

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 122209M055

Eligible (AUT)

Student ZAFRANI ELIYAH MI

Date of Birth 22-DEC-2009

Section A: Meeting Information

Table with columns: Pertinent Dates, Type of Meeting. Includes fields for meeting dates and types like Initial, Annual Review, etc.

Section B: Student Information

Form containing student details: Date of Birth, Age, Grade, Gender, Ethnic Code, Location of Psych Folder, Home Address, City, Telephone, School of Attendance, Parent/Guardian info, etc.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI

ELIYAH

Date of Birth 22-DEC-2009

Meeting Date 14-MAY-2018

Section C: Language Acquisition

Language Classification: English Only

Start Date: 18-AUG-2015

Reclassification Date:

Parent Waiver: Yes No

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. Objective 1 met	<input type="radio"/>	<input type="radio"/>	INITIAL
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
2. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
3. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10. Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Interview with mother

State/District Assessment Results:

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

Health Summary: Healthy 8 years 3 months old student. Parent reports uneventful pregnancy and delivery. There were no prenatal, birth, or newborn complications. Developmental milestones recalled as normal for both motor and speech. Strengths: General good health; milestones within normal limits for both motor and speech; passed vision screening on 04/17/18; passed audio screening on 04/19/18. No history of serious or chronic illness, allergies, injury, accident, surgery, or hospitalization; no daily medications or known health problems. Area of Need: Health is not an area of need. Impact of Disability: Health does not impact the student's participation, performance, and access in the educational program. Accommodations: None.

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


ELIYAH

Date of Birth 22-DEC-2009

Meeting Date 14-MAY-2018

Section E: Present Level of Performance

Performance Area:	Cognitive Ability/Psychological Processing
Assessment/Monitoring Process Used:	Alternative assessment, review of records, interviews, observations
State/District Assessment Results:	


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

Current Level/Strength: Based on assessment results it appears that Eliyah's estimated functioning is within the average range. Eliyah's ability to connect a series of stimuli in a specified order was within the average range. He demonstrated average ability when required to name targeted stimuli. Eliyah demonstrated average skills when he was required to complete various visual patterns by determining how different shapes relate to each other. He demonstrated average skills in his understanding of verbal directions to indicate how different geometric symbols were positioned relative to each other when given verbal prompts. He displayed high average skills in recalling and repeating a series of unrelated words. His performance reveals that he demonstrates average ability to pronounce words and sequence word segments accurately. Eliyah demonstrated average skills in blending sounds into words, average in manipulating phonemes within words, and average range in discriminating similar sounding words. He demonstrated average ability when recalling numbers in reversed order, average skills in recalling numbers verbatim forward, average in his ability to retain and recall words in sequence, and average in his ability to retain and recall sentences of increasing difficulty. He demonstrated average skills in comprehending oral text and average skills in higher order linguistic processing. His visual perceptual skills are estimated to be within the average range.

Area of Need/Weaknesses: His ability to detect specific numbers that were in a particular typeface while ignoring those that were not was within the low average range. He displayed low average skills when required to complete a sequence of codes by matching a specific set of symbols with particular letters of the alphabet. Eliyah scored in the Low Average range on the VMI-6, indicating a personal weakness in visual motor integration skills. Eliyah exhibited poor concentration and did not consistently take his time copying stimulus figures.

Impact of weaknesses/Disability: An Autism eligibility significantly impacts Eliyah's ability to successfully access the general education curriculum.

Performance Area:	Motor Abilities
Assessment/Monitoring Process Used:	Alternative assessment, review of records, interviews, observations
State/District Assessment Results:	

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

Current Level/Strength: Informal observations reveal the Eliyah is right-hand dominant. His pencil grip was appropriate. School records and informal observations reveal that Eliyah has proficient gross motor skills. Teacher reported that Eliyah's gross motor skills appear to be age appropriate. Records indicate a history of enrollment in the regular physical educational program. Eliyah is able to walk, run, hop, and jump without assistance or difficulty. Teacher reports that he participates in physical education and is not concerned with his gross motor skills. He is in the general Physical Education (P.E.) program. He has a history of earning proficient on his report cards. His gross motor skills are age appropriate.

Area of Need/Weaknesses: At this time, evaluation of writing samples indicate that Eliyah's writing can be legible although it is rushed and sloppy. Assessment finds on the VMI reveal low average ability. Teacher indicates that Eliyah's eye hand coordination, gross motor coordination, and spatial relations are within the low average range.

Impact of weaknesses/Disability: An Autism eligibility significantly impacts Eliyah's ability to successfully access the general education curriculum.


INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section E: Present Level of Performance

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


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

Current Level/Strength: Eliyah's primary language is English. His home language is English and Hebrew; however, Eliyah primarily communicates in English. He is designated an English Only (EO) speaking student. Teacher reports that his English is fair and he has good verbal skills. During the assessment process, Eliyah was verbal and was able to share his thoughts and ideas in a clear manner.

Area of Need/Weaknesses: Eliyah's ability to orally identify pictured objects that range from easy to difficult was in the below average range. His understanding of orally presented language by providing a missing word in a short passage was in the low average range. His listening and speaking skills were in the below average range.

Impact of weaknesses/Disability: An Autism eligibility significantly impacts Eliyah's ability to successfully access 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): 

Current Level/Strength: Eliyah's current teacher reports overall no concern with the composite however; his previous teacher indicated clinically significant concern. Parent ratings average/no concern in the Internalizing Problems, Behavioral Symptoms Index, and Adaptive Skills composites.

Area of Need/Weaknesses: A review of records from Eliyah's previous school reveals concerns with Eliyah's social/ emotional functioning. Teacher indicates that he has difficulty getting along with peers. He lacks focus and organization. On the playground, he can be aggressive and argumentative with adults. He uses inappropriate language. Teacher notes indicate that he lacks motivation, is easily distracted, and easily angered. His task completion is very limited and often completes no work in class. Teacher indicates that he hides and refuses to follow class rules and school rules. Eliyah's current teacher indicates that Eliyah struggles to stay on task and demonstrates difficulty learning new concepts. He can be physical aggressive with peers even with minor provocation. Parent reports concern with Eliyah's behavior, concentration and focus. Parent and teacher ratings on the BASC suggest concern with Eliyah's Externalizing Problems. Teacher's ratings also suggest concern with School problems, Behavioral Symptoms, and Adaptive skills. Teacher ratings are inconsistent in the Internalizing problems.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

Section E: Present Level of Performance

Performance Area: Social/Emotional (continued)
Assessment/Monitoring Process Used:
State/District Assessment Results:

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

Area of Need/Weaknesses: Teacher ratings on the Conners? reveal concern in relation to inattention, hyperactivity/impulsivity, learning problems, defiance, and peer relationships. Parent ratings on the Conners also reveal concern with learning problems and defiance/aggression. Parent ratings reveal no concern with inattention, hyperactivity/ impulsivity, and peer relations. On the ASRS, parent ratings suggest no overall concerns with his social/communication and self-regulation scales; however, elevated concern was indicated in the unusual behaviors scale. Specifically, concern was rated in the atypical language, behavioral rigidity, and sensory sensitivity. Teacher ratings on the ASRS, reveal consistent concern with social/communication and the self-regulation scales. Specifically, concerns were rated in the following scales: peer socialization, adult socialization, social/emotional reciprocity, and attention.

Impact of weaknesses/Disability: An Autism eligibility significantly impacts Eliyah's ability to successfully access 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 area for current performance/assessment summary]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI

ELIYAH

Date of Birth 22-DEC-2009

Meeting Date 14-MAY-2018

Section E: Present Level of Performance

Performance Area: Reading

Assessment/Monitoring Process Used: WJ4, teacher survey, observation, work samples

State/District Assessment Results:

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

Strengths: Eliyah is able to use his knowledge of phonics when reading. Eliyah recognizes and uses his knowledge of spelling patterns when reading. Eliyah understands and uses common antonyms and synonyms. Eliyah recognizes common abbreviations. Eliyah is able to read and follow two step written instructions. When working one on one, Eliyah is beginning to recognize cause and effect relationships.

Needs: Eliyah struggles to read multi-syllabic words. Eliyah is unable to read and understand grade level material. Eliyah has not shown an ability to use titles or tables of contents to find information. Eliyah does not ask clarifying questions about essential textual elements of exposition. Eliyah is unable to restate facts and details in the text to clarify and organize ideas. Eliyah struggles to identify theme, plot or settings of grade level stories.

Impact of Disability: Eliyah's eligibility of Autism affects his ability to comprehend a grade level story. This impacts his ability to progress and be involved in the general education reading curriculum.

Performance Area: Written Language

Assessment/Monitoring Process Used: WJ4, teacher survey, observation, work samples

State/District Assessment Results:

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

Strengths: When writing Eliyah with use his knowledge of sentence structure, punctuation and grammar. When working in a small group or one on one, Eliyah will use a teacher made graphic organizer to compose his writing. Eliyah is able to tell the difference between complete and incomplete sentences.

Needs: Eliyah is unable to write clear understandable sentences that develop a main idea in a paragraph. Eliyah has not shown the ability to write work that is longer than three sentences in length that describes familiar objects, events and experiences. Eliyah is unable to group related ideas together to maintain a consistent focus on writing assignments. Eliyah's writing is often sloppy and at times is unreadable. When writing, Eliyah will often forget to capitalize proper nouns or the beginning of sentences.

Impact of Disability: Eliyah's eligibility of Autism affects his ability to write grade level material. This impacts his ability to progress and be involved in the general education writing curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

Section E: Present Level of Performance

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

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
Strengths: Eliyah is able to count, read and write numbers from 0-1,000. Eliyah is able to add and subtract numbers up to 3 digits long. Eliyah can use addition/subtraction number sentences to solve math problems. Eliyah is able to describe and classify shapes/solids such as circles, triangles, squares and rectangles.
Needs: Eliyah struggles to use the symbols <, >, and = when comparing numbers from 0-1,000. Eliyah does not understand grade level mathematical vocabulary that would help him solve word problems. Eliyah struggles with using reasoning skills to decide how to solve math problems.
Impact of Disability: Eliyah's eligibility of Autism affects his ability to solve grade level word problems. This impacts his ability to progress and be involved in the general education math curriculum.

Performance Area: Behavior
Assessment/Monitoring Process Used: observation, teacher survey
State/District Assessment Results:

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
Strengths: Eliyah has shown to participate in small and large group environments. Eliyah is able to work in a noisy atmosphere. Eliyah has shown the ability to complete work when prompted. Eliyah will take responsibility for his actions when talking one-on-one with an adult.
Needs: Eliyah has not shown the ability to cope with frustrating situations in the classroom and on the yard. Eliyah has not shown the ability to begin work on time without several prompts. Eliyah struggles to work independently. Eliyah does not make appropriate decisions on the school yard. Eliyah struggles to have appropriate peer relations.
Impact of Disability: Eliyah's eligibility of Autism affects his ability to cope with frustrating situations in the classroom and on the yard. This impacts his ability to progress and be involved in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student ZAFRANI ELIYAH **Date of Birth** 22-DEC-2009 **Meeting Date** 14-MAY-2018

Section F: Eligibility

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

Autism, Other Health Impairment, Specific Learning Disability

For Initial IEP, interventions attempted prior to determining eligibility:

study carrels, change seating, reduce distraction, change groups, create more physical space, peer help, simply, buddy system, extended time, varied voice volume, eye contact, repeat instructions, list assignments, visual aids, small groups, and behavior modification/analysis.

Eligible as a student with the disability of:

Code: AUT Autism

Not Applicable, Blind or Partially Sighted

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

Code:

Not Applicable, Blind or Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:

Final IEP Effective Date:

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:
 Annual Goal #

Eliyah will decode 10 grade level multisyllabic words in isolation and/or in text as measured by informal assessment in 2 out of 3 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

Incremental objective #1 related to the goal:

Eliyah will decode 4 grade level multisyllabic words in isolation and/or in text as measured by informal assessment in 2 out of 3 trials with 60% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Eliyah will decode 7 grade level multisyllabic words in isolation and/or in text as measured by informal assessment in 2 out of 3 trials with 70% accuracy.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Eliyah will follow all classroom room/school rooms in 4 out of 5 school days with 80% accuracy as measured by 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

Incremental objective #1 related to the goal:

Eliyah will follow all classroom room/school rooms in 2 out of 5 school days with 60% accuracy as measured by observation.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Eliyah will follow all classroom room/school rooms in 3 out of 5 school days with 70% accuracy as measured by observation.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Eliyah will write one or more paragraphs stating an opinion about a topic or text, and provide 3 reasons to support the opinion as measured by student work samples in 1 out of 2 trials with 70% 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

Incremental objective #1 related to the goal:

Eliyah will write 2 or more sentences stating an opinion about a topic or text, and provide 1 reason to support the opinion as measured by student work samples in 1 out of 2 trials with 60% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Eliyah will write one or more paragraphs stating an opinion about a topic or text, and provide 6 reasons to support the opinion as measured by student work samples in 1 out of 2 trials with 60% accuracy.

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

Section G: Annual Goals and Objectives

Performance Area:

Annual Goal #

Eliyah will solve two-step word problems using the four operations and will represent the problem using equations with a letter standing for the unknown quantity as measured by student work samples in 2 out of 3 trials with 70% 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
 Norm Referenced
 Criterion Referenced
 Curriculum Based
 Observation
 Portfolio
 Work Samples
 Informal
 Other:

Incremental objective #1 related to the goal:

Eliyah will solve one-step word problems using the four operations and will represent the problem using equations with a letter standing for the unknown quantity as measured by student work samples in 2 out of 3 trials with 50% accuracy.

Date to be achieved MO/YR

Incremental objective #2 related to the goal:

Eliyah will solve two-step word problems using the four operations and will represent the problem using equations with a letter standing for the unknown quantity as measured by student work samples in 2 out of 3 trials with 60% accuracy.

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	Goal Achievement
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	(Secondary Only) 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 ZAFRANI ELIYAH **Date of Birth** 22-DEC-2009 **Meeting Date** 14-MAY-2018

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.

Student will participate in Regular State and District Assessments.

(Designated Supports and/or Accommodations identified below are applicable)

CAASPP Subject
ELA and Math

Designated Supports:

- Simplified or paraphrased test directions (non-embedded designated support)
- Test in a separate/smaller setting
- Text-to-speech software enabled (for math items and ELA items except for reading passages)

Accommodations:

- Text-to-Speech software enabled for ELA reading passages (embedded accommodation).

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	ZAFRANI	ELIYAH	Date of Birth	22-DEC-2009	Meeting Date	14-MAY-2018
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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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

Section Q: Parent Participation and Consent

Table with 2 main columns: Parent Participation and Parent Notification. Includes radio buttons for participation status and a table for notification methods (Phone, Work Visit, Student) with dates.

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.

- Radio buttons for agreement levels: AGREES to all components, AGREES with specific exceptions (Assessment, Eligibility, Instructional Setting, Services), and DOES NOT AGREE.

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 14-MAY-2018. Radio buttons for Parent, Guardian, Student 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 14-MAY-2018

PARENT INPUT SURVEY

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

ALL INFORMATION IS CONFIDENTIAL

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

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

B. Regarding your child's previous IEP (if relevant):	Yes	No	Does Not Apply
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

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

Handwriting lines for providing feedback.

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

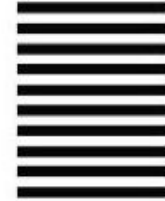


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

Date of Birth

Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Efraim Zafrani"/>	
Parent/Guardian	<input type="text"/>	
Student Age 18 - 21 years	<input type="text"/>	
Student Under Age 18 years	<input type="text"/>	
Surrogate Parent	<input type="text"/>	
Foster Parent	<input type="text"/>	
Family Foster Home Provider	<input type="text"/>	
Administrator	<input type="text" value="Ricardo Ayala"/>	
Administrative Designee	<input type="text"/>	
Special Education Teacher	<input type="text" value="Russell Wise"/>	
General Education Teacher	<input type="text" value="Edwin Cohen"/>	
School Psychologist	<input type="text" value="Cynthia Freeman"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Related Service Staff <input type="text"/>	<input type="text"/>	
Interpreter	<input type="text"/>	
Sign Language Interpreter	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Agency Representative	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	
Other <input type="text"/>	<input type="text"/>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student

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.

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.

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 type="radio"/> YES <input checked="" type="radio"/> NO	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input 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.

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.

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

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?	
	<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.

Step D.	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.

Step E.	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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 1 - Eligibility, Placements and Supports

Student Date of Birth Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
		As of Date: <input type="text" value="14-MAY-2018"/>	
		Eligible (AUT)	
Eligibility: (from Page 4)	Final IEP Reason Final IEP Effective Date:		//
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School	NESTLE AVE CHARTER	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	3(Mathematics),1(Reading),2(Written Language)	//
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intersession	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	Parent Counseling and Training (PCT)	Yes <input type="radio"/> No <input checked="" type="radio"/>	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations	Preferential seating Redirect to task Adult prompts Engaging materials	//
	Instructional Modifications		//
	Other Supports, including Non-Academic and Extra-curricular Activities		//
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	Yes <input type="radio"/> No <input type="radio"/>	
	If the Parent does not agree, specify the area(s) to be reassessed.		//
Comments, as appropriate			
Low Incidence Equipment			
Assistive Technology Equipment			
Participation in General Education			

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP FAPE Part 2 - Summary of Services

Student Date of Birth Meeting Date

Effective With This IEP

Future Changes Related To This IEP

Service 1

Start Date: Effective on Signature Date
14-May-2018

RSP
RSP

End Date:
Service applies to: Regular
Frequency: 1-5

This service addresses the following goals:

Interval: Weekly

3(Mathematics)

Minutes/Interval: 120

Minutes/Interval (Pullout from Gen Ed): 120

Service Delivery Model: RSP: Direct Instruction Services*

RSP Area: Math

Responsible Personnel: Resource Specialist Teacher

*

Service 2

Start Date: Effective on Signature Date
14-May-2018

RSP
RSP

End Date:
Service applies to: Regular
Frequency: 1-5

This service addresses the following goals:

Interval: Weekly

1(Reading)

Minutes/Interval: 120

2(Written Language)

Minutes/Interval (Pullout from Gen Ed): 120

Service Delivery Model: RSP: Direct Instruction Services*

RSP Area: Literacy/ELA/ELD

Responsible Personnel: Resource Specialist 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	15 %	

Part 4 - Additional Discussion (This section is optional)

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Date of Birth Meeting Date

FAPE Summary Grid

Program: GE **Setting:** General Education
Eligibility: Eligible (AUT) **Curriculum:** General Education
Transportation: None **Low Incident Support:** None

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)
RSP	RSP	Effective on Signature Date	Regular	Weekly	1-5	RSP-Math	120	Mathematics
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.

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 1 of 3)

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

Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

- 1. The behavior impeding learning is: off task behavior Describe what it looks like: peer distraction, confrontations
2. It impedes learning because: lack of work production, disrupts other students, requires instruction to stop, instructional time is lost
3. The need for a Behavior Support Plan: moderate
4. Frequency or intensity or duration of behavior: Frequency (x) 8, Period daily, Intensity medium, Duration (min) 5
Reported by Teacher and/or observed by

PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

5. What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc.)
6. What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

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

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 2 of 3)

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

Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

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

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

To Get: Sensory input Attention (peer) Attention (staff)
 Tangible (desired item) Tangible (desired activity)

To Avoid: Sensory input Attention (peer) Attention (staff)
 Task (too difficult) Task (too easy) Task (too long)

Describe:

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

To get: Attention (staff) student will follow classroom directions with minimal prompts.

10. What teaching Strategies/Necessary Curriculum/Materials are needed?

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

Who will establish? Teacher/Staff Who will monitor? Staff Frequency As needed

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

Physical: High-fives Smiles Handshake
 Pat on the back

Verbal: Use specific praises Recognition of student's strengths and talents Peer recognition

Contingent Access: Time on the computer Free time Listen to music
 Preferred activity Describe:

Tangibles Positive phone calls or notes to home Certificate sent home Other

Tokens and Points: Tokens Points

Privileges: Exempt assignment Extra test points Seating Location

Other ideas:

Selection of reinforcer based on: Student needs

reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom? Teacher/Staff Frequency As needed

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

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

Offer prompts and reminders to stay on task and follow classroom rules. Staff involvement if behaviors increase. BSET team called if needed. Parent notifications sent home weekly.

Personnel? Staff/Teacher/BSET Team/ Parent

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

(Behavior Support Plan, pg. 3 of 3)

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

Student ZAFRANI ELIYAH Date of Birth 22-DEC-2009 Meeting Date 14-MAY-2018

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #: 5 GB X

Eliyah will follow all classroom room/school rooms in 4 out of 5 school days with 80% accuracy as measured by observation.

The above behavioral goal is to: Increase use of replacement behavior and may also include:

- Reduce frequency of problem behavior Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

Yes No

Are environmental supports/changes necessary?

Yes No

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

Yes No

Are both teaching of new replacement behavior AND reinforcement needed?

Yes No

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

Yes No

Person responsible for contact between agencies.

COMMUNICATION PART V COMMUNICATION PROVISIONS

14. Manner and content of communication:

- Phone calls Email Written notes
Daily reports Daily charting Behavioral logs
Weekly reports
Other

Between? Staff/Teacher Frequency?

As needed