

INDIVIDUALIZED EDUCATION PROGRAM (IEP)			
<b>Los Angeles Unified School District</b>		<b>Eligible (SLD)</b>	
Student Identification Number	<input type="text" value="082410F094"/>	SSID	<input type="text" value="8784100620"/>
Student	<input type="text" value="TALIT"/> Last	<input type="text" value="SHAILEE"/> First	<input type="text" value="F"/> MI
			Date of Birth: <input type="text" value="24-AUG-2010"/>
Section A: Meeting Information			
Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting	<input type="text" value="14-APR-2016"/>	<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting	<input type="text" value="30-OCT-2019"/>	<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition
Annual Review to be conducted by	<input type="text" value="18-SEP-2020"/>	<input checked="" type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by	<input type="text" value="18-SEP-2022"/>	<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on	<input type="text" value="18-SEP-2019"/>	<input type="text"/>	
Transition to Kindergarten to be conducted by	<input type="text"/>		
Location of Meeting	<input type="text" value="Hancock Park"/>	District Name	<input type="text" value="Los Angeles Unified School District"/>
Section B: Student Information			
Date of Birth	<input type="text" value="24-AUG-2010"/>	Age	<input type="text" value="9"/>
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input checked="" type="radio"/> No
Location of the Psych Folder	<input type="text" value="SUPPORT UNIT CENTR"/>	Student has no Psych Folder	<input type="checkbox"/>
Location of the Cum Folder	<input type="text" value="HANCOCK PARK EL"/>	Student has no Cum Folder	<input type="checkbox"/>
Home Language	<input type="text" value="English"/>	Student Language	<input type="text" value="English"/>
Home Address of Student	<input type="text" value="6607 COLGATE AVE"/>		
City	<input type="text" value="LOS ANGELES"/> CA	ZIP Code	<input type="text" value="90048"/>
Home Telephone	<input type="text" value="(323) 348-9188"/>	Daytime Telephone	<input type="text"/>
School of Attendance	<input type="text" value="Hancock Park EI"/>	Location Code	<input type="text" value="4397"/>
School of Residence	<input type="text" value="Hancock Park EI"/>	Location Code	<input type="text" value="4397"/>
Name of Parent/Guardian	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/> CA	ZIP Code	<input type="text"/>
Surogate Parent	<input type="text"/>	Telephone	<input type="text"/>
Attends <b>CURRENT SCHOOL</b> as a result of one of the following	<input checked="" type="checkbox"/> Attends School of Residence <input type="checkbox"/>		
Is the student living in a Family Foster Home (FFH)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	FFH#	<input type="text"/>
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship	<input type="text"/>
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCI Name	<input type="text"/>
		LCI#	<input type="text"/>
Out of the home placement made by	<input type="radio"/> Regional Center	<input type="radio"/> Department of Mental Health	<input type="radio"/> Department of Children's Services
	<input type="radio"/> Superior Court	<input type="radio"/> Other	<input type="text"/>
Child's family living within LAUSD's boundaries?	<input type="radio"/> No <input checked="" type="radio"/> Yes		
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?	<input type="radio"/> No <input type="radio"/> Yes		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **TALIT** **SHAILEE** **F** **MI** Date of Birth **24-AUG-2010** Meeting Date **30-OCT-2019**  
 Last First MI

Section C: Language Acquisition

Language Classification: **Limited English Proficient** Start Date: **24-AUG-2015**  
 Parent Waiver:  Yes  No Reclassification Date:   
 Elementary English Language Development Level: **4** 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	
<b>1</b> Reading	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>2</b> Writing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>3</b> Math	<input type="radio"/>	<input checked="" type="radio"/>	Needs more practice
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
<b>4</b> Social Emotional	<input type="radio"/>	<input checked="" type="radio"/>	needs more time
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	needs more time
<b>5</b> Visual Motor	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>6</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>7</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>8</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>9</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>10</b>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student     Date of Birth  Meeting Date

Last First MI

## Section E: Present Level of Performance

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):

Student Strengths: Goal dated September 2018, Met: Shailee is reading 42 words per minute, goal was for Shailee to read 40 words per minute. Grade level fluency is 131 words per minute. Shailee reads CVC and CVCV words. Shailee is emergin in using application of phoneme-grapheme relationships when reading two syllable words and multi-syllabic words.

Letter-Word Identification:- 75- Low. Shailee reads one syllable word and a few multi-syllabic words

Passage Comprehension: 74- Low- Shailee read passages slowly. She was able to identify missing words of simple sentences.

Sentence Reading Fluency: 75- Low- Shailee read 19 statements and received credit for 16 statements.

## Student Needs:

Shailee experiences difficulty with reading grade level passages with fluency. She has difficulty with using application of phoneme-grapheme relationships when reading multi-syllabic words. Shailee experiences difficulty with reading comprehension, she has difficulty with retelling main points and details of grade level passages.

## Impact of Disability:

Shailee's eligibility of Specific Learning Disability (SLD) impedes her ability to read with fluency, which impacts her involvement and access to the general education reading curriculum.

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):

Student Strengths: Goal dated September 2018, Met. With guidance and support from adult, Shailee is able to write 5 to 6 sentences appropriate to the task.

Spelling: 86- Low Average- Shailee is able to write single syllable words and words with short vowel sounds (CVC)

Writing Sample: 99- Average- Shailee is able to write simple sentences describing pictures, not graded in spelling.

Sentence Writing Fluency: 97- Average- Shailee is able to write complete sentences using 3 to 4 words with word list support.

## Student Needs:

Shailee experiences difficulty writing sentences with details. She needs support in writing sentences with linking words and exteding sentences with details. Shailee needs support with spelling and writing words with long vowel, two syllables and multi-syllabic words. Shailee needs support in writing multiple paragraphs to support a grade level opinion/informative topic with clear and coherent writing in which the organization is appropriate to the task, purpose, and/or audience.

## Impact of Disability:

Shailee's eligibility of Specific Learning Disability (SLD) impedes her ability to write sentences with details, which impacts her involvement and access to the general education writing curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TALIT SHAILEE F Date of Birth 24-AUG-2010 Meeting Date 30-OCT-2019
Last First MI

Section E: Present Level of Performance

Performance Area: Math

Assessment/Monitoring Process Used: Teacher observation, WJ IV

State/District Assessment Results:

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

Student Strengths: Goal dated September 2018, Partially Met. Shailee needs reminders on place value. She needs guidance on how to round whole numbers to the nearest 10 or 100. Shailee is able to add and subtract math facts. She's able to add and subtract double digit problems with assistance and guidance.

WJ IV Form A

Applied Problems- 71- Low- Shailee is able to solve word problems with visuals (pictures). Difficulty answering word problems.

Calculation- 89- Low Average- Shailee is able to solve math facts of addition and subtraction. She solved a few multiplication problems.

Math Facts Fluency- 97- Average- Shailee solve 29 math facts of addition and subtraction in a time test of 3 minutes.

Student needs:

Shailee has difficulty solving problems with regrouping. She needs support with understanding place value when rounding numbers. Shailee needs support in reading word problems and knowing which math operation to use. Shailee needs support in knowing her multiplication facts 1-12s. She needs support in multiplying double digit by single digit.

Impact of Disability: Shailee's eligibility of Specific Learning Disability (SLD) impedes her ability to solve word problems using appropriate operation, which impacts her involvement and access to the general education math curriculum.

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):

Empty text box for current performance/assessment summary.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     Date of Birth  Meeting Date

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## Section E: Present Level of Performance

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):

Shailee is functioning within the average range of cognitive ability (i.e. the ability to learn, apply knowledge, generalize, utilize abstract concepts, and evaluate), based on alternative procedures of measuring intellectual ability. Shailee's Executive Function (EF) score fell within the average range. This is where student is required to have control of thinking, behavior, and attention. Her Executive Function (EF) With Working Memory (WM) score fell within the average range. This is where student is required to have control of thinking, behavior, and attention when working with information that had to be evaluated and remembered for a short period of time.

Shailee's better-developed processing skills: Visual processing, Auditory Processing, Sensory processing, and Cognitive language areas dealing with expression, association and conceptualization.

Shailee's less-developed processing skills: Phonological Processing.

Impact: Shailee displays a severe/significant discrepancy between her cognitive ability and academic achievement which may be due to a Psychological processing deficit(s) identified under Phonological Processing.

Supports: Books on tape, checking for understanding, reading books at ability level, teach/practice with word segmentation, sound blending, and sound awareness.

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):

Shailee indicated to examiner she likes school, likes her teacher and friends. She indicated she likes coloring, playing with her school friends, and likes going to places with her family. Per parent it was reported Shailee gets help from mom with homework. Her extra-curricular activities are dancing and gymnastics.

Teacher checked off in teacher observation form, Shailee copes with frustration, relates positively to peers and adults, makes acceptable or appropriate decisions independently, and plays appropriately on school yard. Her challenges checked off were Shailee sometimes has a positive self-image of herself, sometimes stays with a task until completed, and frequently is out of her seat. Per BASC 3 comment section of rating scale it was noted Shailee has a willingness to help others and has a sense of humor. She enjoys sharing personal stories. However concerns noted were Shailee tends to complain about stomach pains and feels badly after receiving a 1 or 2 on assignments or tests.

Impact: Shailee does not appear to exhibit a significant heightened alertness to environmental stimuli observed at school and home which may be due to ADD/ADHD-like characteristics to adversely impact her educational access and performance at this time. It is observed Shailee is interested in learning however based on observations, interview(s), rating scales, and school records she presents problems with attention at times, requires positive motivation to complete tasks, prompts to stay on task, and accommodations like extra time if needed to complete tasks.

Supports: School counseling, relaxation techniques be taught at home and school, tutoring if available to boost her school academic confidence, positive feed backs.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

TALIT  
Last

SHAILEE  
First

F  
MI

Date of Birth

24-AUG-2010

Meeting Date

30-OCT-2019

Section E: Present Level of Performance

Performance Area:

Health

Assessment/Monitoring Process Used:

Assessment and interview

State/District Assessment Results:

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

Strengths: Shailee is a healthy 9 year old. Per mom she does not have any health concerns or any known allergies. She does not require any daily medications or procedures. Shailee passed her hearing screening on 9/10/19 and her vision on 10/28/19 with her new glasses.

Area of need: Shailee did not pass her most recent vision screening on 9/12/19 because she was not wearing her prescribed glasses. Per mom Shailee does not like wearing her glasses. Shailee claims she lost them. Mother brought Shailee to the eye doctor on 10/6/19 and was told she had an astigmatism in her left eye is worse and was given a prescription to wear all times. Otherwise there are not any health needs.

Impact of disability: Shailee's uncorrected impaired vision will impact her participation in her educational program.

Recommendations/placements and supports: Shailee should come to school daily with prescribed glasses everyday and wear at all times.

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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Section E: Present Level of Performance

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):

Student's areas of strengths:  
 Shailee is a pleasant student who has made significant strides in her visual motor abilities. Shailee has full range of motion in her upper and lower extremity and is able to access all areas of her school environment independently. In the area of visual perception, Shailee demonstrated functional strengths as she is able to visually track a moving object, scan a worksheet, discriminate between different symbols, discover objects in a busy background, and understand where objects are in space. In the MVPT-4, Shailee received a standard score of 99 which places her in the 47 percentile for her chronological age, placing her in the average category. In the 'Manual Dexterity' subtests of the BOT-2, Shailee received a scale score of 17, which places her in the 'Average' category. In her fine motor abilities, Shailee demonstrated functional prehension grasps as she was able to use a pincer grasp to pick up pennies, a three jaw chuck to lace blocks through a string, and a spherical grasp to hold a small tennis ball. She also demonstrates adequate bilateral coordination to be able to use her non-dominant hand to stabilize paper while writing, to stabilize and rotate paper while cutting a circle, and lace blocks through a string independently. In the area of in-hand manipulation, Shailee is able to bring objects from her palm to her finger (and vice versa), shift her fingers to turn a page of a book, and rotate a puzzle piece with solely her fingers. With a pencil, Shailee uses a functional grasp which allows her to use the intrinsic muscles of her hand to make precise movements in forming shapes and letters. Shailee also demonstrates functional visual motor abilities to be able to coordinate her eyes and hands together in order to copy a near point shape or sentences.  
 Continued below...

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):

Continued:  
 These functional skills were reflected in the 'Fine Motor Integration' subtests of the BOT-2 in which she received a scale score of 18. Shailee has met her previous goal as she is able to form a paragraph from a far point model with at least 80% accuracy. There are no current concerns with Shailee's writing in relation to her fine motor, visual motor, and sensory processing abilities.

Student's areas of need:  
 Shailee does not demonstrate any underlying fine motor, visual motor, visual perceptual, or sensory processing deficits that negatively impact her access to her current curriculum. Per teacher interview, Shailee does have difficulty paying attention particularly with difficult academic work. This ability to pay attention to non-preferred activities is not related to her overall sensory modulation and thus cannot be addressed by school-based occupational therapy. Based off of her standardized scores from the BOT-2 and MVPT-4 as well as structured observations, it is recommended that Shailee graduate from school-based occupational therapy services.

Impact of student's disability on academic and overall performance:  
 Shailee's eligibility of specific learning disability impacts her ability to access her classroom curriculum. However it does not impact her skills related to occupational therapy such as her fine and visual motor, visual perception and sensory processing.

Shaina Nazarian, OTR/L  
 LAUSD Occupational Therapist

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last TALIT

First SHAILEE

MI F

Date of Birth 24-AUG-2010

Meeting Date 30-OCT-2019

Section F: Eligibility

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

Specific Learning Disability, Other Health Impairment (ADHD)

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code: SLD Specific Learning Disability

Not Applicable, Blind or Partially Sighted

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

Code:

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:

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



Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **TALIT** **SHAILEE** **F** Date of Birth **24-AUG-2010** Meeting Date **30-OCT-2019**  
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: **Reading** Annual Goal #: **1**

Shailee will decode 35 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication with minimal support as measured teacher record 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Shailee will decode 15 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication with minimal support as measured teacher record in 2 out of 5 trials with 40% accuracy.

Incremental objective #2 related to the goal:

Shailee will decode 25 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication with minimal support as measured teacher record in 3 out of 5 trials with 60% accuracy.

Date to be achieved: **January** **2020** MO/YR Date to be achieved: **May** **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 <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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **TALIT** **SHAILEE** **F** **MI** Date of Birth **24-AUG-2010** Meeting Date **30-OCT-2019**  
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: **Writing** Annual Goal #: **2**

Shailee will produce clear and coherent writing of 4 or more paragraphs in which the organization is appropriate to the task, purpose, and/or audience with guidance and support as measured teacher record 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Shailee will produce clear and coherent writing of 2 or more paragraphs in which the organization is appropriate to the task, purpose, and/or audience with guidance and support as measured teacher record in 2 out of 5 trials with 40% accuracy.

Incremental objective #2 related to the goal:

Shailee will produce clear and coherent writing of 3 or more paragraphs in which the organization is appropriate to the task, purpose, and/or audience with guidance and support as measured teacher record in 3 out of 5 trials with 60% accuracy.

Date to be achieved: **January** **2020** MO/YR Date to be achieved: **May** **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 <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"/>

Los Angeles Unified School District

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 Last First MI

Section G: Annual Goals and Objectives

Performance Area: **Math** Annual Goal #: **3**

Shailee will multiply double digit number by single digit number using array/models and visual support as measured teacher record 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
- Observation
- Other
- Norm Referenced
- Portfolio
- Criterion Referenced
- Work Samples
- Curriculum Based
- Informal

Incremental objective #1 related to the goal:

Shailee will multiply double digit number by single digit number using array/models and visual support as measured teacher record in 2 out of 5 trials with 40% accuracy.

Incremental objective #2 related to the goal:

Shailee will multiply double digit number by single digit number using array/models and visual support as measured teacher record in 3 out of 5 trials with 60% accuracy.

Date to be achieved: **January** **2020** MO/YR Date to be achieved: **May** **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 <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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student **TALIT** **SHAILEE** **F** Date of Birth **24-AUG-2010** Meeting Date **30-OCT-2019**  
 Last First MI

Section G: Annual Goals and Objectives

Performance Area: **Social Emotional** Annual Goal #:

Self-Management Goal: Shailee will learn coping skills to overcome her frustration and or low confidence during classroom assignments/ tasks and will utilize them in 4/5 trials as measured per observations, teacher input, and counseling sessions.

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:

Self-Management Goal: Shailee will learn coping skills to overcome her frustration and or low confidence during classroom assignments/ tasks and will utilize them in 2/5 trials as measured per observations, teacher input, and counseling sessions.

Incremental objective #2 related to the goal:

Self-Management Goal: Shailee will learn coping skills to overcome her frustration and or low confidence during classroom assignments/ tasks and will utilize them in 3/5 trials as measured per observations, teacher input, and counseling sessions.

Date to be achieved: **April** **2020** MO/YR Date to be achieved: **October** **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 <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    Date of Birth  Meeting Date   
 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.

<p><b>Student will participate in Regular State and District Assessments.</b>  <i>(Designated Supports and/or Accommodations identified below are applicable)</i></p>	<p><b>CAASPP Subject</b>                  ELA and Math</p>
<p>Designated Supports:</p> <ul style="list-style-type: none"> <li>- Masking</li> <li>- Read aloud by an adult in English (for math items and ELA items except for reading passages)</li> <li>- Test in a separate/smaller setting</li> <li>- Text-to-speech software enabled (for math items and ELA items except for reading passages)</li> </ul>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Last TALIT First SHAILEE MI MI F Date of Birth 24-AUG-2010 Meeting Date 30-OCT-2019

Section N: Procedural Safeguards and Follow-up Actions

- Checkboxes for: A Parent's Guide to Special Education Services... IEP Team Meeting Introductory Statements... 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: Last  First  MI  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	
		Student	Veronica Ferrufino	20-SEP-2019
		Student	Veronica Ferrufino	08-MAY-2019

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

---

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

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

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

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

<input checked="" type="checkbox"/> Assessment	Specify	<input type="text" value="Disability Assessment"/>
<input type="checkbox"/> Eligibility	Specify	<input type="text"/>
<input checked="" type="checkbox"/> Instructional Setting	Specify	<input type="text" value="Parent wants to keep student at Hancock Park Elementary School."/>
<input checked="" type="checkbox"/> Services	Specify	<input type="text" value="Needs more comprehension therapy"/>

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**

I believe Shailee educational needs highly impact due to her vision. Shailee will benefit to be in regular school in full inclusion including ESY. I'd like to go to Informal Dispute Resolution . I would like all communication from now on to be in HEBREW.

---

Signature(s)   Date

Parent     Guardian     Student age 18-21 years age 18-21     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. Regarding your child's previous IEP (if relevant):	Yes	No	Does Not Apply
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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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="Rachel Glisko (via teleconference)"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<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="ELISA ROSE"/>	<input type="text" value="Elisa Rose"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="VERONICA FERRUFINO"/>	<input type="text" value="Veronica Ferrufino"/>
General Education Teacher	<input type="text" value="Alice RAMOS"/>	<input type="text" value="Alice Ramos"/>
School Psychologist	<input type="text" value="SANDRA OSORIO-HAKIMI"/>	<input type="text" value="Sandra Osorio-Hakimi"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="SHAINA NAZARIAN"/>	<input type="text" value="Shaina Nazarian"/>
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" value="El Designee"/>	<input type="text" value="Sharon P. Cummings"/>	<input type="text" value="Sharon P. Cummings"/>
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"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Last TALIT

First SHAILEE

MI F

Date of Birth 24-AUG-2010

Meeting Date 30-OCT-2019

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.

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **TALIT** **SHAILEE** **F** **Date of Birth** 24-AUG-2010 **Meeting Date** 30-OCT-2019  
 Last First MI

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 **TALIT** **SHAILEE** **F** **Date of Birth** 24-AUG-2010 **Meeting Date** 30-OCT-2019  
 Last First MI

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

**Step F.** 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):

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



Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student **TALIT** **SHAILEE** **F** **MI** Date of Birth **24-AUG-2010** Meeting Date **30-OCT-2019**  
 Last First MI

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: <b>13-NOV-2019</b>	
Eligibility: (from Page 4)		<b>Eligible (SLD)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		General Education	
Placement	Type of School	District Non-Resident School	
	Name of School	SHENANDOAH ST EL	
Instructional Setting	Setting	Special Education	
	Program	SLD	
	Special Day Minutes/Wk	1450	
	Addresses Goals	1(Reading ),2(Writing),3(Math),(Social Emotional)	
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	Home to School	
	Extended School Year/Intersession	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Parent Counseling and Training (PCT)		<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	Home to School	
Accommodation, Modifications, Supports	Instructional Accommodations	Selective seating, small group instruction for core curriculum, check for understanding, graphic organizers and visuals, multi-modality instruction to include kinesthetic, extra time to complete assignments, use of a computer across all academic environments as needed so she can focus on the mathematical problem solving rather than focusing on the memorization of mathematical facts., use of a word processor and calculator as needed.	
	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			
Assistive Technology Equipment			
Participation in General Education	Student should be mainstreamed with grade-level peers for lunch/recess, PE, electives, field trips, and ALL school-wide activities. Student should mainstream into social studies and science as soon as possible, and no later than at the semester change.		



Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP FAPE Part 2 - Summary of Services

Student

Date of Birth

Meeting Date

Last	First	MI	Effective With This IEP	Future Changes Related To This IEP
	Service 1		Start Date: Effective on Signature Date 13-NOV-2019	
	04		End Date:	
	Counseling and Guidance		Service applies to: Regular	
			Frequency: 1-5	
	This service addresses the following goals:  <input type="text" value="(Social Emotional)"/>		Interval: Monthly	
			Minutes/Interval: 60	
			Minutes/Interval (Pullout from Gen Ed): 60	
			Service Delivery Model: Direct Service (By a Single Provider) *	
			Responsible Personnel: Licensed/Credentialed Provider	

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="92"/>	

Part 4 - Additional Discussion (This section is optional)



10/30/19

This meeting is a TRIENNIAL REVIEW for Shailee.

Introductions were made. Nurse was excused by parent. Her report was shared with the parent prior to the meeting.

Present at the meeting were SPECIAL ED TEACHER, GENERAL ED TEACHER, APEIS, OT, SCHOOL PSYCH, EL COORDINATOR.

Parent Rights and Responsibilities were provided to the parent and an explanation was given. Parent will receive the Parent's Guide, IEP & You and survey after the meeting because she appeared via teleconference.

Assessment reports were shared with the parents.

Shailee continues to be eligible for special education services as a student with Specific Learning Disabilities (SLD). There is a significant discrepancy between her achievement and general ability. She experienced more frustration when the academic demands increased this year. Her distractibility at school seems to be attributed to her increased academic demands.

The team discussed related services appropriate to support the student's placement in OT in order to make adequate progress toward his/her goals. DIS-OT recommends exiting student from OT at this time because she attained AVERAGE scores on the assessment.

The team reported on present levels of academic achievement and instructional performance (goals met/not met).

The gen ed teacher/special ed teacher/OT indicates that progress was/was not made.

The team discussed the full continuum of placement options and the team believes the least restrictive environment for the student to make adequate progress toward goals and objectives is special education placement in an SLD-SDC program because she has made little progress at the SOR with RSP support. The IEP team recommends this placement so student will receive educational benefit and better access to the curriculum.

Accommodations and Modifications for State Assessments were discussed and the student will take the CAASPP with the following accommodations:

CAASPP Subject

ELA and Math

Designated Supports:

- Masking
- Read aloud by an adult in English (for math items and ELA items except for reading passages)
- Test in a separate/smaller setting
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations and modifications for STUDENT'S classwork and homework and testing were discussed and updated.

ESY was discussed. Student does not require ESY because regression.

The district's offer of FREE and APPROPRIATE PUBLIC EDUCATION (FAPE) is SDC class at through a special ed placement in an SLD-SDC classroom. Mainstreaming: Student should be mainstreamed with grade-level peers for lunch/recess, PE, electives, field trips, and ALL school-wide activities. Student should mainstream into social studies and science as soon as possible, and no later than at the semester change.

**DATA/TRANSPORTATION TRANSFER FORM**

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

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

Student    Date of Birth  Meeting Date   
 Last First MI

**SCHOOL SETTING**

<input type="radio"/> District School of Residence	<input checked="" type="radio"/> District Non-residence School	<input type="radio"/> Head Start	<input type="radio"/> Community College	<input type="radio"/> District Early Education Center
<input type="radio"/> District Special Education School/Center	<input type="radio"/> Nonpublic School	<input type="radio"/> Nonpublic Agency	<input type="radio"/> State Residential School	
<input type="radio"/> Dual Enrollment	<input type="radio"/> Home	<input type="radio"/> Hospital	<input type="radio"/> Private/Parochial School	<input type="radio"/> Other <input type="text"/>

**RELATED SERVICES**

Check:

<input type="checkbox"/> Assistant - Class	<input type="checkbox"/> Health Care Assistant - Class	<input type="checkbox"/> Licensed Vocational Nurse - Class
<input type="checkbox"/> Assistant - Bus	<input type="checkbox"/> Health Care Assistant - Bus	<input type="checkbox"/> Licensed Vocational Nurse - Bus

**ASSIGNED SCHOOL (Complete if the information is known)**

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

**TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)**

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

Prepared by  Telephone  Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(SLD, pg. 1 of 1)

Student TALIT SHAILEE F Date of Birth 24-AUG-2010 Meeting Date 30-OCT-2019

Last First MI

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability, including but not limited to students with characteristics of dyslexia. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? Yes No

If Yes, describe

Empty text box for describing medical conditions.

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning? Yes No

If Yes, describe

Empty text box for describing behavior in general education setting.

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

- Listening Comprehension, Basic Reading Skills, Oral Expression, Reading Comprehension, Written Expression, Math Calculation, Math Reasoning, Reading Fluency

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

- Attention, Visual Processing, Auditory Processing, Sensory Motor Skills, Cognitive abilities including association, conceptualization and expression, Phonological Processing

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
**IEP FAPE Part 2 - Summary of Services**

Los Angeles Unified School District

Student: Last  First  MI  Date of Birth  Meeting Date

**FAPE Summary Grid**

<b>Program:</b>	SLD	<b>Setting:</b>	Special Education						
<b>Eligibility:</b>	Eligible (SLD)	<b>Curriculum:</b>	General Education						
<b>Transportation:</b>	Home to School	<b>Low Incident Support:</b>	None						
<b>Date District Received Parent Signature:</b>	13-Nov-2019								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	1-5	~	60	Social Emotional	--

**For IEP Team Information**

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