

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student Identification Number  SSID

**Eligible (SLD)**

Student     
Last First MI

Date of Birth:

**Section A: Meeting Information**

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting <input type="text" value="30-APR-2015"/>	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting <input type="text" value="31-MAY-2019"/>	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by <input type="text" value="29-APR-2020"/>	<input checked="" type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by <input type="text" value="29-APR-2022"/>	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on <input type="text" value="30-APR-2015"/>	<input type="text"/>
Transition to Kindergarten to be conducted by <input type="text"/>	

Location of Meeting

District Name

**Section B: Student Information**

Date of Birth  Age  Grade

Gender  Male  Female Limited English Proficient Student  Yes  No Ethnic Code

Location of the Psych Folder  Student has no Psych Folder

Location of the Cum Folder  Student has no Cum Folder

Home Language  Student Language  Alternate Mode of Communication

Home Address of Student

City  CA ZIP Code

Home Telephone  Daytime Telephone

School of Attendance  Location Code

School of Residence  Location Code

Name of Parent/Guardian

Address

City  CA ZIP Code

Surogate Parent  Telephone

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

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

Is FFH Provider related to student?  No  Yes Relationship

Licensed Children's Institution  No  Yes LCI Name

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

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**Los Angeles Unified School District**

Student     
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Date of Birth

Meeting Date

**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	
<b>1</b> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	Progress towards goals cannot be measured due to
Objective 1 met	<input type="radio"/>	<input type="radio"/>	private school enrollment by parent
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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 ZAFRANI ARIEL  
Last First MI

Date of Birth 14-NOV-2006

Meeting Date 31-MAY-2019

Section E: Present Level of Performance

Performance Area: English Language Development

Assessment/Monitoring Process Used:

State/District Assessment Results: CELDT SCORE (31-OCT-2015) - 3

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

Per previous IEP:

Listening  
Strengths: Ariel is able to listen to a short story. He can follow 2- step directions.  
Challenges: He loses focus in a large group at times.

Speaking  
Strengths: Ariel can answer questions using complete sentences. He volunteers answers.  
Challenges: Ariel is making progress in oral presentations and gaining confidence.

Reading:  
Strengths: Ariel is able to read grade level selections. He can identify simple plot sequence and basic facts.  
Challenges: Ariel has difficulty with inferential thinking

Writing  
Strengths: Ariel is able to write a basic sentences with subjects, verbs, and some adjectives. He is able to use writing conventions--beginning sentences with capitals.  
Challenges: Ariel has difficulty writing detailed and complex sentences using adjectives and adverbs and new vocabulary independently.

Impact of Disability:  
Ariel's Specific Learning Disability in the areas of visual perception, sensory integration, and auditory processing impacts his ability to progress across ELD levels in the general education setting.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI

ARIEL

Date of Birth 14-NOV-2006

Meeting Date 31-MAY-2019

Last

First

MI

Section E: Present Level of Performance

Performance Area: health assessment

Assessment/Monitoring Process Used: lausd health assessment

State/District Assessment Results: na

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

Information provided by father. Health Summary: No significant health problems. Takes no routine medication on a daily basis. Student Strengths: He did not pass vision test but he passed hearing test on 2018 per father. No history of serious illness, injury or hospitalization in the last 3 years. Student Needs: Health is not an area. Impact of disability: Health does not impact the student's participation and progress in the educational program. Modification: Refer to IEP team. Parent area of concern is academic.  
5/31/19: Per father Ariel will be getting glasses within the next few weeks.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Last

ARIEL  
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Date of Birth 14-NOV-2006

Meeting Date 31-MAY-2019

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: Woodcock Johnson IV, Teacher Observations, Grades

State/District Assessment Results:

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

Broad Reading is a comprehensive measure of Ariel's reading achievement, including oral sight-word reading skill, silent reading comprehension speed, and the ability to comprehend passages while reading silently. Ariel's standard score of 79 fell in the low range.

Strengths: Ariel is able to identify letters and words to correctly pronounce them. He is able to quickly read simple sentences to decide if a statement is true.

Needs: Ariel struggles to comprehend what he has read silently.

Impact Statement: Ariel's eligibility of Other Health Impairment impact his ability trace arguments and specific claims in an informational text, impacting his ability to progress in the general education reading curriculum.

Performance Area: Writing

Assessment/Monitoring Process Used: WJIV, Teacher Observations, Grades

State/District Assessment Results:

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

Broad Written Language is a broad-based measure of Ariel's written language achievement, including spelling, the quality of written sentences and speed of writing. His standard score of 95 fell in the average range.

Strengths: Per teacher report, ' Ariel has made some progress in Humanities class. With much guidance, Ariel has learned to write topic sentences and partially introduce a source.'

Needs: Per teacher report, 'He struggles to make a claim and turn it into a thesis, pick a source and explain how it supports his claim and writing concluding sentences.'

Impact Statement: Ariel's eligibility of Other Health Impairment impact his ability to write clear and coherent writing, impacting his progress in the general education writing curriculum.

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Date of Birth 14-NOV-2006

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Section E: Present Level of Performance

Performance Area: Mathematics

Assessment/Monitoring Process Used: Woodcock Johnson IV and Teacher Reports

State/District Assessment Results:

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

Broad Mathematics is a comprehensive measure of math achievement, including math calculation skills, problem solving and the ability to solve addition, subtraction, and multiplication facts quickly. Ariel earned a score of 73, that fell in the low range.

Strengths: Per teacher reports, 'Ariel has increased his understanding of computations involving integers and can solve one step word problems.

Needs: Per teacher reports: 'Double digit multiplication and division challenges him. Ariel is currently working with modifications at a 4th grade level.'

Impact Statement: Ariel's eligibility of Other Health Impairment impact his ability to demonstrate an understanding of multiplication, division, and fractions by multiplying and dividing rational numbers, impacting his progress and participation in the general education math curriculum.

Performance Area: Voc Ed

Assessment/Monitoring Process Used: Teacher Reports

State/District Assessment Results:

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

Strengths: Per teacher reports: Ariel has been more consistent with completing his homework in the last few weeks.

Needs: Per teacher reports: Completing his work and completing it on time has been difficult for him. In addition, he has to be redirected back on task numerous times per class period. He is often not prepared with basic materials needed for class.

Impact Statement: Ariel's eligibility of Other Health Impairment impact his ability to complete and turn in assignments on time, impacting his progress and participation in the general education curriculum.

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Section E: Present Level of Performance

Performance Area: Cognitive

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Based on psych-educational assessment:

Strengths: Results of the current assessment indicate Ariel is functioning within the Average of cognitive ability based upon alternative assessment procedures. He demonstrated relatively equal abilities (average range) in all areas tested including of overall visual processing, attention processing, simultaneous processing, planning processing, successive processing and overall auditory processing. Also, Ariel's working memory and executive functioning of cognitive learning ability resulted in the average range.

Needs: Ariel does show evidence of possible cognitive and/or psychological processing deficits in the area of cognitive processing of expression.

Impact: . Ariel's Other Health Impairment impacts the development of his academic skills, as well as his ability to express himself verbally and in writing, which impacts his involvement and progress in the general education curriculum. Also, Ariel, does evidence a Specific Learning Disability in the cognitive processing area of expression. However, it is felt that the information obtained in this assessment indicates that it is Ariel's Other Health Impairment and his demonstrated ADHD characteristics affect his ability to learn as his primary reason for that impacts his involvement and progress in the general education curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

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Section E: Present Level of Performance

Performance Area: Social/Emotional

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Based on psychoeducational assessment:

Strengths: Socially, Ariel is reported to overall not demonstrate behavior problem. In the school environment he is starting to put in more effort and participate when he knows the answers. He is beginning to speak up in class and he has begun to raise his hand to participate. Slowly he is beginning to complete required group work with teacher assistance. In the home environment he is reported to be a patient, kind and helpful boy. He is a helpful and good friend. Ariel enjoys playing on video games and all sports in general. Ariel rated himself in the average range for all social/emotional areas.

Needs: In the school environment he was reported by the teachers to have trouble focusing, paying attention, bringing needed materials to class, and organizational difficulties. He does not complete homework. School and home rating scales coincide with elevated scores in the social emotional areas of inattention problems, learning problems, executive functioning problems, and study skills. This would indicate Ariel does have significant social emotional difficulties across environments that maybe affecting his academic progress.

Impact: . Ariel's Other Health Impairment impacts the development of his academic skills, as well as his ability to express himself verbally and in writing, which impacts his involvement and progress in the general education curriculum. Also, Ariel, does evidence a Specific Learning Disability in the cognitive processing area of expression. However, it is felt that the information obtained in this assessment indicates that it is Ariel's Other Health Impairment and his demonstrated ADHD characteristics affect his ability to learn as his primary reason for that impacts his involvement and progress in the general education curriculum.

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

[Empty text box for current performance/assessment summary]



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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 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:

- 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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 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

Ariel will determine a central idea of an informational text and how it is presented through particular details with minimal teacher modeling as measured by teacher observation in 3 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation**

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

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

Ariel will determine a central idea of an informational text and how it is presented through particular details with maximum teacher modeling as measured by teacher observation in 3 out of 5 trials with 70% accuracy.

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

Ariel will determine a central idea of an informational text and how it is presented through particular details with moderate teacher modeling as measured by teacher observation 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 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:  Annual Goal #:

Ariel will trace the argument and specific claims in an informational text, assessing whether the evidence is relevant and sufficient to support the claims independently as measured by student work samples in 3 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation**

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

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

Ariel will trace the argument and specific claims in an informational text, assessing whether the evidence is relevant and sufficient to support the claims with maximum prompting as measured by student work samples in 3 out of 5 trials with 70% accuracy.

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

Ariel will trace the argument and specific claims in an informational text, assessing whether the evidence is relevant and sufficient to support the claims with minimal prompting as measured by student work samples 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

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Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

Ariel will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience with minimal modeling as measured by student work samples in 3 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation**

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

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

Ariel will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience with maximum teacher modeling as measured by student work samples in 3 out of 5 trials with 70% accuracy.

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

Ariel will produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience with moderate modeling as measured by student work samples 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 Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	Goal Achievement
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

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Los Angeles Unified School District

Student     
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Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

Ariel will demonstrate an understanding of multiplication, division, and fractions by multiplying and dividing rational numbers, independently, as measured by student work samples in 3 out of 5 trials with 80% accuracy.

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

**Methods of Evaluation**

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

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

Ariel will demonstrate an understanding of multiplication, division, and fractions by multiplying and dividing rational numbers with moderate modeling as measured by student work samples in 3 out of 5 trials with 70% accuracy.

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

Ariel will demonstrate an understanding of multiplication, division, and fractions by multiplying and dividing rational numbers with minimal modeling as measured by student work samples 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 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:  Annual Goal #:

When given an assigned task, Ariel will independently complete an assignment/task, and ask for assistance, if needed, with 80% accuracy in 5 out of 5 consecutive trials, as measured by teacher-charted observations.

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 an assigned task, Ariel will complete an assignment/task, and ask for assistance, if needed, with moderate prompting, with 70% accuracy in 3 out of 5 consecutive trials, as measured by teacher-charted observations.

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

When given an assigned task, Ariel will independently complete an assignment/task, and ask for assistance, if needed, with minimal prompting, with 75% accuracy in 4 out of 5 consecutive trials, as measured by teacher-charted observations.

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:  Annual Goal #:

Ariel will recognize impact of outside influences on the development of self concept (e.g., media, peers, family) in 4 out of 5 trials per week with minimal adult support as measured by weekly observation.

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

**Methods of Evaluation**

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

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

Ariel will recognize impact of outside influences on the development of self concept (e.g., media, peers, family) in 3 out of 5 trials per week with moderate adult support as measured by weekly observation.

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

Ariel will recognize impact of outside influences on the development of self concept (e.g., media, peers, family) in 4 out of 5 trials per week with moderate adult support as measured by weekly observation.

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** ZAFRANI  
Last

ARIEL  
First

MI

**Date of Birth** 14-NOV-2006

**Meeting Date** 31-MAY-2019

**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     
Last First MI

Date of Birth

Meeting Date

Section N: Procedural Safeguards and Follow-up Actions

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

Is the parent/guardian requesting translation services?  Yes  No

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

Specify the Individual Pages to be translated:

Special Requests:

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

THIS SPACE DELIBERATELY LEFT BLANK.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ZAFRANI ARIEL MI

Date of Birth 14-NOV-2006

Meeting Date 31-MAY-2019

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 (Email), Whom (M.RIVERA), When (01-MAY-2019)

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

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

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

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

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

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

Parent Concerns and Comments

Signature(s) Date

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

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

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

Signature(s) Date 5-JUN-2019

### PARENT INPUT SURVEY

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

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

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

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

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

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

Handwriting lines for providing feedback.

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

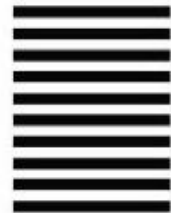


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Reconvened Meeting Date**

**Student**     
**Last First MI**

**Date of Birth**

**Meeting Date**

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

<b>Team Member</b>	<b>Print Name</b>	<b>Signature</b>
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"/>	<input type="text"/>
Administrative Designee	<input type="text" value="Lynda Hirsch"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="Ashley Cornelius"/>	<input type="text"/>
General Education Teacher	<input type="text" value="Terri Mouton"/>	<input type="text"/>
School Psychologist	<input type="text" value="Dr. Nancy Daly"/>	<input type="text"/>
School Nurse	<input type="text" value="Mehrdokht Parsinia"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Reconvened Meeting Date**

31-MAY-2019

**Student** ZAFRANI  
Last

ARIEL  
First

MI

**Date of Birth** 14-NOV-2006

**Meeting Date** 31-MAY-2019

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

<b>Team Member</b>	<b>Print Name</b>	<b>Signature</b>
Parent/Guardian	May Zafrani	
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Lynda Hirsch	
Special Education Teacher	Ashley Cornelius	
General Education Teacher	Terri Mouton	
School Psychologist	Dr. Nancy Daly	
School Nurse	Mehrdokht Parsinia	
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other	Nancy Essenpreis	
Other		
Other		
Other		

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Reconvened Meeting Date**

05-JUN-2019

**Student** ZAFRANI  
Last

ARIEL  
First

MI

**Date of Birth** 14-NOV-2006

**Meeting Date** 31-MAY-2019

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

<b>Team Member</b>	<b>Print Name</b>	<b>Signature</b>
Parent/Guardian	May Zafrani	
Parent/Guardian	Efraim Zafrani	
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee	Lynda Hirsch	
Special Education Teacher	Ashley Cornelius	
General Education Teacher	Terri Mouton	
School Psychologist	Dr. Nancy Daly	
School Nurse	Mehrdokht Parsinia	
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other	LAUSD Private School Consultant Nancy Essenpreis	
Other	EMEKE Educational Resource Coordinator Stephie Bregman	
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.

<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 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 checked="" type="radio"/> Yes <input type="radio"/> No    If not currently available, can the required supports, services, accommodations and/or modifications be made available in a 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>	

<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 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     
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.
<input type="text"/>		

<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.
<input type="text"/>		

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

Los Angeles Unified School District

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

Student     
 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"/>
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"/>
Placement	Type of School	<input type="text" value="District Resident School"/>	<input type="text"/>
	Name of School	<input type="text" value="PORTOLA MS"/> <input type="text"/>	<input type="text"/> <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="(English Language Development),(Voc Ed), (Reading),(Writing),(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, small group instruction, provide math models, use computational aids, preview and highlight math vocabulary, reduce number of problems, use multiplication chart, provide writing templates and models, graphic organizers, extra time on assignments/tests/quizzes (not to exceed 2xs), break task into smaller increments, frequent feedback and checks for understanding."/>	<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

<b>Low Incidence Equipment</b>	
<b>Assistive Technology Equipment</b>	
<b>Participation in General Education</b>	

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student     
 Last First MI

Date of Birth  Meeting Date

		Effective With This IEP	Future Changes Related To This IEP
<b>Service 1</b>	Start Date:	Effective on Signature Date	
<b>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="(Counseling)"/>  *	Minutes/Interval:	60	
	Minutes/Interval (Pullout from Gen Ed):	60	
	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>RSP</b>	End Date:		
<b>RSP</b>	Service applies to:	Regular	
	Frequency:	1-5	
This service addresses the following goals:	Interval:	Weekly	
<input type="text" value="1(English Language Development)"/> <input type="text" value="(Reading)"/> <input type="text" value="(Writing)"/> <input type="text" value="(Voc Ed)"/>	Minutes/Interval:	100	
	Minutes/Interval (Pullout from Gen Ed):	0	
	Service Delivery Model:	Direct Service (Co-teaching)*	
	RSP Area:	Literacy/ELA/ELD	
	Responsible Personnel:	General Education Teacher	
		Other Provider(s)	

		Resource Specialist Teacher	

\*

<b>Service 3</b>	Start Date:	Effective on Signature Date		
<b>RSP</b>	End Date:			
<b>RSP</b>	Service applies to:	Regular		
	Frequency:	1-5		
This service addresses the following <b>goals</b> :	Interval:	Weekly		
	(Math)	Minutes/Interval:	336	
	(Voc Ed)	Minutes/Interval (Pullout from Gen Ed):	236	
		Service Delivery Model:	Direct Service (Co-teaching)*	
		RSP Area:	Math	
		Responsible Personnel:	General Education Teacher	
			Resource Specialist Teacher	
			Other Provider(s)	

\*

**Notes:**

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

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

	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text" value="16"/>	

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

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**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>	GE		<b>Setting:</b>	General 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</b>								
<b>Parent Signature:</b>								
Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
04	Counseling and Guidance	Effective on Signature Date	Regular	Monthly	1-5	~	60	Counseling
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Literacy/ELA/ELD	100	English Language Development, Reading, Writing, Voc Ed
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	336	Math, Voc Ed

**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.