

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 112310M090 SSID 3134007764

**Eligible (OHI)**

Student TIROSH ORI MI  
Last First MI

Date of Birth: 23-NOV-2010

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 11-AUG-2016	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated
Date of Present Meeting: 01-JUN-2022	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by: 01-JUN-2023	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by: 12-OCT-2024	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on: 13-OCT-2021	
Transition to Kindergarten to be conducted by:	

Location of Meeting: Serrania CES District Name: Los Angeles Unified School Dis

Section B: Student Information

Date of Birth: 23-NOV-2010 Age: 11 Grade: 5  
 Gender:  Male  Female Ethnic Code: White  
 Location of the Psych Folder: SUPPORT UNIT NOF Student has no Psych Folder:   
 Location of the Cum Folder: SERRANIA AVE CES Student has no Cum Folder:   
 Home Language: English Student Language: English Alternate Mode of Communication:  
 Home Address of Student: 22186 FUCHSIA CT  
 City: WOODLAND HILL CA ZIP Code: 91367  
 Home Telephone: (912) 604-0064 Daytime Telephone:  
 School of Attendance: Serrania Ave Ces Location Code: 6606  
 School of Residence: Hamlin Ca Location Code: 4349  
 Name of Parent/Guardian: Orly Tirosh Telephone:  
 Address:  
 City: CA ZIP Code:  
 Surogate Parent: Telephone:

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

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  Department of Mental Health  Department of Children's Services  
 Superior Court  Other:  
 Child's family living within LAUSD's boundaries?  No  Yes  
 If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights?  No  Yes

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    MI

Date of Birth

Section C: Language Acquisition

Language Classification:  Start Date:

Withdrawal by Parent Request:  Yes  No Reclassification Date:

ELPAC Performance Level and Performance Descriptor:  Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:  Test 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>	<input type="text" value="Social Emotional"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Social Emotional"/> ▼			
	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>	<input type="text" value="Reading"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Reading"/> ▼			
	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>	<input type="text" value="Writing"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Writing"/> ▼			
	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>4</b>	<input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="Needs more time with multiplication"/>
<b>Category</b>	<input type="text" value="Math"/> ▼			
	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>5</b>	<input type="text" value="Behavior"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<input type="text" value="Behavior Intervention"/> ▼			
	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>6</b>	<input type="text" value="Visual Motor"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="continues to use a hunt and peck method, more time"/>
<b>Category</b>	<input type="text" value="Visual Motor"/> ▼			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="continues to use a hunt and peck method, more time"/>
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="continues to use a hunt and peck method, more time"/>
<b>7</b>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b>	<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"/>

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Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
<b>1</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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>2</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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>3</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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>4</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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>5</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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>6</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>Category</b> <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)

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Student

TIROSH

ORI

Date of Birth

23-NOV-2010

Meeting Date

01-JUN-2022

Last

First

MI

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Reading

Assessment/Monitoring Process Used:

Informal Testing, Observation Work Samples

State/District Assessment Results:

Dibels=Dynamic Indicators of Basic Early Literacy Skills

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

Strengths: Ori is able to comprehend grade level texts that are read aloud or to him directly. When he is interested in a grade level text that is being read to him and attends, Ori can demonstrate higher level critical thinking comprehension skills: i.e.: Ori can offer connecting information on the topic; he is able to describe how characters in a story respond to major events and see that different characters have different points of view; Ori is able to connect two events together; he can identify the main topic of a paragraph, and compare and contrast two characters and/or events. He can recount the key details and explain how they support the main idea. Ori can make inferences and identify an author's purpose. Ori's vocabulary is very good. Ori has improved his ability read sight words: reading 96% of Dolch Pre-K through 3rd grade words. He can read some multi-syllabic words in text (corporation) by using context clues and did achieve his IEP goal to decode 10 multi-syllabic words with teacher modeling and visual supports as measured by teacher generated tests in 2/3 trials with 70% accuracy. He can read CVC (consonant vowel consonant) words; blends, digraphs, and long vowels spellings

Needs: Ori needs help reading r-controlled vowels (surf), variant vowels (coin) and low frequency vowel and consonant spellings (kneel, cent, sweat). and multi-syllabic words. He needs to read theses sight words: away, where eat, went, were, right, sing, eight.

Impact of Disability: Other Health Impairment (OHI) impairs his ability to decode and read, limiting his ability to access the general educational reading curriculum in the general education setting, at this time.

Dibels, 2021-2022 School Year  
 Beginning of Year: Fluency 36/103 cwpm. Accuracy: 90%/96% Maze: 3.5/13.5  
 Middle of Year: Fluency 69/122 cwpm. Accuracy: 96%/96% Maze: 5.5/17  
 End of Year: Fluency 65/137 cwpm. Accuracy: 97%/96% Maze: 11/21

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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Student TIROSH ORI MI Date of Birth 23-NOV-2010 Meeting Date 01-JUN-2022

Section E: Present Level of Performance

Performance Area: Math
Category: Math
Assessment/Monitoring Process Used: Informal testing, Work Samples, Teacher Observation
State/District Assessment Results:

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

Strengths: Ori appears to enjoy Math. He engages in the lessons when prompted. With adult assistance, given a word problem, Ori can determine what and how he needs to solve. He is able to independently add and subtract two and three digit numbers without regrouping up to 100. He can add and subtract multi-digit numbers with regrouping, but needs prompts and reminders. He can compare, read and order numbers to 10,000 place. He can read numbers with prompting and a place value chart to the millions place. Ori can write a fraction that represents a part of a whole - 1/2. He can discern an equivalent fraction if looking at representations of those fractions. Ori can skip count by 2, 5 and 10 to at least 100. He understand the meaning of multiplication and division. He can draw an array for a multiplication fact, ex. 2 x 3. Ori can read decimals to the hundredths place. Ori was able to achieve his incremental #1 and #2 goals towards multiplication calculations.

Needs: Ori needs to be able to use place value to write numbers up to 1,000,000. Ori needs to be able to add and subtract multi-digit numbers fluently with regrouping. Ori needs to be able to multiply multi-digit numbers more fluently and execute long division. Ori needs to memorize his multiplication facts. Ori needs to learn how to calculate percentages.

Impact of Disability: Other Health Impairment (OHI) impairs his ability to access and complete work that is part of the general educational mathematics curriculum impacting his involvement and progress in the general education setting.

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

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

[Empty text box for current performance/assessment summary]



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Section E: Present Level of Performance

Performance Area: Writing

Category: Writing

Assessment/Monitoring Process Used: Informal Testing, Work Samples, Observation

State/District Assessment Results:

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

Strengths: Ori was able to achieve his writing goal: to produce clear and coherent writing of 2-3 or more sentences in which the organization is appropriate to the task, purpose, and/or audience with teacher prompting and graphic organizers as measured by work samples in 2/3 trials with 70% accuracy. Ori's ability to spell phonetically has improved. Ori can write sentences independently. He is able, with guidance, prompting and support, to focus on a topic and write a paragraph. He uses capital and end-punctuation when prompted. His handwriting has improved this year.

Needs: When presented with a writing assignment, (1-2 sentences to be copied from board, or a paper, or from a graphic organizer) Ori needs multiple prompts to start and to continue it through completion. Ori understands in theory that a sentence needs a subject and a predicate to be grammatically correct, but he does not consistently execute these. Ori needs to be able to plan, revise and edit 3-5 sentences.

Impact of Disability: Other Health Impairment (OHI) impairs his ability to write complete sentences independently and engage with written language activities which impacts his involvement and progress in the general education setting.

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:

Visual Motor

Category:

Visual Motor

Assessment/Monitoring Process Used:

1:1 therapy sessions, data collection, documentation from welligent

State/District Assessment Results:

N/A

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

Areas of strength: Ori demonstrates functional range of motion, muscle tone, strength and endurance when navigating the classroom and school environment. He is able to move from various positions without losing his balance and stability. Ori demonstrates functional fine motor skills to manipulate and manage classroom materials and tools. Although Ori utilizes an atypical grasp, he is able to keep up with his peers (when the activities are of interest to him) and does not demonstrate signs of fatigue. Ori continues to demonstrate improvement in his visual motor skills as it relates to written communication tasks. With or without use of adaptive paper (i.e. triple lined paper) and visual strategies (i.e. highlighted margins, color coded/bolded boundaries), Ori is able to demonstrate adequate line regard, letter sizing, and letter spacing. His handwriting is clear and legible as he forms his letters appropriately and does not omit or reverse letters.

Areas of need: Ori demonstrates a need in visual motor integration as it relates to typed written communication. He demonstrates emerging bilateral coordination skills to sign in and type simple words and sentences on the computer. Ori primarily uses his right hand by using a hunt and peck method with his right index finger. This affects his ability to use keyboard controls (i.e. shift key, space bar, delete key, and enter key) efficiently. In addition to addressing his typed written communication skills, Ori would benefit from utilizing speech to text as written communication tasks become more demanding.

Lauren Dizon, MOT, OTR/L  
LAUSD School Based Occupational Therapist

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student TIROSH ORI MI Date of Birth 23-NOV-2010 Meeting Date 01-JUN-2022

Section E: Present Level of Performance

Performance Area: health
Category: Health
Assessment/Monitoring Process Used: Health assessment, review of records, and Interview with parents
State/District Assessment Results:

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

Health Summary: Ori is a 10 year 10 month old 5th grade student at Serrania Elementary School. He has a history of Autism Spectrum Disorder (ASD), high functioning; ADHD, and Oppositional Defiant Disorder. He has no significant history of serious illness, allergy, injury, accident, surgery, or hospitalization within the last 3 years. There have been no significant changes to Ori's health within the last 3 years. Ori receives routine wellness checka. He is currently receiving Applied Behavioral Analysis therapy through private insurance.
Strengths: Ori is independent in all activities of daily living and mobility. He passed his last LAUSD hearing on 11/29/21 and a vision screening on 10/08/2021.
Areas of Need: Physical health is not an area of need.
Impact of Disability: Physical health does not adversely impact his participation, performance, and access to the educational program.
Accommodations/Modifications: No accommodations/modifications for health suggested at this time.
Completed by: Mary King, BSN-RN, CSN
5/31/22

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

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

[Empty text box for current performance/assessment summary]



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Section E: Present Level of Performance

Performance Area:

Behavior Intervention

Category:

Behavior Intervention



Assessment/Monitoring Process Used:

Observation

State/District Assessment Results:

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

Strength: He has made significant improvement with peer relations and has a group of friends. He can be creative and friendly and contributes to classroom discussions on materials he has read or that have been read to him. Ori can make appropriate and acceptable decisions independently. He displays critical thinking skills at times, especially during science and math. His oral vocabulary is well developed, and he can clearly formulate opinions on information that has been presented. Ori was able to achieve his IEP goal: when asked to engage in an academic task in the classroom, will comply and begin the task, with visual prompts and peer models, in 2/3 times with no more than 1-2 verbal prompts, as measured by anecdotal behavior notes by teacher or aide.

Area of Need: Ori needs to be able to communicate better his wants and needs when he is feeling upset and/or frustrated. There is no longer a need for a behavior intervention plan nor a behavior goal as the student is not displaying negative behaviors.

Impact of Disability: Other Health Impairment (OHI) impairs his ability to access and complete work that is part of the general educational curriculum impacting his involvement and progress in the general education setting.

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Empty text box for current performance/assessment summary.



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Section E: Present Level of Performance

Performance Area: Social Emotional
Category: Social Emotional
Assessment/Monitoring Process Used: Counselor Observation and Teacher Report
State/District Assessment Results: N/A

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

Ori receives 120 monthly minutes of counseling per month. His goal is that Ori will identify challenging school situations (e.g. social demands, non-preferred/difficult tasks) and use positive ways for dealing with them (e.g., asking for help from a peer or trusted adult, deep breathes, positive thinking) in 4 out of 5 trials per opportunity with maximum adult support as measured by counseling activities and teacher report. He was able to meet this goal. Teacher reports that Ori is doing better in group work, and is performing well with acting (theater).

Strengths:

Ori generally enjoys coming to counseling sessions. In counseling, he participates in activities, either with group or individually, participates in discussions, and generally interacts well with his group members. Ori has a good sense of humor and is able to transition between activities with prompting. He does not appear to become frustrated during sessions, but with maximum adult support he is able to use calming strategies (taking deep breathes, taking a break, using assertive statements) when discussing previous situations or made up scenarios.

Areas of need:

In counseling, at times, Ori can become distracted (talk over others) or lose focus and requires redirection (1-2 prompts). He needs to continue implementing and practicing his positive coping skills in all environments, with consistency, and more independently. Teacher reports that he lacks some communication when feeling upset.

Impact of disability:

Ori's Other Health Impairment (OHI) due to ADHD-like behaviors may impact his peer/adult relations, his on-task behavior, his independent work habits and his progress and involvement in the general education curriculum.

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

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

[Empty text box for current performance/assessment summary]





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Section E: Present Level of Performance

Performance Area: Vocational Ed
Category: Vocational Education
Assessment/Monitoring Process Used: Observation, Anecdotal Notes
State/District Assessment Results:

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

Strengths: Ori has improved his production of homework and assignments out of the class. He can follow a schedule and contributes to classroom discussions. Per general education teacher, he is working well in groups, (improved throughout the year), enjoys acting and regularly participates in class.
Needs: Ori needs to begin his classwork promptly, or move to assigned group, when the teacher tells him to.
Impact of Disability: Ori's eligibility of OHI (Other Health Impairment) impacts his ability to react quickly to directions, which impacts his access to the general education curriculum at this time.

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

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

[Empty text box for current performance/assessment summary]



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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: OHI Other Health Impairment

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



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Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

Foundational: Decode Multisyllabic Words: Ori will decode 50 unfamiliar multisyllabic words from a 6th grade list, in context and out of context, by using knowledge of letter-sound correspondences and syllabication, with teacher prompting, modeling and visual support as measured by teacher made tests in 4 out of 5 opportunities 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:

Ori will decode 25 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication, with teacher prompting, modeling and visual support as measured by teacher made tests in 2 out of 5 trials with 70%

Incremental objective #2 related to the goal:

Ori will decode 25 unfamiliar multisyllabic words in context and out of context by using knowledge of letter-sound correspondences and syllabication, with teacher prompting, modeling and visual support as measured by teacher made tests in 3 out of 5 trials with 75% accuracy.

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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>



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 #:

Ori, will begin work within a minute when the teacher assigns it with no prompting in 4 out of 5 opportunities.

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

Methods of Evaluation

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

Incremental objective #1 related to the goal:

Ori, will begin work within a minute when the teacher assigns it with no prompting in 2 out of 5 opportunities.

Incremental objective #2 related to the goal:

Ori, will begin work within a minute when the teacher assigns it with no prompting in 3 out of 5 opportunities.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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





INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

6.1.6 Revise writing: When given a writing prompt, Ori will revise writing to improve organization in 4 out of 5 opportunities with 70% accuracy as measured by 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:

When given a writing prompt, Ori will revise writing to improve organization in 2 out of 5 opportunities with 70% accuracy as measured by student work samples.

Incremental objective #2 related to the goal:

When given a writing prompt, Ori will revise writing to improve organization in 3 out of 5 opportunities with 70% accuracy as measured by 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 #:

To demonstrate improved visual motor skills, Ori will utilize digital platforms of communication and adaptive tools (i.e. typing and speech to text) to type or dictate 5 sentences with no more than 3 errors in formatting, capitalization, punctuation in 4 consecutive 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:

To demonstrate improved visual motor skills, Ori will utilize digital platforms of communication and adaptive tools (i.e. typing and speech to text) to type or dictate 3 sentences with no more than 4 errors in formatting, capitalization, punctuation in 3 consecutive sessions.

Incremental objective #2 related to the goal:

To demonstrate improved visual motor skills, Ori will utilize digital platforms of communication and adaptive tools (i.e. typing and speech to text) to type or dictate 4 sentences with no more than 3 errors in formatting, capitalization, punctuation in 4 consecutive sessions.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

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



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area:  Category:  Annual Goal #:

When given a set of interest related word problems from consumer materials (newspapers, journal ads), Ori will calculate sales discounts on single items and multiple quantities with 70% accuracy in 3 out of 5 trials as measured by 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:

When given a set of interest related word problems from consumer materials (newspapers, journal ads), Ori will calculate sales discounts on single items and multiple quantities with 60% accuracy in 2 out of 5 trials as measured by student work samples.

Incremental objective #2 related to the goal:

When given a set of interest related word problems from consumer materials (newspapers, journal ads), Ori will calculate sales discounts on single items and multiple quantities with 65% accuracy in 3 out of 5 trials as measured by 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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>



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 #:

TIROSH ORI will recognize emotional states that contribute to or detract from own ability to solve problems in 4 out of 5 trials per opportunity with moderate adult support as measured by counselor observation and staff report.

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:

TIROSH ORI will recognize emotional states that contribute to or detract from own ability to solve problems in 2 out of 5 trials per opportunity with maximum adult support as measured by counselor observation and staff report.

Incremental objective #2 related to the goal:

TIROSH ORI will recognize emotional states that contribute to or detract from own ability to solve problems in 3 out of 5 trials per opportunity with moderate adult support as measured by counselor observation and staff report.

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 TIROSH ORI MI  
Last First MI

Date of Birth 23-NOV-2010

Meeting Date 01-JUN-2022

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>- Text-to-speech software enabled (for math items and ELA items except for reading passages)</li> <li>- Test in a separate/smaller setting</li> </ul>	
<p>Accommodations:</p> <ul style="list-style-type: none"> <li>- Multiplication table for single digits 1-9 (paper-based; not allowed for Grade 3; non-embedded accommodation)</li> <li>- Speech-to-Text voice recognition software enabled for ELA performance writing tasks only (non-embedded accommodation)...Can be used for note-taking-preparation for the assessment task and/or for the writing assessment task.</li> <li>- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).</li> </ul>	



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TIROSH ORI MI Last First MI

Date of Birth 23-NOV-2010

Meeting Date 01-JUN-2022

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 informal translation? Yes No Select Preferred Language:

Is the parent/guardian requesting official translation? Yes No Select Preferred Language: Hebrew

Specify the Individual Pages to be translated:

The complete IEP

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.

Pandemic Learning Loss Consideration of Compensatory and/or Recoupment Services

Compensatory Education Consideration:



The IEP team has reviewed and discussed whether compensatory education is required due to the COVID-19 pandemic. The IEP team has determined:

- Student received all of their special education and related aids and services required by their IEP. Compensatory education is not required.
Student did not receive all of their special education and related aids and services required by their IEP. Compensatory education offer details are documented in FAPE 2- Summary of Services.
Student did not receive all of the special education and related aids and services required by their IEP. However, no compensatory education was warranted for the reasons documented by the IEP team in FAPE Part 2 Part 4.
Compensatory education consideration was documented on IEP dated

Recoupment Services Consideration:



The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 pandemic. The IEP team has determined:

- Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment services are recommended.
Student experienced learning loss as a result of the school facility closures caused by the COVID-19 pandemic and recoupment services are necessary. The IEP team discussed recoupment services to address past learning loss. Recoupment services offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).
Recoupment services consideration was documented on IEP dated

- Preschool Only Consideration (Transition IEP)
30-Day IEP Consideration (Out-of-District)
Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student TIROSH ORI MI Last First MI

Date of Birth 23-NOV-2010

Meeting Date 01-JUN-2022

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Row 1: Other, M. V., 04-MAY-2022

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:
Assessment Specify
Eligibility Specify
Instructional Setting Specify
Services Specify

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

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

Parent Concerns and Comments

Signature(s)

Date

- Parent Guardian Student age 18-21 years 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 01-JUN-2022

## PARENT INPUT SURVEY

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

**ALL INFORMATION IS CONFIDENTIAL**

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

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

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

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

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

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

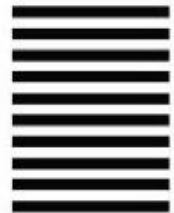


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LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 613307  
LOS ANGELES CA 90099-4093



**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"/>	<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="Maria Vallone"/>	<input type="text" value="Maria Vallone"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Lesley Lauer"/>	<input type="text" value="Lesley Lauer"/>
General Education Teacher	<input type="text" value="Sibyl Sperber, participated via zoom"/>	<input type="text"/>
School Psychologist	<input type="text" value="Mor Saghezi"/>	<input type="text" value="Mor Saghezi"/>
School Nurse	<input type="text" value="Mary King"/>	<input type="text" value="Mary King"/>
Related Service Staff <input type="text" value="OT"/>	<input type="text" value="Lauren Dizon, MOT, OTR/L"/>	<input type="text" value="Lauren Dizon"/>
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.

<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.
<input type="text" value="Ori benefits from the small class size and direct/explicit instruction for academics of an SLD/SDP."/>		

<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 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.
<input type="text"/>		

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)**

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

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

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

<b>Step E.</b>	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a residential care facility?	
	<input type="radio"/> Yes <input type="radio"/> No	If not currently available, articulate in the IEP what supports, accommodations and/or modifications are required for the student in this setting.
	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last

First

MI

Date of   
Birth

Meeting   
Date

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

<b>Step F.</b>	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):	
	<input checked="" type="checkbox"/>	Diminished access to the full range of the curriculum
	<input checked="" type="checkbox"/>	Missed general education instruction taught by highly qualified staff
	<input type="checkbox"/>	Rate at which student may earn credits for graduation
	<input checked="" type="checkbox"/>	Lack of opportunity for social interaction
	<input checked="" type="checkbox"/>	Lack of opportunities for age-appropriate peer role models
	<input checked="" type="checkbox"/>	Amount of socialization opportunities with typical peers
	<input type="checkbox"/>	Limited access to peers in student's home community
	<input type="checkbox"/>	Lack of exposure to appropriate behavioral models from peers
	<input type="checkbox"/>	Other: <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student      
 Last First MI

Date of Birth

Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text"/>	<input type="text" value="02-AUG-2022"/>
Eligibility: (from Page 4)		<b>Eligible (OHI)</b>	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text" value="General Education"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text" value="District Resident School"/>
	Name of School	<input type="text" value="SERRANIA AVE CES"/>	<input type="text" value="WOODLAND HILLS ACAD"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text" value="Special Education"/>
	Program	<input type="text" value="SLD"/>	<input type="text" value="SLD"/>
	Special Day Minutes/Wk	<input type="text" value="1115"/>	<input type="text" value="980"/>
	Addresses Goals	<input type="text" value="1(Reading),2(Writing 6.1.6 ),3(Visual Motor),4(Math),5(Vocational Education),6(Social Emotional)"/>	<input type="text" value="1(Reading),2(Writing 6.1.6 ),3(Visual Motor),4(Math),5(Vocational Education),6(Social Emotional)"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text" value="None"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text" value="No"/>
	Transportation	<input type="text" value="None"/>	<input type="text" value="None"/>
	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	<input type="text" value="School to School"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Digital platforms for written tasks, i.e., typing, google docs and speech to text. Applications to assist with text to speech, i.e, scanning of text so Ori can access grade level texts. Dictation as needed, allow keyboard access for written work as needed, notebook organizer, extended time on classwork and tests as needed, teaching and reinforcing skills to generalize across settings in order to foster independence, positive reinforcement, chart for work completion, behavior chart, provide feedback as needed, provide samples/models of assignment expectations, use graphic organizers, preferential seating, breakdown tasks into smaller parts, limit distractions, visual/verbal prompts and cues, assistance with transitions, movement breaks as needed, voice to text if needed, desk white boards for additional support adaptive paper and pencil grip as needed. Give Ori wait time to respond. Redirect as needed. Accommodate assignments as needed. Check in frequently with student. Pre-teach as appropriate. First/Then chart as needed. All accommodations to be used as necessary."/>	<input type="text" value="Digital platforms for written tasks, i.e., typing, google docs and speech to text. Applications to assist with text to speech, i.e, scanning of text so Ori can access grade level texts. Dictation as needed, allow keyboard access for written work as needed, notebook organizer, extended time on classwork and tests as needed, teaching and reinforcing skills to generalize across settings in order to foster independence, positive reinforcement, chart for work completion, behavior chart, provide feedback as needed, provide samples/models of assignment expectations, use graphic organizers, preferential seating, breakdown tasks into smaller parts, limit distractions, visual/verbal prompts and cues, assistance with transitions, movement breaks as needed, voice to text if needed, desk white boards for additional support adaptive paper and pencil grip as needed. Give Ori wait time to respond. Redirect as needed. Accommodate assignments as needed. Check in frequently with student. Pre-teach as appropriate. First/Then chart as needed. All accommodations to be used as necessary."/>
	Instructional Modifications	<input type="text" value="Out of grade level materials to be used as necessary."/>	<input type="text" value="Out of grade level materials to be used as necessary."/>
	Other Supports, including Non-		

	<b>Academic and Extra-curricular Activities</b>		
<b>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.)</b>	<b>Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	<b>If the Parent does not agree, specify the area(s) to be reassessed.</b>		
<b>Comments, as appropriate</b>			
<b>Low Incidence Equipment</b>			
<b>Assistive Technology Equipment</b>			
<b>Participation in General Education</b>	For the remainder of the 2021-2022 year, Ori will participate in GE for Health, Social Studies, Science, Computer Lab, and P.E. For the 2022-2023 year, in middle school, Ori will participate in general education for P.E., electives and all other school-wide activities.		

**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

		<b>Effective With This IEP</b>	<b>Future Changes Related To This IEP</b>
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>04</b>	End Date:		
<b>Counseling and Guidance</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Monthly	
<input type="text" value="6(Social Emotional)"/>	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (By a Single Provider)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
*			
<b>Service 2</b>	Start Date:	Effective on Signature Date	
<b>16</b>	End Date:		
<b>Occupational Therapy</b>	Service applies to:	Regular	
	Frequency:	1-10	
This service addresses the following goals:	Interval:	Monthly	
<input type="text" value="3(Visual Motor)"/>	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Collaborative)*	
	Responsible Personnel:	Licensed/Credentialed Provider	
		Special Education Teacher	




\*

**Notes:**

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

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

<b>Effective With this IEP</b>		<b>Future Changes Related to this IEP</b>
<b>% of Time per Week outside of General Education</b>	<input type="text" value="70"/>	

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

**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

**FAPE Summary Grid**

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

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	--
16	Occupational Therapy	Effective on Signature Date	Regular	Monthly	1-10	~	60	Visual Motor	--

**Alternative Remote/Distance Learning Services During Emergency Conditions**

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by nonschool entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

**Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):**

	Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
Specialized Academic Instruction and Related Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Extended School Year Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supplementary Aids and Services (provided in general education classes and other general ed environments)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.

*Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.*

**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.**