He had difficulty in maintaining eye contact. He fixated and perseverated in play with certain toys/objects. In the class setting, he was active and had difficulty in sitting and focusing during certain periods. He had difficulty participating in an appropriate manner, and had limited engagement and interaction with peers and adults.

Performance Area: Social-Emotional (continued)

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Teacher reported that Orel has difficulty in responding to questions in an appropriate manner. He doesn't know how to interact with peers and has very limited engagement with peers. He typically plays by himself. Orel presents with very immature social skills. Based on responses to the ASRS (2-5 Years) Teacher/Childcare Provider form, Orel has difficulty using appropriate verbal and non-verbal communication for social contact, engages in unusual behaviors, has difficulty relating to children, has difficulty relating to adults, has difficulty providing appropriate emotional responses to people in social situations, engages in stereotypical behaviors, has difficulty tolerating changes in routine, overreacts to sensory stimulation, and has problems with inattention and/or motor and impulse control.

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 Social Emotional impact is identified at this time; which affects his ability to access the preschool curriculum.

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## Section E: Present Level of Performance

Performance Area: Adaptive

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Overall, Orel's adaptive behavior is found to be in the average range.

Strengths: Strengths: Based on the mother's responses on the Developmental Profile 3 (DP 3), Orel evidences the following relative strengths: being able to fix a sandwich and fix a bowl of dry cereal. Orel demonstrates age appropriate skills in clothing, feeding, and technology tasks.


Needs: None at this time.

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 not identified at this time.

Performance Area: Communication - LAS

Assessment/Monitoring Process Used: Informal assessment, observation, parent report

State/District Assessment Results:

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

Areas of strength: Receptively, Orel was observed to identify familiar objects, pictures, and a number of early concepts. He could recognize letters of the alphabet. Expressively, Orel was observed to label familiar objects, pictures and comment in 1-4 word utterances during play. There are no concerns related to voice or fluency.

Areas of need: Orel seemed to rely on visual support in order to understand spoken language. He had difficulty following 3 step unrelated commands and comprehending practical reasoning questions. Orel does not use an age appropriate expressive vocabulary, does not combine words into phrases, does not use a variety of word combinations, and does not answer questions consistently. He does not engage in conversational turn-taking with adults or peers.

Educational Impact: Based on clinical observation, informal assessments, and parental interview, Orel's receptive/expressive language deficits may impact his ability to successfully access a general education preschool curriculum in the areas of expressing wants and needs, pre-literacy, socialization, and oral language. At this time Orel would highly benefit from a language-rich preschool classroom where his language skills can be facilitated as part of the curriculum, in every aspect of the curriculum.

Cheryl Determan, MS, CCC-SLP  
Speech and Language Pathologist

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Student SHITRIT

OREL

Date of Birth 30-APR-2012


Meeting Date 21-APR-2017

## Section E: Present Level of Performance

Performance Area: Behavior

Assessment/Monitoring Process Used: Informal/Observation

State/District Assessment Results:

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


## Strengths:

Orel was observed at his private community preschool. He was observed during outdoor play and played with the makeshift mini house structure and the sand buckets the entire time. He makes eye contact with speakers some of the time and uses minimal language to get his needs and wants met. The children in this classroom are giving verbal directions for assignments and transitions. At this time Orel's teachers do not use visuals or reinforcement such as tangibles or edibles for reinforcement. Teacher shared that Orel requires moderate to maximal verbal redirection. Orel does not exhibit any self-injurious or aggressive behavior toward peers or adults. School staff have no safety concerns for Orel such as elopement, aggression, mouthing objects or overly rough play. He is described as a 'very sweet and kind boy' by his father. Orel seemed to prefer to play alone but does participate in parallel play. When encountering conflict he does not notice and/or does not seek adult help at this time. For example when a peer asked Orel to stop filling up his sand bucket, Orel did not respond and continued to fill up the bucket. At this time he is participating in parallel and pretend play. He reportedly plays with everyone and is able to seek out teacher and caregivers if in distress. He was observed able to follow the routine and transitions without difficulty. He was observed to transition from the play yard into the classroom with a verbal transition cue and then sat down for snack independently. He then transitioned to circle time and attended for about 10 minutes. When Orel wants something that is highly desirable he will tell an adult or a peer.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

## Needs:

Teachers report that Orel has difficulty sitting and attending to circle time and whole group instructions. Teachers report that Orel has difficulty with social relationships with his peers and can be 'stubborn'. It is reported that sometimes Orel will leave situations due to communication difficulties.

Impact of Disability: None at this time in the area of behavior within the classroom and school setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student SHITRIT OREL

Date of Birth 30-APR-2012

Meeting Date 21-APR-2017

Section F: Eligibility

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

health, general ability, academic function, motor ability, language and speech, social emotional, self-help adaptive

For Initial IEP, interventions attempted prior to determining eligibility:

Speech Therapy: 2x/week 45 minutes/session (Speech Source), November 2016 - present

Orel's current private preschool has provided additional classroom assistant in order for Orel to access the curriculum.

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

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Student SHITRIT OREL Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Language  
Annual Goal # 1 GB

Orel will produce 4+ word utterances to describe or comment on immediate experiences, pictures, stories, activities in 7 of 10 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
- Norm Referenced
- Criterion Referenced
- Curriculum Based
- Observation
- Portfolio
- Work Samples
- Informal
- Other: \_\_\_\_\_

Incremental objective #1 related to the goal:

Orel will answer the teacher's direct questions accurately (ie, answer 'who' with a person, 'where' with a place, 'when' with a time word/phrase) with no more than one repetition of the question, in 5 of 10 opportunities.

Date to be achieved August 2017 MO/YR

Incremental objective #2 related to the goal:

Orel will verbalize in response to another person's (adult/peer) vocalizations/verbalizations/questions, in 6 of 10 opportunities.

Date to be achieved December 2017 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	Goal Achievement
Date: _____	Date: _____	Date: _____	(Secondary Only) Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	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 _____	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 _____	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 _____	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 _____	If "No" please explain: _____

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:   
 Annual Goal #

With prompting and support, Orel will ask and/or answer questions about key details in an informational text after listening to a story as measured by teacher in 4 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation:**

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

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

With prompting and support, Orel will ask and/or answer questions about key details in an informational text after listening to a story as measured by teacher in 2 out of 5 trials with 80% accuracy.

Date to be achieved   MO/YR

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

With prompting and support, Orel will ask and/or answer questions about key details in an informational text after listening to a story as measured by teacher in 3 out of 5 trials with 80% accuracy.

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) Date:	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	<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 SHITRIT OREL Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

Section G: Annual Goals and Objectives

Performance Area: Math  
Annual Goal # 3 GB

Orel, when given a number from one to 20, will count out that many objects with minimal prompts/cues as measured by teacher observation in 4 out of 5 trials with 85% accuracy.

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

Methods of Evaluation:

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

Incremental objective #1 related to the goal:

Orel, when given a number from one to 20, will count out that many objects with maximum prompts/cues as measured by teacher observation in 2 out of 5 trials with 80% accuracy.

Date to be achieved August 2017 MO/YR

Incremental objective #2 related to the goal:

Orel, when given a number from one to 20, will count out that many objects with moderate prompts/cue as measured by teacher observation in 3 out of 5 trials with 85% accuracy.

Date to be achieved December 2017 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	Goal Achievement
Date: _____	Date: _____	Date: _____	(Secondary Only) Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	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 _____	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 _____	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 _____	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 _____	If "No" please explain: _____



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student SHITRIT OREL Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

**Section G: Annual Goals and Objectives**

Performance Area: Behavior  
Annual Goal # 4 GB

Orel will complete 6 teacher directed tasks within a school day in 4 out of 5 school days with 85% accuracy as measured by teacher observation.

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

**Methods of Evaluation:**

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

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

Orel, with adult guidance, will complete 4 teacher directed tasks within a school day in 2 out of 5 school days with 85% accuracy as measured by teacher observation.

Date to be achieved August 2017 MO/YR

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

Orel, with prompts, will complete 5 teacher directed tasks within a school day with minimal adult prompts and redirection in 3 out of 5 school days with 85% accuracy as measured by teacher observation.

Date to be achieved December 2017 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	Goal Achievement
Date: _____	Date: _____	Date: _____	(Secondary Only) Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	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 _____	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 _____	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 _____	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 _____	If "No" please explain: _____

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** SHITRIT OREL  **Date of Birth** 30-APR-2012  **Meeting Date** 21-APR-2017

**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.

**CELDT** - (Variations, Accommodations or Modifications identified below are applicable)

**CELDT Subject**  
ELD

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student	SHITRIT	OREL		Date of Birth	30-APR-2012	Meeting Date	21-APR-2017
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**Section N: Procedural Safeguards and Follow-up Actions**

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

Is the parent/guardian requesting translation services? Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

**Section Q: Parent Participation and Consent**

Parent Participation	Parent Notification		
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Method	Whom	When
	Phone	A. Farsakian	28-MAR-2017
<i>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.)</i>			

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

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

Parent/Student (18-21) **AGREES** to all components of the IEP.

Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:

- Assessment Specify
- Eligibility Specify
- Instructional Setting Specify
- Services Specify

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

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

**Parent Concerns and Comments**

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date

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

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

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

Signature(s) \_\_\_\_\_ / \_\_\_\_\_ Date

## PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.  
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.

**ALL INFORMATION IS CONFIDENTIAL**

**DIRECTIONS:** After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:	Yes	No	Does Not Apply
1. I am satisfied with the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I received notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rights as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The IEP meeting was held in an appropriate setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel I was treated as an equal and important part of the IEP team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The participants at the IEP meeting were prepared and informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Placements for my child, including the general education setting, were discussed and decided upon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Related services were discussed and decided upon, if relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. At the end of the IEP meeting the decisions were summarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. If I needed an oral interpretation of the IEP team meeting an interpreter was provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The interpreter stayed for the duration of the IEP team meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the interpreter left the IEP meeting before it was over, another staff member served as the interpreter and the interpretation was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the Educational Equity Compliance Office at (213) 241-7682.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If I needed a written translation of the IEP, translation services were offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Division of Special Education at (213) 241-6701.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any of the answers to items 13-16 or 18-19 was No, please discuss your concern(s) with the site administrator or call the Division of Special Education at (213) 241-6701.

<b>B. Regarding your child's previous IEP (if relevant):</b>			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

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

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

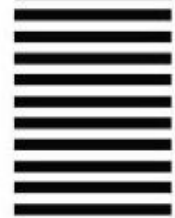


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK  
LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 513307  
LOS ANGELES CA 90099-4093



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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Reconvened Meeting Date

Student

Date of Birth

Meeting Date

**Section R: Names and Signatures (Signatures on File)**

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Yacob Shitrit"/>	
Parent/Guardian	<input type="text" value="Ofra Shitrit"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text"/>	
Administrative Designee	<input type="text" value="Marilyn Bermudez-Alonso"/>	
Special Education Teacher	<input type="text" value="Anita Farsakian"/>	
General Education Teacher	<input type="text" value="Martha G. Martinez"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Cheryl Determan"/>	
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Judy Taur"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHITRIT OREL

Date of Birth 30-APR-2012

Meeting Date 21-APR-2017

LEAST RESTRICTIVE ENVIRONMENT ANALYSIS
To Be Completed By the IEP Team at the IEP Team Meeting

Student's Current Placement Type:

Form with radio buttons for placement types: General Education Class/General Education Site, Special Day Program/General Education Site, Special Day Program/Special Education Center, Nonpublic School, 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.

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.

Step A: Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting? Includes YES/NO options and a text box for justification.

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? Includes YES/NO options and a text box for justification.



Student SHITRIT

OREL

Date of Birth 30-APR-2012

Meeting Date 21-APR-2017

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

Step D.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a home/hospital setting?	
	<input type="radio"/> YES <input type="radio"/> NO	If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> YES <input type="radio"/> NO	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a home/hospital setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step E.

Step E.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> YES <input type="radio"/> NO	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.

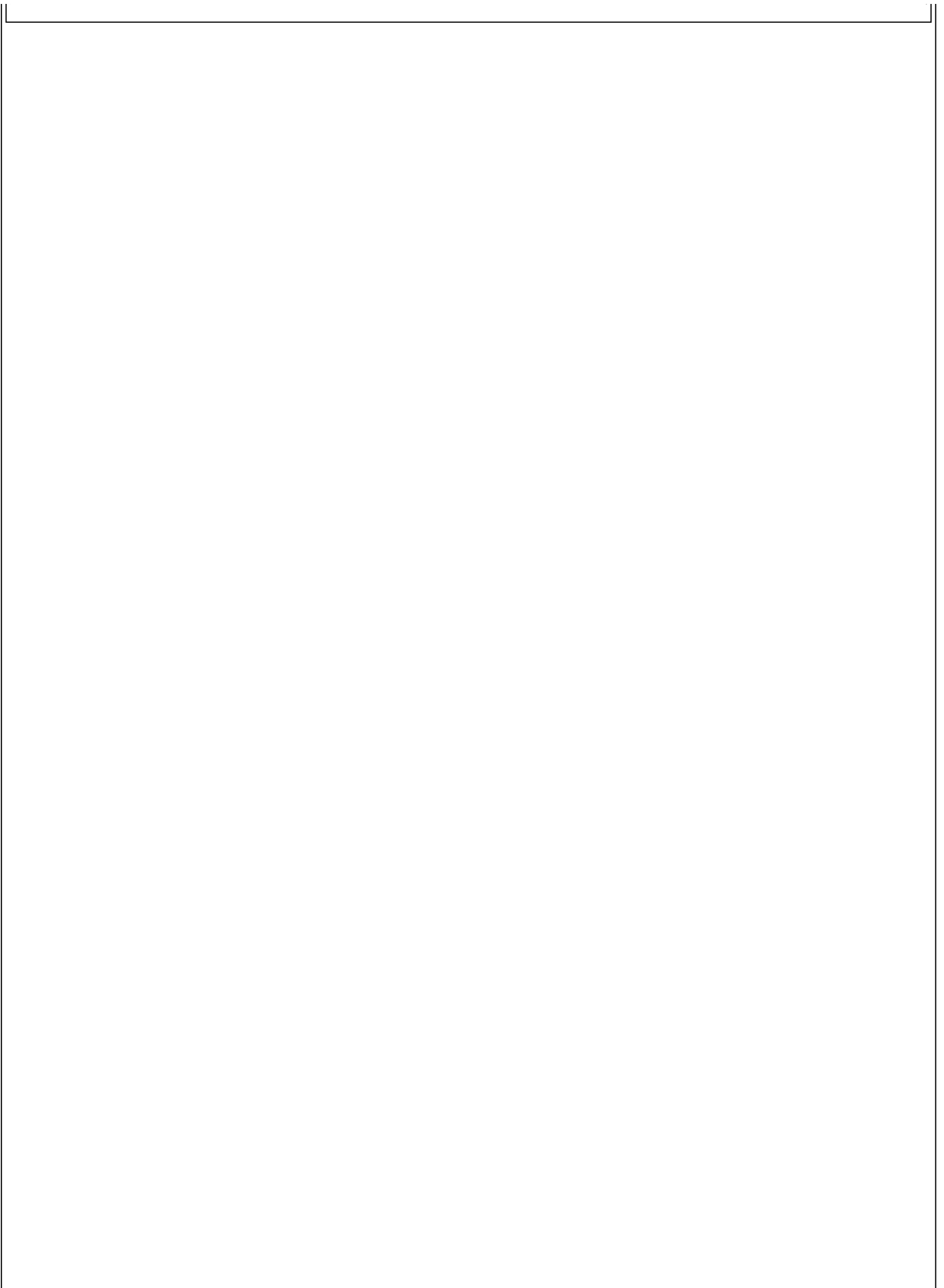
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student SHITRIT OREL Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

		Effective With this IEP	Future Changes Related to this IEP
		As of Date:	15-AUG-2017
		<b>Eligible (AUT)</b>	
Eligibility: (from Page 4)	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	General Education
Placement	Type of School	District Non-Resident School	District Resident School
	Name of School	RESEDA EL	VANALDEN AVE EL
Instructional Setting	Setting	Special Education	General Education
	Program	PAL	GE
	Special Day Minutes/Wk	1350	
	Addresses Goals	2(Reading),3(Math),1(Language),4(Behavior)	2(Reading),3(Math),1(Language),4(Behavior)
Additional Factors	Low Incident Support	None	None
	Assistive Technology Support	No	No
	Transportation	Home to School	None
	Extended School Year/Intersession	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	preferential seating, rephrasing with additional time for verbal processing and responding to questions, adult facilitated peer interactions, breaking up tasks into workable and obtainable steps, signal transitions	preferential seating, rephrasing with additional time for verbal processing and responding to questions, adult facilitated peer interactions, breaking up tasks into workable and obtainable steps, signal transitions
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (Complete at second annual review IEP Meeting)	Is formal assessment needed to re-establish eligibility?	Yes <input type="radio"/> No <input type="radio"/>	
	If yes, specify area(s) to be reassessed		
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education			



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student SHITRIT OREL Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

Effective With This IEP

Future Changes Related To This IEP

Service 1

10

Language/Speech

This service addresses the following goals:

1(Language)

Start Date: Effective with Future Changes

End Date:

Service applies to:

Frequency:

Interval:

Minutes/Interval:

Minutes/Interval (Pullout from Gen Ed):

Service Delivery Model:

Area:

Responsible Personnel:

15-Aug-2017

Regular

10-40

Yearly

900

900

Direct Service (Collaborative)\*\*

School-Based

Licensed/Credentialed Provider

General Education Teacher

Resource Specialist Teacher

\*\*

Service 2

RSP

RSP

This service addresses the following goals:

2(Reading)

Start Date: Effective with Future Changes

End Date:

Service applies to:

Frequency:

Interval:

Minutes/Interval:

Minutes/Interval (Pullout from Gen Ed):

Service Delivery Model:

RSP Area:

Responsible Personnel:

15-Aug-2017

Regular

1-5

Weekly

90

0

Direct Service (Co-teaching)\*\*

Literacy/ELA/ELD

Resource Specialist Teacher

General Education Teacher

\*\*

Service 3

RSP

RSP

This service addresses the following goals:

3(Math)

Start Date: Effective with Future Changes

End Date:

Service applies to:

Frequency:

Interval:

Minutes/Interval:

15-Aug-2017

Regular

1-5

Weekly

60

Minutes/Interval (Pullout from Gen Ed):

0

Service Delivery Model:

Direct Service (Co-teaching)\*\*

RSP Area:

Math

Responsible Personnel:

Resource Specialist Teacher

General Education Teacher

\*\*

Notes:

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

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

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	85 %	

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

For the remainder of the 2016-2017 school year: Based upon Orel's current needs, the IEP team recommends a Preschool for All Learners classroom (PAL). The PAL is an educationally-based special day program that operates 4 hours and 30 minutes 5 days a week. The preschool curriculum is delivered through evidenced-based practices. Orel's Communication goals, included in the IEP, will be supported in an integrated fashion by a multidisciplinary on-site team comprised of a speech-language pathologist, early childhood special education teacher, and District special education assistants. The Speech-language pathologist will provide 2 hours of direct and collaborative support to the classroom each week.

For the 2017-2018 school year, general education with resource support for math and reading.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student SHITRIT OREL  Date of Birth 30-APR-2012 Meeting Date 21-APR-2017

**FAPE Summary Grid**

**Program:** PAL **Setting:** Special Education  
**Eligibility:** Eligible (AUT) **Curriculum:** General Education  
**Transportation:** Home to School **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
10	Language/Speech	Effective with Future Changes 15-Aug-2017	Regular	Yearly	10-40	School-Based	900	Language
RSP	RSP	Effective with Future Changes 15-Aug-2017	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	90	Reading
RSP	RSP	Effective with Future Changes 15-Aug-2017	Regular	Weekly	1-5	RSP-Math	60	Math

**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.

**Los Angeles Unified School District**  
**INDIVIDUALIZED EDUCATION PROGRAM**  
**LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)**

Attachment B

Student: OREL O. SHITRIT

Date of Birth: 30-APR-2012

Meeting Date: 21-APR-2017

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

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

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

**Step 1b. Interventions Not Applicable**

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

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

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

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

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

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

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

If the above is so, identify the area(s) of difficulty:

- Language disorder
- Articulation disorder
- Fluency disorder
- Voice disorder

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