

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Student Identification Number** 043012M034 **SSID** 9542620113

**Eligible (AUT)**

**Student** SHITRIT OREL O  
**Last First MI**

**Date of Birth:** 30-APR-2012

**Section A: Meeting Information**

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 21-APR-2017	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Date of Present Meeting: 23-JAN-2020	
Annual Review to be conducted by: 23-JAN-2021	
Next Three Year Review will be conducted by: 22-JAN-2023	
Three Year Review or Evaluation was conducted on: 23-JAN-2020	
Transition to Kindergarten to be conducted by:	

**Location of Meeting:** Wilbur CEA **District Name:** Los Angeles Unified School Dis

**Section B: Student Information**

**Date of Birth:** 30-APR-2012 **Age:** 7 **Grade:** 2

**Gender:**  Male  Female **Limited English Proficient Student:**  Yes  No **Ethnic Code:** White

**Location of the Psych Folder:** SUPPORT UNIT NOF **Student has no Psych Folder:**

**Location of the Cum Folder:** WILBUR CEA **Student has no Cum Folder:**

**Home Language:** Hebrew **Student Language:** Hebrew **Alternate Mode of Communication:**

**Home Address of Student:** 4831 BREWSTER DR

**City:** TARZANA CA **ZIP Code:** 91356

**Home Telephone:** (818) 996-6213 **Daytime Telephone:** **Emergency Telephone:**

**School of Attendance:** Wilbur Cea **Location Code:** 7774

**School of Residence:** Wilbur Cea **Location Code:** 7774

**Name of Parent/Guardian:** Yakov /Ofra Shitrit **Telephone:**

**Address:** **City:** CA **ZIP Code:**

**Surogate Parent:** **Telephone:**

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

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

**Is FFH Provider related to student?**  No  Yes **Relationship:**

**Licensed Children's Institution:**  No  Yes **LCI Name:** **LCI#:**

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

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**Date of Birth** 30-APR-2012

**Meeting Date** 23-JAN-2020

**Section C: Language Acquisition**

Language Classification:  Start Date:   
 Parent Waiver:  Yes  No Reclassification Date:   
 Elementary English Language Development Level:  Start Date:   
 Secondary English Language Development Level:  Start Date:   
 Communication Observation Matrix Level:  Start Date:

**Section D: Goal Achievement from Current IEP**

		Achieved		
Goal for: (example - Reading)		Yes	No	If No, explain the reason the goal/objective was not achieved
<b>1</b>	English Language Development	<input type="radio"/>	<input checked="" type="radio"/>	
<b>Category</b>	English Language Developmen ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>2</b>	Pragmatic Language	<input type="radio"/>	<input checked="" type="radio"/>	Performing at 50% accuracy
<b>Category</b>	Language – Pragmatics ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>3</b>	Reading	<input type="radio"/>	<input checked="" type="radio"/>	Needs to be revised
<b>Category</b>	▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>4</b>	Writing	<input checked="" type="radio"/>	<input type="radio"/>	
<b>Category</b>	Writing ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>5</b>	Math	<input checked="" type="radio"/>	<input type="radio"/>	
<b>Category</b>	Math ▼			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
<b>6</b>	Behavior	<input type="radio"/>	<input checked="" type="radio"/>	Needs to be revised.
<b>Category</b>	Behavior Intervention ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>7</b>	Behavioral Support	<input type="radio"/>	<input checked="" type="radio"/>	Needs to be revised
<b>Category</b>	Behavior Intervention ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
<b>8</b>		<input type="radio"/>	<input type="radio"/>	
<b>Category</b>	▼			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	
<b>9</b>		<input type="radio"/>	<input type="radio"/>	
<b>Category</b>	▼			

	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>10</b>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="▼"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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Student SHITRIT OREL O Date of Birth 30-APR-2012 Meeting Date 23-JAN-2020
Last First MI

Section E: Present Level of Performance

Performance Area: Health
Category:
Assessment/Monitoring Process Used: Parent Interview; Record Review
State/District Assessment Results:

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

Health Summary: Student is a 7 yrs 7 mths old healthy male. Per father, student has no health concern.He is not on daily medications or protocols in school.
Strengths: Good general health and development; passed corrective vision screening on 11/20/19; audio screening on 12/18/19 passed. No history of serious illness, injury, accident, surgery, or hospitalization in past 3 years; no daily medications or known health problems.
Area of Need: Health is not an area of need.
Impact of Disability: Health does not impact the student's participation, performance, and access in the educational program.
Accommodations/Modifications: None.
Lolita Muchnick, RN/CSN
12/18/19

Performance Area: Reading
Category:
Assessment/Monitoring Process Used: Teacher Observation, Notes, WJIV, Student Work Samples
State/District Assessment Results: DIBELS:

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

WJIV Scores: Letter Word Identification - 85 Low Average Passage Comprehension - <40 Very Low Sentence Reading Fluency - 73 Low Broad Reading Score - 57 Very Low
Strengths: Orel can distinguish long and short vowels when reading regularly spelled one-syllable words. At times, he can ask and answer questions such as who and when to demonstrate understanding of key details in a text. When motivated Orel will attempt to read and comprehend some Grade 2 literature text.
Needs: Orel still struggles with asking what, where, why, and how to demonstrate understanding of key details. He does not recognize and read grade appropriate irregularly spelled words. Orel needs supports to explain how specific images contribute to and clarify a text. Orel does not participate in collaborative conversations with diverse partners about Grade 2 topics in small or large groups. He would benefit from describing how reasons support specific points the author makes in a text.]
Impact of Disability:

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Section E: Present Level of Performance

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

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

AREAS OF STRENGTH:
Results of the current assessment indicate Orel is functioning within the Low Average range of cognitive ability based upon alternative assessment procedures. He demonstrated strength in visual motor integration, auditory processing, visual processing, and successive processing.
AREAS OF NEED:
He demonstrated areas of need in planning, attention processing and simultaneous processing. In comparison with prior psycho-educational assessment results, Orel demonstrates commensurate abilities and general cognitive ability. Orel does evidence psychological processing deficits which adversely impact educational access and performance at this time.
IMPACT OF DISABILITY:
Orel's eligibility of AUTISM (AUT) affects his overall processing abilities which impact his access to the general education curriculum.

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

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

AREAS OF STRENGTH:
Results of the current assessment indicate Orel exhibits strengths in internalizing behaviors Orel's father reports that he memorizes well and is smart. He enjoys playing basketball, spending time with his family, and watching movies. He has no sleep or appetite problems, no concerning habits, and no difficulties getting along with peers. Orel's teacher reports he has a sense of humor and shows concern if others are hurt. He can helpful in the classroom with tasks/jobs. He turns in his homework.
AREAS OF NEED:
On the BASC-3, raters were inconsistent in their responses reflecting that Orel demonstrates significant behavior concerns. While parent rated no behavior concerns in the home setting, the teacher rated many areas to be in the elevated range, including: Hyperactivity, Aggression, Conduct Problems, Learning Problems, Atypicality, Withdrawal, and Functional Communication. Teacher is concerned that he has difficulty staying on task, needs directions repeatedly and talks excessively. He mimics, has loud outburst and engages in repetition of words. He has limited self-control, engages in disruptive behavior and is extremely active and restless. He is disruptive to the class, frequently non complaint, and runs out of class. On the ASRS, raters were inconsistent in their responses reflecting that Orel does evidence Autistic-like behaviors. Father is concerned about his amount of energy because he is always jumping. He demonstrated areas of need in externalizing problems, social skills, and overall behavior. Orel does evidence social, emotional and/or behavioral needs which adversely impact educational access and performance at this time.
IMPACT OF DISABILITY:
Orel's eligibility of if AUT affects his attention to task, behavior, social skills, and self control which impacts his access to the general education curriculum.

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Student

SHITRIT

OREL

O

Date of Birth

30-APR-2012

Meeting Date

23-JAN-2020

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Motor Skills

Category:



Assessment/Monitoring Process Used:

Psychoeducational Assessment

State/District Assessment Results:

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

AREAS OF STRENGTH:

At this time, evaluation of writing samples indicate that Orel's writing is legible and he is able to complete fine motor tasks (writing, typing, cutting, etc.) without difficulty. Results of the standardized visual-motor integration tasks indicate Low Average sensory motor skills. Parent and teacher(s) do not report concerns. Orel is able to run, jump, throw and walk based on informal observations, teacher reports and school nurse's informal assessment. He is able to navigate the educational environment without difficulty. Records reflect that Orel has received passing grades in Physical Education. Parent and teachers do not report concerns.

AREAS OF NEED:

None

IMPACT OF DISABILITY:

N/A

Performance Area:

Category:



Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Writing
Category:
Assessment/Monitoring Process Used: Observations, Student Work Samples, Teacher Notes
State/District Assessment Results: N/A

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

WJIV Scores: Spelling - 84 Low Average Writing Samples - 96 Average Sentence Writing Fluency - 62 Very Low Broad Writing Score - 81 Low Average
Strengths: Orel can write simple sentences without any details (I have a cat). He has basic mechanical skills such as capitalization and adding a period at the end of a sentence. When working with an adult, he can talk about what he wants to write then copy what is written on the board for him to write. Orel is able to write 2-4 letter words when he is engaged in the lesson.
Needs: Orel struggles to tell a story or recount an experience with appropriate facts and relevant, descriptive details, speaking audibly in coherent sentences. He would benefit from using adjectives and adverbs, and choose between them depending on whether they are describing a noun or a verb. Orel has difficulty writing narratives in which they recount a well-elaborated event or a short sequence of events. He would also benefit from participating in shared research and writing projects.
Impact of Disability: He would benefit from using adjectives and adverbs,

Performance Area: Math
Category:
Assessment/Monitoring Process Used: Observations, Student Work Samples, and Notes
State/District Assessment Results: N/A

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

WJIV Scores: Applied Problems - 56 Very Low Calculation - 71 Low Math Facts Fluency - 75 Low Broad Math - 66 Very Low
Strengths: Orel will use addition and subtraction to solve up to 20. He can skip count by 5's and 10's up to 100. Orel can solve 3 digit addition problems with regrouping and understands the symbols +, -, and =.
Needs: Orel would benefit from using strategies like counting on or decomposing numbers leading to 10. He struggles with mentally adding or subtracting 10 or 100 to a given number between 100 and 900. Orel needs guidance and supports to solve problems using information presented in a bar graph or picture graph. He would also benefit from drawing a picture graph and a bar graph to represent a data set with up to four categories.
Impact of Disability:

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Section E: Present Level of Performance

Performance Area: ELD
Category:
Assessment/Monitoring Process Used: Observations, Work Samples, and Teacher Notes
State/District Assessment Results: N/A

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

Strengths: Orel is able to answer simple questions with one to two word responses. Orel can communicate basic needs. Orel is understood when speaking but has some inconsistency with standard English grammatical forms and sounds (he and she). Oral can read aloud simple words in stories and games and identify words in basic categories. He will produce simple vocabulary to communicate basic needs in an academic setting.
Needs: Orel sturggles to tell familiar stories and short conversations with by using descriptive words. He needs prompting and guidance to participate in social conversations with peers on familiar topics by asking and answering questions. Orel does not listen attentively to stories and information and orally identify key details and concepts. Orel would benefit from drawing pictures from his own experiences related to a story or topic.
Impact of Disability: Retell a familiar story with a visual.

Performance Area: Behavior/FBA
Category:
Assessment/Monitoring Process Used: Observations and Teacher Notes
State/District Assessment Results: N/A

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

Strengths: Orel has a positive attitude and is always very happy. He loves books and will always ask to look at a book when he comes to resource. He does not bother his peers and he does not show any negative behaviors on the yard. He will follow up to 2 step instructions when he is in a good mood. Orel works great in a small setting and will stay on task with a token system for 10 minutes.
Needs: Orel still struggles to stay on the carpet or on task for more than 30 seconds in a general education setting. He roams around in class and on a daily basis will refuse to go to class after recess or lunch. Orel struggles with transition and needs reminders and a token system to keep him motivated. He has a difficult time with authority and will at times kick, scratch, rip papers, or try to hurt them with a pencil or pen. Orel will get up and walk out of class and ignore his name when it is being called. He would benefit from a BII to keep himself out of danger and to learn the right phrases to say when he needs a break.
Impact of Disability: Orel's eligibility of Autism impacts his ability to stay on task which limits his access to the general education curriculum.



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Section E: Present Level of Performance

Performance Area: Language
Category:
Assessment/Monitoring Process Used: TOLD-P:4, ROWPVT, language sample, observation, teacher/parent input
State/District Assessment Results: N/A

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

BACKGROUND: Orel is a 7-year-old second grade student in a general education classroom at Wilbur Charter for Enriched Academics. This is a triennial evaluation to determine Orel's continued need of language and speech (LAS) support services through Los Angeles Unified School District (LAUSD). Currently, Orel receives LAS services with the eligibility of Autism for 900 minutes yearly addressing pragmatic language goals. Orel's parents are concerned with Orel's expressive language skills (e.g. word order in sentences such as use of compound sentences, and subject verb order). Per parents' report, there are no family history of hearing, speech and language delays or disorders.
AREAS OF STRENGTH: Although Orel was not very attentive and required maximum verbal and visual prompts to stay on task and follow verbal directions, he was able to follow the verbal directions from the assessor and complete the following standardized assessments: The Test of Language Development - Primary: 4 (TOLD-P: 4) and the Receptive One-Word Picture Vocabulary Test. Based upon informal assessment, therapy notes, teacher/parent interview and observation, articulation, voice, and fluency (Stuttering) are not related to the suspected area of disability and within functional limits for his age and gender.

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

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

AREAS OF NEED: In therapy sessions, Orel has not met his pragmatic language goal. He is not able to attend to non-preferred tasks long enough to make progress. He can be very self-directed and uncooperative most times unless it is a preferred task. Orel scored below average on all subtests of TOLD-P: 4, which demonstrates his difficulty understanding the speech of others and his difficulty expressing himself orally, which may interfere with his academic performance and social interactions. Orel's below average scores on the organizing, grammar and semantic index shows that Orel treats words as relatively isolated units and appears to be concrete rather than abstract thinker. It also affirms Orel's repetitive use of limited vocabulary, one word responses and his use of simple sentences. It demonstrates that Orel may not know the meaning of many common words, therefore, overuse the few words he knows. In the area of grammatical structures, Orel typically formulates simple sentences and sometimes one word responses. Orel uses inappropriate verb tenses when talking about past events (e.g. I went to the mall. I buy some clothes.) In the area of pragmatics, Orel participated in very limited conversations with the assessor, which has been evident in speech therapy sessions as well. If Orel is interested in a conversation or topic, he will participate by making short comments or ask questions. Orel makes sporadic eye contact with his conversation partner. Orel's limited attention, motivation and cooperation significantly impacts his progress in LAS.
EDUCATIONAL IMPACT: Orel's current eligibility of Autism impacts his ability to be understood and communicate effectively with peers and adults in the classroom; which impedes his ability to successfully access the academic curriculum and participate in oral discussions in the classroom.
Shannon Firouzian, M.S.,CCC-SLP
Speech-Language Pathologist-LASUD

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Section F: Eligibility

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

[Empty text box for disability discussion]

For Initial IEP, interventions attempted prior to determining eligibility:

[Empty text box for interventions]

Eligible as a student with the disability of:

Code: AUT Autism

Not Applicable, Blind or Partially Sighted

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

Code: [Empty]

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date): [Empty]

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

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

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

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Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

Orel will be able to use strategies like counting on or decomposing numbers leading to 10 with 80% accuracy in 4 out of 5 trials as measured by teacher observation and student work samples.

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

**Methods of Evaluation**

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

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

Orel will be able to use strategies like counting on or decomposing numbers leading to 10 with 60% accuracy in 2 out of 5 trials as measured by teacher observation and student work samples.

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

Orel will be able to use strategies like counting on or decomposing numbers leading to 10 with 70% accuracy in 3 out of 5 trials as measured by teacher observation and student work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

Orel will stay on task for 10 minutes with 3 redirections without trying to harm others or walking out of the class with 80% accuracy in 4 out of 5 trials as measured by teacher observation and charts.

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

**Methods of Evaluation**

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

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

Orel will stay on task for 3 minutes with 7 redirection without trying to harm others or walking out of the class with 80% accuracy in 4 out of 5 trials as measured by teacher observation and charts.

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

Orel will stay on task for 7 minutes with 5 redirection without trying to harm others or walking out of the class with 80% accuracy in 4 out of 5 trials as measured by teacher observation and charts.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

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 Last First MI

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**Section G: Annual Goals and Objectives**

Performance Area: Reading Category: Annual Goal #: 2

Orel will be able to explain how specific images contribute to and clarify a text with 80% accuracy in 4 out of 5 trials as measured by teacher observation and student work samples.

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

**Methods of Evaluation**

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

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

Orel will be able to explain how specific images contribute to and clarify a text with 60% accuracy in 2 out of 5 trials as measured by teacher observation and student work samples.

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

Orel will be able to explain how specific images contribute to and clarify a text with 70% accuracy in 3 out of 5 trials as measured by teacher observation and student work samples.

Date to be achieved: May 2020 MO/YR

Date to be achieved: Septembe 2020 MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

Orel will be able to use adjectives and adverbs when writing simple sentences to add details into his writing with 80% accuracy in 4 out of 5 trials as measured by teacher observation and student work samples.

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

**Methods of Evaluation**

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

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

Orel will be able to use adjectives and adverbs when writing simple sentences to add details into his writing with 60% accuracy in 2 out of 5 trials as measured by teacher observation and student work samples.

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

Orel will be able to use adjectives and adverbs when writing simple sentences to add details into his writing with 70% accuracy in 3 out of 5 trials as measured by teacher observation and student work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

*4 GOAL MET OR EXCEEDED*

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

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

*1 NO PROGRESS*

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

Orel will be able to retell a familiar story or experience with a visual with 80% accuracy in 4 out of 5 trials as measured by teacher observation and student work samples.

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

**Methods of Evaluation**

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

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

Orel will be able to retell a familiar story or experience with a visual with 60% accuracy in 2 out of 5 trials as measured by teacher observation and student work samples.

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

Orel will be able to retell a familiar story or experience with a visual with 70% accuracy in 3 out of 5 trials as measured by teacher observation and student work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

In order to increase expressive language skills, Orel will identify and formulate grammatically correct sentences (past, present, future) with sufficient content and detail when describing events and/or pictures with 70% accuracy in 4 out of 5 trials given moderate (3-4) prompts and cues.

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

**Methods of Evaluation**

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

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

In order to increase expressive language skills, Orel will identify and formulate grammatically correct sentences (past, present, future) with sufficient content and detail when describing events and pictures with 50% accuracy in 4 out of 5 trials given moderate (3-4) prompts and cues.

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

In order to increase expressive language skills, Orel will identify and formulate grammatically correct sentences (past, present, future) with sufficient content and detail when describing events and pictures with 60% accuracy in 4 out of 5 trials given moderate (3-4) prompts and cues.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

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



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student SHITRIT OREL O  
 Last First MI

Date of Birth 30-APR-2012

Meeting Date 23-JAN-2020

**Section G: Annual Goals and Objectives**

Performance Area: Pragmatic Language Category: Annual Goal #: 7

In order to increase pragmatic language skills, Orel will initiate and maintain a conversation with a peer about a preferred topic over 4-5 exchanges while maintaining adequate eye contact in 70% of observed opportunities given moderate (3-4) visual or verbal cues.

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

**Methods of Evaluation**

- State Assessments
- Observation
- Other
- Norm Referenced
- Portfolio
- Therapy notes, teacher/parent input
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

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

In order to increase pragmatic language skills, Orel will initiate and maintain a conversation with a peer about a preferred topic over 2-3 exchanges while maintaining adequate eye contact in 70% of observed opportunities given maximum (more than 5) visual or verbal cues.

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

In order to increase pragmatic language skills, Orel will initiate and maintain a conversation with a peer about a preferred topic over 3-4 exchanges while maintaining adequate eye contact in 70% of observed opportunities given maximum (more than 5) visual or verbal cues.

Date to be achieved: May 2020 MO/YR

Date to be achieved: Septembe 2020 MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

4 GOAL MET OR EXCEEDED

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

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

1 NO PROGRESS

1st Reporting Period Date:	2nd Reporting Period Date:	3rd Reporting Period Date:	4th Reporting Period (Secondary Only) Date:	Goal Achievement
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

O

Date of Birth

30-APR-2012

Meeting Date

23-JAN-2020

Last

First

MI

**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.

<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>ELPAC Subject</b> Reading
Designated Supports: <ul style="list-style-type: none"> <li>- Scheduling during most beneficial time of day</li> <li>- Testing the student in a separate room provided that the student is directly supervised by an employee of the school district or nonpublic school who has signed the ELPAC Test Security Affidavit</li> </ul>	
Accommodations: <ul style="list-style-type: none"> <li>- Supervised breaks within a section of the test</li> </ul>	
<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>ELPAC Subject</b> Speaking
Designated Supports: <ul style="list-style-type: none"> <li>- Scheduling during most beneficial time of day</li> <li>- Testing the student in a separate room provided that the student is directly supervised by an employee of the school district or nonpublic school who has signed the ELPAC Test Security Affidavit</li> </ul>	
Accommodations: <ul style="list-style-type: none"> <li>- Supervised breaks within a section of the test</li> </ul>	
<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>ELPAC Subject</b> Writing
Designated Supports: <ul style="list-style-type: none"> <li>- Scheduling during most beneficial time of day</li> <li>- Testing the student in a separate room provided that the student is directly supervised by an employee of the school district or nonpublic school who has signed the ELPAC Test Security Affidavit</li> </ul>	
Accommodations: <ul style="list-style-type: none"> <li>- Supervised breaks within a section of the test</li> </ul>	
<b>Student will participate in Regular State and District Assessments.</b> <i>(Designated Supports and/or Accommodations identified below are applicable)</i>	<b>ELPAC Subject</b> Listening
Designated Supports: <ul style="list-style-type: none"> <li>- Scheduling during most beneficial time of day</li> <li>- Testing the student in a separate room provided that the student is directly supervised by an employee of the school district or nonpublic school who has signed the ELPAC Test Security Affidavit</li> </ul>	
Accommodations: <ul style="list-style-type: none"> <li>- Supervised breaks within a section of the test</li> </ul>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHITRIT OREL O  
Last First MI

Date of Birth 30-APR-2012

Meeting Date 23-JAN-2020

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services?  Yes  No

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

Specify the Individual Pages to be translated:

The complete IEP

Special Requests: the reports

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student SHITRIT OREL O Last First MI

Date of Birth 30-APR-2012

Meeting Date 23-JAN-2020

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Rows include Student (MV, 13-JAN-2020) and Phone (MV, 30-JAN-2020).

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s) Date

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

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

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

Signature(s) Date 23-JAN-2020

### PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

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

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

Handwriting lines for providing feedback.

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



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Reconvened Meeting Date**

Student     
 Last First MI

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Yakov Shitrit"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Ofra Shitrit"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Maria Vallone"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Christine Kazandjian"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Jennifer Stern"/>	<input type="text"/>
School Psychologist	<input type="text" value="Ashley Laucis"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Shannon Firouzian"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Reconvened Meeting Date

Student     
 Last First MI

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Yakov Shitrit"/>	<input type="text"/>
Parent/Guardian	<input type="text" value="Ofra Shitrit"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text" value="Maria Vallone"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Christine Kazandjian"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Jennifer Stern"/>	<input type="text"/>
School Psychologist	<input type="text" value="Ashley Laucis"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**LEAST RESTRICTIVE ENVIRONMENT ANALYSIS**

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

Student's Current Placement Type:

<input type="radio"/> General Education Class/General Education Site	<input checked="" type="radio"/> Special Day Program/General Education Site
<input type="radio"/> Special Day Program/Special Education Center	<input type="radio"/> Nonpublic School
<input type="radio"/> Home/Hospital or Residential Care Facility	

**DIRECTIONS:** Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES. After reaching the Step that indicates YES, it is also required to complete Step F.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities be educated in the least restrictive environment. Placement in a more restrictive setting should only occur if the nature or severity of the student's disability is such that placement in a less restrictive setting with the use of supplementary aids and services cannot be achieved satisfactorily. The lack of current availability of a student's required supports, services, accommodations and modifications is not the sole justification for placement in a more restrictive setting, unless there is a compelling reason why they cannot be provided. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.

**Step A.** Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?

Yes  No

If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.

Yes  No

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

Orel needs a small class size to support his academics.

**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?

Yes  No

If the answer is YES, then a special day program on a general education site is the appropriate placement. If the answer is NO, go to the question below.

Yes  No

If not currently available, can the required supports, services, accommodations and/or modifications be made available in a special day program on a general education site? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step C.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHITRIT  
Last

OREL  
First

O  
MI

Date of Birth 30-APR-2012

Meeting Date 23-JAN-2020

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

Yes  No If the answer is YES, then a special school setting is the appropriate placement. If the answer is NO, go to the question below.

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

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

Yes  No If the answer is YES, then a home/hospital setting is the appropriate placement. If the answer is NO, go to the question below.

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

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

Yes  No If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student SHITRIT  
Last

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ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step F.</b>	<p>The student's needs as reflected in the contents of this IEP, and the placement being considered by the IEP team, outweigh any potential harmful effects at this time, including (check all that apply):</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Diminished access to the full range of the curriculum</li> <li><input checked="" type="checkbox"/> Missed general education instruction taught by highly qualified staff</li> <li><input type="checkbox"/> Rate at which student may earn credits for graduation</li> <li><input checked="" type="checkbox"/> Lack of opportunity for social interaction</li> <li><input checked="" type="checkbox"/> Lack of opportunities for age-appropriate peer role models</li> <li><input type="checkbox"/> Amount of socialization opportunities with typical peers</li> <li><input type="checkbox"/> Limited access to peers in student's home community</li> <li><input type="checkbox"/> Lack of exposure to appropriate behavioral models from peers</li> <li><input type="checkbox"/> Other: <input type="text"/></li> </ul>
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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 1 - Eligibility, Placements and Supports**

Student SHITRIT OREL O  
 Last First MI

Date of Birth 30-APR-2012 Meeting Date 23-JAN-2020

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		<b>Eligible (AUT)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	NESTLE AVE CHARTER	
Instructional Setting	Setting	Special Education	
	Program	AUT	
	Special Day Minutes/Wk	1300	
	Addresses Goals	1(Math),2(Reading),3(Writing),4(English Language Dev),5(Behavioral Support),6(Expressive Language),7(Pragmatic Language)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	School to School	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)	Parent Counseling and Training (PCT)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation	School to School	
Accommodation, Modifications, Supports	Instructional Accommodations	When sitting on the carpet, Orel prefers the chair or stool (when needed). 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, visual schedule, token system.	
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		

Comments, as appropriate

Low Incidence Equipment

<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	Computer, P.E., Arts Program, Library, Science, and any other area deemed appropriate.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

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

Student     
 Last First MI

Date of Birth

Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>32</b>	End Date:		
<b>Behavior Intervention Implementation (BII)</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
1(Behavioral Support)	Minutes/Interval:	1740	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Collaborative Behavioral Services*	
	Responsible Personnel:	District Assigned Qualified Provider	
	*		
<b>Service 2</b>	Start Date:	Effective on Signature Date	
<b>10</b>	End Date:		
<b>Language/Speech</b>	Service applies to:	Regular	
	Frequency:	10-40	
This service addresses the following goals:	Interval:	Yearly	
6(Expressive Language)	Minutes/Interval:	900	
	Minutes/Interval (Pullout from Gen Ed):	900	
7(Pragmatic Language)	Service Delivery Model:	Direct Service (Collaborative)*	
	Area:	School-Based	

	Responsible Personnel:	Licensed/Credentialed Provider
		General Education Teacher
		Special Education Teacher
		Other Provider(s)

\*

**Notes:**

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

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

	Effective With this IEP	Future Changes Related to this IEP
<b>% of Time per Week outside of General Education</b>	<input type="text" value="83"/>	

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

The team reviewed the assessment, Teacher observations and classwork. The team considered the continuum of placement: RSP with resource support, Specific Learning Disability/Special Day Class, and an Autism, Core/Special Day Class. After discussion the team agrees that the most appropriate placement for Orel at this time is the Autism , Core/Special Day Class. Parent Counseling Training worksheet was completed. The team agrees that PCT would help support Orel. PCT initiation was handed to parents.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

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

Student SHITRIT OREL O  
 Last First MI

Date of Birth 30-APR-2012 Meeting Date 23-JAN-2020

**FAPE Summary Grid**

<b>Program:</b>	AUT	<b>Setting:</b>	Special Education
<b>Eligibility:</b>	Eligible (AUT)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	School to School	<b>Low Incident Support:</b>	None
<b>Date District Received</b>			
<b>Parent Signature:</b>			

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
32	Behavior Intervention Implementation (BII)	Effective on Signature Date	Regular	Weekly	1-5	~	1740	Behavioral Support	--
10	Language/Speech	Effective on Signature Date	Regular	Yearly	10-40	School-Based	900	Expressive Language, Pragmatic Language	--

**For IEP Team Information**

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



### INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 1 of 3)

Student     Date of Birth  Meeting Date

Last First MI

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

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

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

**4** Frequency or intensity or duration of behavior: Frequency (x)  Period  Intensity  Duration (min)

Reported by  and/or  observed by

PREVENTION

PART 1

ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

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

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

Other Describe:

Observation Analysis **6**

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

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

Other (Missing/Present):

### REMOVE STUDENT'S NEED TO USE THE PROBLEM BEHAVIOR

Intervention **7**

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

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

Other

Who will establish?  Who will monitor?  Frequency



INDIVIDUALIZED EDUCATION PROGRAM  
Behavior Intervention Plan

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

Los Angeles Unified School District

(Behavior Intervention Plan, pg. 2 of 3)

Student SHITRIT OREL O Date of Birth 30-APR-2012 Meeting Date 23-JAN-2020  
Last First MI

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

8

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

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

Describe:

Observation 9  
Analysis

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

To get sensory input, Orel will request for a break and go outside to jump or do a physical activity such as cherry pickers or running.

To avoid a task that is too difficult, the teacher will accommodate the work and have him work in small chunks.

10

What teaching Strategies/Necessary Curriculum/Materials are needed?

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

Who will establish? Teacher Who will monitor? Teacher and BII Frequency: Daily

Intervention 11

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

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

Other ideas:   
Selection of reinforcer based on: Observations  
 reinforcer for using replacement behavior  reinforcer for general increase in positive behaviors  
By whom? Teacher and BII Frequency: Daily

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

12

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

1.) Redirect student and show token system. 2) Take student outside 3) Show token system and remind student how well he is doing. 4) Have student work in resource room.

Personnel?  
Teacher and/or BII

**INDIVIDUALIZED EDUCATION PROGRAM**  
**Behavior Intervention Plan**

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

**Los Angeles Unified School District**

**(Behavior Intervention Plan, pg. 3 of 3)**

Student     
Last First MI

Date of Birth

Meeting Date

OUTCOMES

PART IV

BEHAVIORAL GOALS

**13** Behavioral Goal: Goal #:

Orel will stay on task for 10 minutes with 3 redirections without trying to harm others or walking out of the class with 80% accuracy in 4 out of 5 trials as measured by teacher observation and charts.

The above behavioral goal is to:  Increase use of replacement behavior and may also include:  
 Reduce frequency of problem behavior  Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes  No

Are environmental supports/changes necessary?

Yes  No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?

Yes  No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes  No

This BIP to be coordinated with other agency's service plans? Agency?

Yes  No

Person responsible for contact between agencies.

COMMUNICATION

PART V

COMMUNICATION PROVISIONS

**14** Manner and content of communication:  
 Phone calls  Email  Written notes  
 Daily reports  Daily charting  Behavioral logs  
 Weekly reports  
 Other

Between?  Frequency?

**INDIVIDUALIZED EDUCATION PROGRAM  
LANGUAGE AND SPEECH SERVICES CERTIFICATION (LAS CERTIFICATION)**

Los Angeles Unified School District

Attachment B

Student: REL O. SHITRIT

Date of Birth: 30-APR-2012

Meeting Date: 23-JAN-2020

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.**