

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student Identification Number  SSID

**Eligible (OHI)**

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="24-MAY-2013"/>	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting <input type="text" value="22-FEB-2019"/>	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by <input type="text" value="22-FEB-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="22-FEB-2022"/>	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on <input type="text" value="22-FEB-2019"/>	<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   ZIP Code

Home Telephone  Daytime Telephone

School of Attendance  Location Code

School of Residence  Location Code

Name of Parent/Guardian  Telephone

Address

City   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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

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" value="English Language Development"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>2</b> <input type="text" value="Writing"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>3</b> <input type="text" value="Vocational Education"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>4</b> <input type="text" value="Math"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>5</b> <input type="text" value="Reading"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	<input type="text"/>
<b>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   
Last

First

MI

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):

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   
Last  
First  
MIDate 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):

WJIV Scores:  
 Broad Reading 82 Low Average  
 Letter-Word ID 85 Low Average  
 Sentence Reading Fluency 92 Average  
 Passage Comprehension 67 Low

Strengths: Monica has many strengths and uses them to assist her in overcoming some of her difficulties. She listens intently, and takes notes regularly. These two skills allow her to do well in her English classes even as she may reach comprehension of the material at a different pace than her peers. Her Letter-Word Identification score is near average, and her sentence reading fluency is in the average range. These two areas are the foundation of reading. They require that a student decode words by recognizing the sounds made by each syllable/letter, and reading the words in context without interrupting fluency. When considering these scores, it is evident that Monica is able to access grade level reading text with support. She can extract all the basic information such as setting, characters, conflict/resolution, and main ideas.

Needs: Monica struggles with comprehension, particularly in academic subjects when there is no discussion that allows her to arrive at comprehension by listening to the opinion of others. She needs to reread, refer back to the text, and annotate to improve comprehension. Monica needs to cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text, including determining where the text leaves matters uncertain.

Impact: Monica's Other Health Impairment affects her ability to comprehend reading material, which impacts her ability to access the general education reading curriculum without additional supports.

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):

WJIV Scores:  
 Broad Written Language 100 Average  
 Written Expression 110 High Average  
 Spelling 89 Low Average  
 Writing Samples 108 Average  
 Sentence Writing Fluency 108 Average

Strengths: Monica flexed her academic muscles during the writing assessment of the Woodcock Johnson. Her scores indicate that she can express her ideas in clear simple sentences. Her writing mechanics demonstrate that she can use her foundational skills with automaticity. Her sentences had correct punctuation, syntax, and semantics. When she is given scaffolds, such as graphic organizers, she can complete a 3 paragraph essay with proper structure (introduction, body paragraphs, and conclusion). It is evident that when Monica knows the expectations of a writing assignment, she can meet those expectations. As such, her confidence in the area of writing is growing.

Needs: Monica needs to use her strong basic writing skills to connect her ideas in a smooth manner that creates a cohesive whole work. To accomplish this, Monica needs to develop the topic with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, and use appropriate and varied transitions to create cohesion and clarify the relationships among ideas and concepts.

Impact: Monica's Other Health Impairment affects her ability to select relevant supporting details, which impacts her ability to access the general education written language curriculum without additional supports.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## Los Angeles Unified School District

Student   
Last  
First  
MIDate 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):

## WJIV Scores:

Broad Mathematics 92 Average

Calculation 83 Low Average

Math Facts Fluency 103 Average

Applied Problems 90 Average

Strengths: Monica appears to be learning that she is able to access the math curriculum when she asks questions, takes notes, and uses her previously learned skills. She takes notes regularly, and refers to her notes to complete her assignments. Her math scores indicate that her computation in all four areas is strong as her scores approached the high average mark. Monica is able to use basic mathematical properties to arrive at solutions that include one variable. She understands congruence, parallel/perpendicular lines, slope, and graphing on the coordinate plane. Monica also understands positive and negative integers, exponential numbers, and absolute value.

Needs: Monica does have difficulty with abstract math topics, and performs better when she is asked to explain what she understands. In particular, she often does not draw connections between terminology, graphs, equations, and tables. When she can explain part of the concept, the teacher can focus on helping her understand the portion she has yet to understand, and help her make those connections. When Monica is given two figures, she needs to use the definition of similarity in terms of similarity transformations to decide if they are similar; explain using similarity transformations the meaning of similarity for triangles as the equality of all corresponding pairs of angles and the proportionality of all corresponding pairs of sides. Additionally, Monica needs to compare properties of two functions each represented in a different way (algebraically, graphically, numerically in tables, or by verbal descriptions).

Impact: Monica's Other Health Impairment may affect her ability to make connections among abstract math concepts, and her ability to access the general education mathematics curriculum without additional supports.

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):

Strengths: Monica is a well organized, hard working student. She gets along well with peers, and adults, has excellent attendance, and comes prepared for class with all her necessary materials. When prompted, she is willing to participate in class discussion, and will ask for help when needed if the environment promotes it.

## Current Grades:

CC GEOMETRY B B S E

BIOLOGY B F U S

ADV PE 2B B E E

ENGLISH 10B B S S

WHG: MOD WLD B F U S

DEV READ HS B A E E Current Credits: 80/210

Courses Failed Fall 2018: Biology A; English 10A

Needs: Monica can be shy. As a result, Monica can withdraw and not be noticed when material becomes to difficult. She will ask clarifying questions or identify sections she does not understand, but she needs to be prompted to do so. Monica needs to independently seek assistance, ask clarifying questions, or seek tutoring when she does not understand the material.

Impact of Disability: Monica's Other Health Impairment may affect her ability to independently seek assistance and her ability to access the general education curriculum without additional supports.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZARGAROFI MONICA MI Date of Birth 22-MAY-2003 Meeting Date 22-FEB-2019

Section E: Present Level of Performance

Performance Area: Health
Assessment/Monitoring Process Used: Parent interview, student interview, review of records, health assessment
State/District Assessment Results: n/a

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

Monica is a 15 year old student attending Taft Charter High School. Health history updated by mother via telephone interview 2/19/19 and student 2/19/19. Mother denies that Monica has had any serious illnesses, significant injuries, or hospitalizations since their last IEP and takes no medication on a routine basis. Monica's last professional eye exam was in 2018 and mother reports that Monica's last general physical exam was over a year ago.
Strengths: LAUSD vision screening with corrective lenses passed 2/19/19. LAUSD hearing screening passed 2/7/19. Monica is able to complete activities of daily living independently and ambulate without assistance.
Areas of Need: Physical health is not an area of need.
Impact of Disability: Monica's general physical health does not adversely impact their access, participation, and performance in their school program.
Modifications/Accommodations: Preferential seating.
Deborah Markus, MSN, RN
School Nurse
2/19/19

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 ZARGAROFI

MONICA

Date of Birth 22-MAY-2003

Meeting Date 22-FEB-2019

Last

First

MI

## Section E: Present Level of Performance

Performance Area:

Cognitive Abilities

Assessment/Monitoring Process  
Used:

Review of records, interviews, observations, testing

State/District Assessment Results:

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

Results of the current assessment indicate Monica is functioning within the Low Average range of cognitive ability based upon alternative assessment procedures.

**STRENGTHS:** Monica demonstrated strength in her overall auditory processing skills. She demonstrated average skills in phonological processing, which involves discriminating between sounds within words, manipulating sounds within words, and blending sound to create words. Monica also performed in the average range on tasks that measure auditory memory, which involves remembering a series of information just heard. She was also able to understand and make inferences about auditory information. Monica performed in the low average range on tasks that measure attention and planning. She also performed low average on visual processing tasks, that involve interpreting and giving meaning to what is seen.

**NEEDS:** Monica performed inconsistently on tasks that measure simultaneous processing, which involves synthesizing separate elements into an interrelated group using both verbal and nonverbal content. She appeared to perform slightly better on the verbal tasks compared to the nonverbal tasks.

**IMPACT OF DISABILITY:** Monica does not evidence cognitive and/or psychological processing deficits at this time. Monica's Other Health Impairment (OHI) appears to be adversely impact educational access and performance at this time.

Performance Area:

Social Emotional Functioning

Assessment/Monitoring Process  
Used:

Review of records, interviews, observations, rating scales

State/District Assessment Results:

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

**STRENGTHS:** Results of the current assessment indicate Monica is a generally well-behaved, cooperative girl. She has very neat penmanship and has good work habits. Monica indicated that her favorite subject is math because it's 'easy and fun'. At school, she likes hanging out with her 3 close friends and her twin sister. During the weekends, she usually hangs out with them as well. Monica would like to be a lawyer when she grows up. When asked what she likes most about herself, she indicated that she likes the outdoors.

**NEEDS:** Parent and teacher both indicated concerns in the areas of Anxiety, Withdrawal and Leadership. They indicated that Monica worries, refuses to talk, avoids making friends, and is not usually chosen as a leader. In addition, parent and teacher reported significant concerns with Monica's ability to maintain attention. They reported that Monica gets easily distracted, has trouble concentrating, and can't focus for long periods of time. She continues to demonstrate behaviors associated with Attention-Deficit/Hyperactivity Disorder, which is affecting her classroom performance. Based on self-report, there were no concerns reported.

**IMPACT OF DISABILITY:** Monica does evidence social, emotional and/or behavioral needs and it appears that her Other Health Impairment (OHI) adversely impacts educational access and performance at this time.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student   
Last  
First  
MIDate 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):

Monica is a bilingual student who has an LAUSD language classification of English Language Development (ELD) 4 - Early Advanced. The primary language spoken within the student's household is Farsi, but she noted that English is also spoken in the home. She has been receiving instruction in a General Education instructional setting with Long Term English Learner Language support.

**STRENGTHS:** Per psychologist observation, she does present with age appropriate basic interpersonal communication skills and cognitive and academic language proficiency skills in English. She uses age appropriate vocabulary and is able to adequately express ideas verbally and in written language. Her language skills appear adequate for access to her educational setting. She does not have a history of speech and language issues.

**NEEDS:** Significant concerns were noted in functional communication based upon teacher input, reporting that Monica is often quiet and does not ask for help. However, when she does speak informally peers, family members, and per psychologist observation, she is able often clear and has no trouble expressing herself. No significant concerns were noted based on observation and parent input.

**IMPACT OF DISABILITY:** Monica's overall language functioning appears adequate. Monica's Other Health Impairment (OHI) appears to be adversely impacting educational access and performance at this time.

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):

**STRENGTHS:** In the area of fine motor skills, evaluation of writing samples indicate that Monica's writing is very neat and legible and she is able to complete fine motor tasks (writing, typing, cutting, etc.) without difficulty. In the area of gross motor skills, Monica is able to run, jump, throw and walk based on informal observations, teacher reports and school nurse's informal assessment. She is able to navigate the educational environment without difficulty. Records reflect that Monica has received passing grades in physical education.

**NEEDS:** Parent and teachers do not report concerns in the areas of fine and gross motor skills.

**IMPACT OF DISABILITY:** Monica's overall motor abilities appear adequate. Monica's Other Health Impairment (OHI) appears to be adversely impacting educational access and performance at this time.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZARGAROFI MONICA MI

Date of Birth 22-MAY-2003

Meeting Date 22-FEB-2019

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

**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 a grade level reading assignment and asked to form an opinion of what message the author conveys, Monica will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text, including determining where the text leaves matters uncertain with 80% accuracy in 4 out of 5 trials as measured by teacher observation and work samples.

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

**Methods of Evaluation**

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

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

When given a grade level reading assignment and asked to form an opinion of what message the author conveys, Monica will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text, including determining where the text leaves matters uncertain with 70% accuracy in 4 out of 5 trials as measured by teacher observation and work samples.

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

When given a grade level reading assignment and asked to form an opinion of what message the author conveys, Monica will cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text, including determining where the text leaves matters uncertain with 75% accuracy in 4 out of 5 trials as measured by teacher observation and work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

When given a grade level expository writing assignment, Monica will develop the topic with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, and use appropriate and varied transitions to create cohesion and clarify the relationships among ideas and concepts with 80% accuracy in 4 out of 5 trials as measured by work samples.

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

**Methods of Evaluation**

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

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

When given a grade level expository writing assignment, Monica will develop the topic with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, and use appropriate and varied transitions to create cohesion and clarify the relationships among ideas and concepts with 70% accuracy in 4 out of 5 trials as measured by work samples.

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

When given a grade level expository writing assignment, Monica will develop the topic with relevant, well-chosen facts, definitions, concrete details, quotations, or other information and examples, and use appropriate and varied transitions to create cohesion and clarify the relationships among ideas and concepts with 75% accuracy in 4 out of 5 trials as measured by work samples.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

When given algebraic functions in varied formats, Monica will compare properties of two functions each represented in a different way (algebraically, graphically, numerically in tables, or by verbal descriptions) with 80% accuracy in 4 out of 5 trials as measured by curriculum based measure.

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 Monica is given two figures, she needs to use the definition of similarity in terms of similarity transformations to decide if they are similar; explain using similarity transformations the meaning of similarity for triangles as the equality of all corresponding pairs of angles and the proportionality of all corresponding pairs of sides with 70% accuracy in 4 out of 5 trials as measured by curriculum based measure.

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

When Monica is given two figures, she needs to use the definition of similarity in terms of similarity transformations to decide if they are similar; explain using similarity transformations the meaning of similarity for triangles as the equality of all corresponding pairs of angles and the proportionality of all corresponding pairs of sides with 75% accuracy in 4 out of 5 trials as measured by curriculum based measure.

Date to be achieved:   MO/YR

Date to be achieved:   MO/YR

**IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP**

**EXPLANATION OF MARKS**

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Student     
 Last First MI

Date of Birth

Meeting Date

**Section G: Annual Goals and Objectives**

Performance Area:  Annual Goal #:

When Monica encounters difficulty accessing the material presented, she will independently seek assistance, ask clarifying questions, or seek tutoring with 80% accuracy in 4 out of 5 trials as measured by teacher 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:**

When Monica encounters difficulty accessing the material presented, she will independently seek assistance, ask clarifying questions, or seek tutoring with 70% accuracy in 4 out of 5 trials as measured by teacher observation.

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

When Monica encounters difficulty accessing the material presented, she will independently seek assistance, ask clarifying questions, or seek tutoring with 75% accuracy in 4 out of 5 trials as measured by teacher 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**   
**Last**

**First**

**MI**

**Date of Birth**

**Meeting Date**

**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 ZARGAROFI MONICA MI

Date of Birth 22-MAY-2003

Meeting Date 22-FEB-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, Whom, When. Rows include Student, Unknown, S.Esparza, S.Esparza, S.Esparza, Sandy, 10-MAY-2019, 11-FEB-2019, Student.

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)

Signature(s)

Date 23-MAY-2019

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

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

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

Signature(s)

Signature(s)

Date 23-MAY-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.

Handwritten response area with multiple horizontal lines.

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

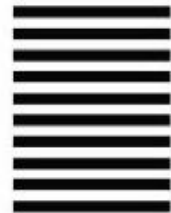


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

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



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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

Reconvened Meeting Date

Student     
Last First MI

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Nurit Zargaroff"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text" value="Monica Zargaroff"/>	<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="T. Gruen"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="J. Otis"/>	<input type="text"/>
General Education Teacher	<input type="text" value="G. Whitley"/>	<input type="text"/>
School Psychologist	<input type="text" value="excused"/>	<input type="text"/>
School Nurse	<input type="text" value="D. Markus"/>	<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" value="Benita Meguerditchian"/>	<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

Student     
 Last First MI

Date of Birth

Meeting Date

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

Team Member	Print Name	Signature
Parent/Guardian	<input type="text" value="Nurit Zargaroff"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text" value="Monica Zargaroff"/>	<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="J. Otis"/>	<input type="text"/>
Special Education Teacher	<input type="text" value="L. Betancourt"/>	<input type="text"/>
General Education Teacher	<input type="text" value="G. Whitley"/>	<input type="text"/>
School Psychologist	<input type="text" value="M. Lightfoot"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student     
 Last First MI

Date of Birth

Meeting Date

**LEAST RESTRICTIVE ENVIRONMENT ANALYSIS**

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

Student's Current Placement Type:

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

**DIRECTIONS:** Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES.

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.

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student **ZARGAROFI**  
Last

**MONICA**  
First

**MI**

Date of Birth **22-MAY-2003**

Meeting Date **22-FEB-2019**

ANNUAL LEAST RESTRICTIVE ENVIRONMENT ANALYSIS (Continued)

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

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

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

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

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

Student     
 Last First MI

Date of Birth  Meeting Date

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:	<input type="text" value="23-MAY-2019"/>	<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="Affiliated Charter"/>	<input type="text"/>
	Name of School	<input type="text" value="TAFT CHS"/>	<input type="text"/>
Instructional Setting	Setting	<input type="text" value="Special Education"/>	<input type="text"/>
	Program	<input type="text" value="SLD"/>	<input type="text"/>
	Special Day Minutes/Wk	<input type="text" value="540"/>	<input type="text"/>
	Addresses Goals	<input type="text" value="1(Reading),3(Mathematics),2(Writing)"/>	<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="1. Extended time on assignments and exams (+50%) including SAT and ACT.&lt;br/&gt;2. Preferential seating near instruction&lt;br/&gt;3. Use of calculator, as necessary.&lt;br/&gt;4. Assistance with note taking and text marking.&lt;br/&gt;5. Allow access to a small class setting for assessments, quizzes, and tests.&lt;br/&gt;6. Access to audio books, as available.&lt;br/&gt;7. Copy of teacher notes prior to lecture, or peer notes following lecture."/>	<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 checked="" 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>	English, Math and Electives in general education setting.



**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 2 - Summary of Services**

Student     
 Last First MI

Date of Birth  Meeting Date

		<b>Effective With This IEP</b>	<b>Future Changes Related To This IEP</b>
--	--	--------------------------------	---

**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="29"/>	

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

02/22/19: The IEP team discussed present levels of performance related to health and academics. The team agreed to recess the meeting to gather additional information for the psychological assessment.

5/23/19: The IEP team discussed difficulties with passage comprehension and access to the general education curriculum and determined that Monica would access the curriculum in the Special Day Setting.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**IEP FAPE Part 2 - Summary of Services**

Student     
 Last First MI

Date of Birth  Meeting Date

**FAPE Summary Grid**

<b>Program:</b>	SLD	<b>Setting:</b>	Special Education
<b>Eligibility:</b>	Eligible (OHI)	<b>Curriculum:</b>	General Education
<b>Transportation:</b>	None	<b>Low Incident Support:</b>	None
<b>Date District Received Parent Signature:</b>	23-May-2019		

Service Code	Service Desc	Start Date	Service Applies To	Interval	Frequency	Area	Total Minutes	Addresses Goal(s)	No Consent
--------------	--------------	------------	--------------------	----------	-----------	------	---------------	-------------------	------------

**For IEP Team Information**

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

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

(ITP, pg. 1 of 3)

Student     
 Last First MI

Date of Birth

Meeting Date

**INDIVIDUAL TRANSITION PLAN (ITP)**

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

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

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

**Section I: Education/Training**

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="text"/> If other? <input type="text"/>	<input type="text" value="10-MAY-2019"/>	Interest Inventory: Conventional, Realistic, Service. student would like to attend a community college then transfer to a four year University. Student is interested in the culinary field, or pharmacist.
<input type="text"/> <input type="text"/> If other? <input type="text"/>	<input type="text"/>	<input type="text"/>

**Education/Training Postsecondary Goal**

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

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="identify training requirements needed for various occupations of interest"/> If other? <input type="text"/>	<input type="text" value="06-DEC-2019"/>	<input type="text" value="Student"/> <input type="text"/> <input type="text" value="Special Education Teacher"/> <input type="text"/> <input type="text" value="Counselor"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 2 of 3)

Student     
 Last First MI

Date of Birth

Meeting Date

INDIVIDUAL TRANSITION PLAN (ITP)

Section 2: Employment

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="text" value="Transition Surveys, Checklists, or Informal Questionnaires"/> <input type="button" value="▼"/> If other? <input type="text"/>	<input type="text" value="10-MAY-2019"/>	Interest Inventory: Conventional, Realistic, Service. student would like to attend a community college then transfer to a four year University. Student is interested in the culinary field, or pharmacist.
<input type="text"/> <input type="button" value="▼"/> If other? <input type="text"/>	<input type="text"/>	

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

Employment Activity to Support Goal	Timeline	Person/Agency Responsible
<input type="text" value="identify skills needed in various occupations of interest"/> If other? <input type="text"/>	<input type="text" value="06-DEC-2019"/>	<input type="text" value="Student"/> <input type="button" value="▼"/> <input type="text" value="Special Education Teacher"/> <input type="button" value="▼"/> <input type="text" value="Counselor"/> <input type="button" value="▼"/> <input type="text"/> <input type="button" value="▼"/> <input type="text"/> <input type="button" value="▼"/> <input type="text"/> <input type="button" value="▼"/>

Section 3: Independent Living (as needed)

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

(ITP, pg. 3 of 3)

Student ZARGAROFI  
Last

MONICA  
First

MI  
MI

Date of Birth 22-MAY-2003

Meeting Date 22-FEB-2019

INDIVIDUAL TRANSITION PLAN (IEP)

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

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

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

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

Student is working towards: Certificate of Completion Diploma

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

Clubs, Volunteering, Tutoring

Future Agency Involvement:

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

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

Agency Name:

Agency Name:

Agency Name:

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