

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number SSID
 Student
 Last First MI

Eligible (SLD)

Date of Birth:

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting <input type="text" value="04-MAR-2016"/>	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting <input type="text" value="17-JAN-2020"/>	<input checked="" type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by <input type="text" value="17-JAN-2021"/>	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by <input type="text" value="01-FEB-2022"/>	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on <input type="text" value="01-FEB-2019"/>	<input type="text"/>
Transition to Kindergarten to be conducted by <input type="text"/>	
Location of Meeting <input type="text" value="Grant SH Bu 10B"/>	District Name <input type="text" value="Los Angeles Unified School Dis"/>

Section B: Student Information

Date of Birth <input type="text" value="01-JUL-2004"/>	Age <input type="text" value="15"/>	Grade <input type="text" value="9"/>
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student <input checked="" type="radio"/> Yes <input type="radio"/> No	Ethnic Code <input type="text" value="White"/>
Location of the Psych Folder <input type="text" value="SUPPORT UNIT NOF"/>	Student has no Psych Folder <input type="checkbox"/>	
Location of the Cum Folder <input type="text" value="GRANT SH CP/DA M"/>	Student has no Cum Folder <input type="checkbox"/>	
Home Language <input type="text" value="Hebrew"/>	Student Language <input type="text" value="Hebrew"/>	Alternate Mode of Communication <input type="text"/>
Home Address of Student <input type="text" value="15050 BURBANK BLVD APT 1"/>		
City <input type="text" value="SHERMAN OAK"/> CA	ZIP Code <input type="text" value="91411"/>	
Home Telephone <input type="text" value="(818) 397-4654"/>	Daytime Telephone <input type="text"/>	Emergency Telephone <input type="text"/>
School of Attendance <input type="text" value="Grant Sh Cp/Da Mag"/>	Location Code <input type="text" value="8684"/>	
School of Residence <input type="text" value="Van Nuys Sh"/>	Location Code <input type="text" value="8893"/>	
Name of Parent/Guardian <input type="text" value="Liat Yehezkel"/>	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 CURRENT SCHOOL as a result of one of the following <input type="text" value="Open Enrollment Program"/>		
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 checked="" type="radio"/> No <input type="radio"/> Yes	Relationship <input type="text"/>	
Licensed Children's Institution <input checked="" 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"/> Superior Court	<input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Other <input type="text"/>	
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	

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Date of Birth Meeting Date
 Last First MI

Section C: Language Acquisition

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

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1 <input type="text" value="ELD"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <input type="text" value="English Language Developmen"/>			
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"/>
2 <input type="text" value="Reading"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not analyzing ideas with 80% accuracy"/>
Category <input type="text"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not analyzing ideas with 60% accuracy"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not analyzing ideas with 70% accuracy"/>
3 <input type="text" value="Writing"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not completing written work to show mastery"/>
Category <input type="text" value="Writing"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not revising at 75% accuracy"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not revising at 60% accuracy"/>
4 <input type="text" value="Math"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not solving equations with 80% accuracy"/>
Category <input type="text" value="Math"/>			
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not solving equations with 60% accuracy"/>
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value="not solving equations with 70% accuracy"/>
5 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <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"/>
6 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <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"/>
7 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <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"/>
8 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <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"/>
9 <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category <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"/>
10	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Category	<input type="text" value="▼"/>			
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student YEHEZKEL OREL M Date of Birth 01-JUL-2004 Meeting Date 17-JAN-2020
Last First MI

Section E: Present Level of Performance

Performance Area: ELD
Category:
Assessment/Monitoring Process Used: student/teacher inputs; work sample; grades; observation; schoology
State/District Assessment Results: SRI 2018-19; ELPAC 2018-19

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
Strength: As of 20th week grades, Schoology report shows 80% performance in the class and earning a B mark with excellent work habits and cooperation. Teacher report that Orel has achieved his ELD goal of demonstrating command of the conventions of standard English by using correct spelling with light supports from teacher. He is succeeding in the class, comes to class on time, and begins assignments readily in class. READING: Orel is able to read short passages and novels; and identify the main idea, details, and a concluding sentence with teacher modeling and monitoring. LISTENING: Orel is able to listen to direct instruction, copy notes, and answering social type questions when conversing. SPEAKING: Orel is able to express himself verbally. WRITING: Orel is somewhat developed in written language; Orel can write simple sentences on a topic with a topic sentence, supporting details, and a concluding sentence with teacher modeling and prompting. Orel can also write expository and persuasive essays with teacher modeling and monitoring.
ELPAC (English Language Proficiency Assessments for CA (2018-2019): Overall 1556 Moderately Developed; Oral Language 1572 Well Developed; Written Language 1539 Somewhat Developed
SRI (Scholastic Reading Inventory (SRI): Scholastic Reading Inventory (SRI) Interactive is a computer-adaptive assessment designed to measure how well students read literature and expository texts.
SRI (2019-2020) 844 Below Basic

Performance Area: ELD- cont.
Category:
Assessment/Monitoring Process Used: student/teacher inputs; work sample; grades; observation; schoology
State/District Assessment Results: SRI 2018-19; ELPAC 2018-19

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
CONCERNS: Orel continues to score below basic on the reading inventory (SRI), causing him to fail to reclassify. Orel struggles with mechanics, grammar, and organization. In his ELD class, Orel needs to complete reading assignments to answer literal and inferential questions to improve his reading comprehension as well as completing writing assignments to improve his sentence structure, paragraph, and essay writing skills. Orel needs to remain on task and follow teachers' instructions to improve his academic skills.
Reading: Orel struggles to determine a central idea of an informational text and analyze its development over the course of the text; Writing: Orel struggles with completing writing assignments online and writing a multi-paragraph essay with proper organization, mechanics, grammar, and structure. Listening: Orel struggles following procedural steps to complete a task at hand independently; Speaking: Orel struggles to express his ideas orally, ask for help, and engage in academic conversation without preparation.
Impact of Disability: Orel's Specific Learning Disability impairs his ability to comprehend literal and inferential questions which impacts his involvement and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student YEHEZKEL
LastOREL
FirstM
MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

Section E: Present Level of Performance

Performance Area:

Reading

Category:

Assessment/Monitoring Process
Used:

student/teacher inputs; work sample; grades; observation; schoology

State/District Assessment Results:

SBAC-2485 Below Basic

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

Strength: Orel works efficiently and knows how to organize the information he needs to write and/or plan what to write in essays & short assignments. He can work independently when he knows how to complete an assignment. He is willing to work with a partner to respond to reading questions. Orel is able to respond to daily quick writes with monitoring and prompting. Orel is able to read and participate in class discussions when focused and willing. His recent SBAC (Smarter Balanced Assessment Consortium) report shows score of 2485 below basic performance. He has basic understanding of how to complete his active reading assignments, summer reading, projects and presentations, identifying claims, context, and evidence.

Needs: Orel has difficulty following directions, even when instructions broken down and repeated. Orel struggles with self-motivation and staying focused in class. Orel has not met his reading goal of assessing whether the reasoning is sound and the evidence is relevant and sufficient when dealing with arguments and specific claims in a text; identify false statements and fallacious reasoning. Orel struggles to complete reading assignments such as narrative reading and vocabulary assignments, and compare and contrast discussion questions. He also struggles with starting and completing daily warm ups/ quick writes; He struggles with completing home reading assignments accurately using teacher guidelines. Orel struggles with evaluating the argument and specific claims in an informational text, determining whether the reasoning is valid and the evidence is relevant and sufficient without teacher monitoring. Orel performs at below standard on SBAC reading assessment (mastery of common core standards)

Impact of Disability: Orel's Specific Learning Disability impairs his ability to complete reading assignments which impacts his progress and involvement in the general education curriculum.

Performance Area:

written language

Category:

Assessment/Monitoring Process
Used:

student/teacher inputs; work sample; grades; observation; schoology

State/District Assessment Results:

SBAC

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

Strength: Writing is an area of strength. Orel performs at or near standard on SBAC writing assessment. Orel performs at or near standard range in spelling, sentence writing fluency, and writing samples. He has a well organized binder to access class notes, and completed assignments and assessments. Orel is able to complete his SMM (Say, Mean, Matter) writing assignments. He can take positions on propaganda technique and its impact in writing. He takes notes and copies terms during class lectures. He can write a basic memoir using a graphic organizer

Challenges: Orel struggles with completing creative writing assignments regularly. He struggles with revising his written work through rewriting the paragraphs to show proper sentence structure, clear expression of ideas, proper grammar and punctuation without adult modeling and monitoring. He struggles with writing CEI (Claim, Evidence, Interpretation) paragraphs. He struggles to develop and strengthen writing as needed by planning, revising, editing, rewriting with adult support and modeling. He struggles to ask for support to revise his written work prior to submitting them. He struggles with test scores. He struggles to respond to daily quick write independently. He struggles to participate in class discussions about quick writes.

Impact of Disability: Orel's Specific Learning Disability impairs his ability to organize ideas and write multi-paragraph compositions which impacts his progress and involvement in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student YEHEZKEL OREL M Date of Birth 01-JUL-2004 Meeting Date 17-JAN-2020
Last First MI

Section E: Present Level of Performance

Performance Area: Mathematics
Category:
Assessment/Monitoring Process Used: student/teacher inputs; work sample; grades; observation; schoology
State/District Assessment Results: SBAC

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

Strength: In his Algebra 1A class, he attends regularly. Per 20th week report, he has earned a FUU mark. OREL has below basic understanding of how to analyze and solve pairs of simultaneous linear equations. SBAC (Smarter Balanced Assessments Consortium) 2018-2019: This test monitors how he is doing at school to help improve education efforts; it is also aligned with common core standards. He is able to copy notes from the screen and complete some sections of classwork when he is not bored and willing.
Mathematics 2463 Standard Not Met
Problem Solving & Modeling/Data Analysis Below standard
Concepts & Procedures Below standard
Communicating Reasoning At or Near Standard
Challenges: Math is an area of weakness for Orel. He performs at below basic level in calculation and application. In class, He struggles to takes notes and copy from the screen independently. He struggles to complete his assignments on time without support. Orel can't solve very simple linear equations. He doesn't ask for help to clarify math concepts. He struggles to re-read directions carefully to reduce making careless mistakes. Orel struggles with solving systems of equations using elimination, substitution, and graphing methods without monitoring. He has difficulty with creating and solving equations, and inequalities, and absolute value equations. He struggles to make up some grades where he received a low grade. He struggles to begin assignments readily in class and/or completing assignments in class.
Impact of Disability: Orel's specific learning disability impairs his ability in the area of math calculation and application, which impacts his involvement and progress in general education math 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]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student YEHEZKEL OREL M Date of Birth 01-JUL-2004 Meeting Date 17-JAN-2020
Last First MI

Section E: Present Level of Performance

Performance Area: Health
Category:
Assessment/Monitoring Process Used: interview review of health records and assessment
State/District Assessment Results:

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

An annual year LAUSD health assessment was performed by S Wasserman RN on 1/15/2020. Information was obtained from review of health records, student assessment and interview and telephonic interview with mother Liat.
Area of strength Health history-Orel quiet and polite young man. Followed by private physician No report of protocols at home or school and does not take daily or routine medications at school or home Health assessment : VA within normal range without corrections; passed LAUSD audiometric screen 09/24/2018 ; gross hearing appears intact. No report of other allergies, serious or chronic illness, accident, injuries, hospitalization or counseling. Independent for activities of daily living and mobility; Immunizations are reported to be up to date.
Area of need
None related to physical health at this time.
Impact of disability on educational access
Physical health does not appear to impact student ability to access the educational program and process.
Accommodations/modifications
Recommend follow up with PMD for any accommodations related to general health or medications that may be needed at school.

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)

Los Angeles Unified School District

Student YEHEZKEL
Last

OREL
First

M
MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

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: SLD Specific Learning Disability

- Not Applicable,
- Blind or
- Partially Sighted

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

Code: [Empty text box]

- 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 text box]

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

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

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

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

YEHEZKEL OREL will evaluate the argument and specific claims in an informational text, determining whether the reasoning is valid and the evidence is relevant and sufficient with teacher monitoring as measured by student responses in 2 out of 3 trials with 75% 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:

YEHEZKEL OREL will evaluate the argument and specific claims in an informational text , determining whether the reasoning is valid and the evidence is relevant and sufficient with teacher modeling as measured student responses in 2 out of 3 trials with 65% accuracy.

Incremental objective #2 related to the goal:

YEHEZKEL OREL will evaluate the argument and specific claims in an informational text, determining whether the reasoning is valid and the evidence is relevant and sufficient with teacher prompting as measured by student responses in 2 out of 3 trials with 70% 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: <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 #:

With some guidance and support from peers and adults, Orel will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience with teacher prompting as measured by student written work in 2 out of 3 trials with 75% 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:

With some guidance and support from peers and adults, Orel will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience with teacher modeling as measured by student written work in 2 out of 3 trials with 65% accuracy.

Incremental objective #2 related to the goal:

With some guidance and support from peers and adults, Orel will develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience with teacher monitoring as measured by student written work in 2 out of 3 trials with 70% 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 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 #:

Orel will create equations or inequalities in one variable including ones with absolute value and use them to solve problems with teacher prompting as measured by student justifying answers in 2 out of 3 trials with 60% 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:

Orel will create equations or inequalities in one variable including ones with absolute value and use them to solve problems with teacher modeling as measured by student justifying answers in 2 out of 3 trials with 50% accuracy.

Incremental objective #2 related to the goal:

Orel will create equations or inequalities in one variable including ones with absolute value and use them to solve problems with teacher monitoring as measured by student justifying answers in 2 out of 3 trials with 55% 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 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	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other	If "No" please explain: <input type="text"/>

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student
 Last First MI

Date of Birth

Meeting Date

Section G: Annual Goals and Objectives

Performance Area: Category: Annual Goal #:

Orel has reclassified per BUL-6890.2: Guidelines for IEP Teams on the Reclassification Procedures for Secondary Long-Term English Learners with Disabilities in Grades 6-12.

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:

Incremental objective #2 related to the goal:

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 YEHEZKEL
Last

OREL
First

M
MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student YEHEZKEL OREL M Date of Birth 01-JUL-2004 Meeting Date 17-JAN-2020
Last First MI

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services? Yes No

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

Specify the Individual Pages to be translated:

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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student YEHEZKEL OREL M Last First MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

Section Q: Parent Participation and Consent

Parent Participation

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

Parent Notification

Table with 3 columns: Method, Whom, When. Rows include Student, US Mail, Phone with corresponding names and dates.

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)

Signature(s)

Date 06-FEB-2020

- 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)

Signature(s)

Date 6-FEB-2020

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

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

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

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

Handwriting lines for providing feedback.

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

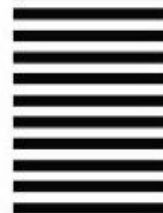


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



PARENT INPUT SURVEY
English

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student
 Last First MI

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Liat Yehezkel"/>	<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" value="Orel Yehezkel"/>	<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="Danielle Bloom"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Mersedeh Vahdat"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Lili Pariser"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text" value="DOTS"/>	<input type="text" value="Michele Hatfield"/>	<input type="text"/>
Other <input type="text" value="Sister"/>	<input type="text" value="Coral Yehezkel"/>	<input type="text"/>
Other <input type="text" value="RJ Counselor"/>	<input type="text" value="Jenny Lee"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

06-FEB-2020

Student YEHEZKEL OREL M
Last First MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	Liat Yehezkel	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years	Orel Yehezkel	
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator	Danielle Bloom	
Administrative Designee		
Special Education Teacher	Mersedeh Vahdat	
General Education Teacher	Viviane Wallick	
School Psychologist		
School Nurse		
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other	Sister Coral Yehezkel	
Other	TSP coordinator Bertha Fernandez	
Other		
Other		

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

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

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

Step A.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available in a general education classroom/setting?
	<input checked="" type="radio"/> Yes <input 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 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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

Step B.	Can the supports, services, accommodations and/or modifications in the student's IEP be made available on a general education site in a special day program?
	<input 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.
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student YEHEZKEL
Last

OREL
First

M
MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

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

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

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student
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

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):	
	<input type="checkbox"/> Diminished access to the full range of the curriculum <input type="checkbox"/> Missed general education instruction taught by highly qualified staff <input type="checkbox"/> Rate at which student may earn credits for graduation <input type="checkbox"/> Lack of opportunity for social interaction <input type="checkbox"/> Lack of opportunities for age-appropriate peer role models <input 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 checked="" type="checkbox"/> Other: <input type="text" value="n/a"/>	

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" value="06-FEB-2020"/>	<input type="text"/>
Eligibility: (from Page 4)		Eligible (SLD)	
	Final IEP Reason Final IEP Effective Date:		
Curriculum		<input type="text" value="General Education"/>	<input type="text"/>
Placement	Type of School	<input type="text" value="District Non-Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="GRANT SH CP/DA MAG"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="General Education"/>	<input type="text"/>
	Program	<input type="text" value="GE"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="0"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="2(Reading),3(written language),4(Math)"/>	<input type="text"/>
Additional Factors	Low Incident Support	<input type="text" value="None"/>	<input type="text"/>
	Assistive Technology Support	<input type="text" value="No"/>	<input type="text"/>
	Transportation	<input type="text" value="None"/>	<input type="text"/>
	Extended School Year/Intersession	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Parent Counseling and Training (PCT)		<input type="radio"/> Yes <input checked="" type="radio"/> No	
	ESY Transportation	<input type="text"/>	
Accommodation, Modifications, Supports	Instructional Accommodations	<input type="text" value="Preferential seating away from distractions and with easy teacher access, use of a calculator when not testing calculations, extended time of 3 days on longer written assignments or projects w/o penalty; access to one page of reference notes during quizz/test; retake failed math assessments;"/>	<input type="text"/>
	Instructional Modifications	<input type="text"/>	<input type="text"/>
	Other Supports, including Non-Academic and Extra-curricular Activities	<input type="text"/>	<input type="text"/>
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.	<input type="text"/>	<input type="text"/>

Comments, as appropriate

Low Incidence Equipment

Assistive Technology Equipment	
Participation in General Education	

	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	Resource Specialist Teacher	
		General Education Teacher	
*			

Notes:

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="0"/>	

Part 4 - Additional Discussion (This section is optional)

IEP team recessed to address mother's concern with original IEP documents.
 02/06/2020 Team reconvened and provided parent with original IEP documents.
 IEP team discussed Orel's participation in the Learning to address concerns with his academic areas. At this time the team agreed to provide him with additional time to see if he continues to improve.
 A discussion was held regarding reclassification and the IEP determined that Orel no longer needs ELD services and can reclassify. See Attachment C in IEP Management section. The team agrees that there are no concerns with Orel's accessing English Language Development.
 PCT was discussed and offered, parent declined at this time.

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

Program:	GE	Setting:	General Education
Eligibility:	Eligible (SLD)	Curriculum:	General Education
Transportation:	None	Low Incident Support:	None
Date District Received Parent Signature:	06-Feb-2020		

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	120	Math	--
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	120	Reading, written language	--

For IEP Team Information

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

- Student was invited to IEP meeting: Yes
- Student received mentoring:^{info} Yes No
- Student referred and placed in an outside agency:^{info} Yes No
- If yes, name of agency:
- Student participated in Work Experience Education:^{info} Yes No
- Student received college awareness preparation:^{info} Yes No
- Student received career awareness:^{info} Yes No

Achievement of Transition Activities from Current ITP (not if first ITP)

Area	Completed			If no, indicate reason
Education/Training Activity	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> First ITP	<input type="text"/>
Employment Activity	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> First ITP	<input type="text"/>
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	<input type="text"/>

Section I: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Curriculum-Based Measurements-see page 3 of IEP"/> If other? <input type="text"/>	<input type="text" value="15-JAN-2021"/>	<input type="text" value="As of 20th week report, he is failing math and ELA"/>
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>

Education/Training Postsecondary Goal

Upon completion of high school, the student will: If other?

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="complete a sequence of work-related tasks"/> If other? <input type="text"/>	<input type="text" value="15-JAN-2021"/>	<input type="text" value="Student"/> <input type="text" value="Parent/Guardian/Family"/> <input type="text" value="Special Education Teacher"/> <input type="text" value="Transition Teacher"/> <input type="text"/> <input type="text"/> <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 2 of 3)

Student YEHEZKEL

OREL

M

Date of Birth

01-JUL-2004

Meeting Date

17-JAN-2020

Last

First

MI

Birth

Date

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Commercially-produced assessment <input type="text"/> If other? <input type="text"/>	16-JAN-2020	COPS: Business professional: real estate business skilled: manager science skilled : Tech
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>

Employment Postsecondary Goal If other?
 Upon completion of high school, the student will:

 be competitively employed

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
identify skills needed in various occupations of interest If other? <input type="text"/>	15-JAN-2021	<input type="text"/> Student <input type="text"/> <input type="text"/> Parent/Guardian/Family <input type="text"/> <input type="text"/> Special Education Teacher <input type="text"/> <input type="text"/> Transition Teacher <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 3: Independent Living (as needed)

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>

Independent Living Postsecondary Goal If other?
 Upon completion of high school, the student will:

Independent Living Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 3 of 3)

Student YEHEZKEL
Last

OREL
First

M
MI

Date of Birth 01-JUL-2004

Meeting Date 17-JAN-2020

INDIVIDUAL TRANSITION PLAN (IEP)

Course of study: A multi-year description of student's coursework from current year to anticipated exit year, in order to enable the student to meet their postsecondary goal.

A course of study (or IGP) was reviewed with parent and student in relation to:

- Courses completed: Yes No
Courses currently enrolled in: Yes No
Courses still needed: Yes No

IGP or course of study was provided to the parent or student over age 18 as required: Yes

Student is working towards: Certificate of Completion Diploma

Additional courses/activities discussed that may support post secondary goals (e.g. SLC participation, electives or instruction related to postsecondary goals, community experiences, participation in other school clubs or organizations, etc.) NOTE: these are suggestions and contingent to availability:

IEP team recommends after-school tutoring for math and ELA through ARC Program. and credit recovery for ELA.

Future Agency Involvement:

Are there agencies currently or prospectively providing or paying for transition services? Yes No

Do you give permission to the District to invite these agencies to the next IEP in which transition services will be reviewed? Yes No

- Agency Name:
Agency Name:
Agency Name:

- 1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? info 1. Yes
2. Are the postsecondary goals updated annually? info 2. Yes
3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? info 3. Yes
4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? info 4. Yes
5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? info 5. Yes
6. Is (are) there annual IEP goal(s) related to the student's transition services needs? info 6. Yes
7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? info 7. Yes
8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? info 8. Yes N/A