

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number 050214M012

Eligible (SLI)

Student ZOKAEIM AVRAHAM MI

Date of Birth 02-MAY-2014

Section A: Meeting Information

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

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 ZOKAEIM AVRAHAM Date of Birth 02-MAY-2014 Meeting Date 31-MAY-2018

Section C: Language Acquisition

Language Classification: Start Date: 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

Table with columns: Goal for, Achieved (Yes/No), and If No, explain the reason the goal/objective was not achieved. Rows include goals for Articulation, Percept. Motor (APE), and Expressive Language.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZOKAEIM

AVRAHAM

Date of Birth 02-MAY-2014


Meeting Date 31-MAY-2018

## Section E: Present Level of Performance

Performance Area: Language-Expressive

Assessment/Monitoring Process Used: informal, therapy sessions

State/District Assessment Results: n/a

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


Summary of Services to Date: Avraham is a 4.0-year-old English language learner with an eligibility of Speech-Language Impairment (SLI). Farsi and Hebrew are the primary languages spoken in the home. Per initial IEP, parents switched to primarily English after 1-year old, after recognizing his delays with speech and language. Avraham first became eligible for DIS-LAS services in June 2017 to remediate a delay in his expressive language skills and his articulation skills. Per initial IEP, He was originally assessed by WRC in February 2017 and did not qualify for LAS services. However, based on the IFSP report, expressive and receptive language skills were reported to be delayed. Avraham is not currently enrolled in a school program. He has been receiving DIS-LAS services for 60 minutes per week to remediate a delay in his expressive language and articulation skills.

Areas of Strength: Per initial DIS-LAS June 2017 IEP, receptive language skills were judged to be age appropriate. Avraham has made good progress with his expressive language skills and has surpassed his goal for the year to produce 2-3 word utterances for a variety of pragmatic purposes. He is now independently producing complete sentences of up to 10 words in length. He has progressed from minimal responses, to speaking words in a whispered voice, to producing age appropriate sentences with an appropriate volume. Avraham has also demonstrated the ability to retell a personal event given photographs; answer questions; retell/reenact traditional tales and nursery rhymes with props; complete analogies; and state object functions.

Performance Area: Language-Expressive, continued

Assessment/Monitoring Process Used: informal, therapy sessions

State/District Assessment Results: n/a

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

Avraham now has a mean length utterance (MLU) of 5.8. This is indicative of expressing oneself beyond Stage V of Brown's Stages of Language Development where a child is beginning to form more complex sentences. The MLU is a general indicator of a child's developed linguistic structure and as an English language learner, Avraham did present an age appropriate linguistic level in English. Examples of some of his utterances are: 'I ate all of them because it was my birthday. My birthday is over. She got a little bit candies. I did a picture of Sarah. She's having a shirt on her head. I'm four. I went to the airplane. I saw one orange tree. That's the beach. We didn't go. He went to the mouth because the octopus ate it. She's not real. I show it to mommy 'cause we found it. We're all done. We found all of them. I see something inside. I don't want to eat it again. My toys are sharp. I need to be careful. I see a big star that's in the sand again. Get away the snow 'cause I don't like it. I don't like them because they go in the mud. We found the octopus. It was under the octopus. This one is missing. We're all done.'

Avraham demonstrated basic use of nouns; adjectives; verbs (regular past tense -ed, and irregular); in, on; regular plural -s; articles; regular third person -s; contractible copula; and contractible auxiliary.

(continued on next page)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZOKAEIM AVRAHAM Date of Birth 02-MAY-2014 Meeting Date 31-MAY-2018

Section E: Present Level of Performance

Performance Area: Language-Expressive, continued
Assessment/Monitoring Process Used: therapy sessions, informal
State/District Assessment Results: n/a

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

Area of Need: On occasion, when producing longer, more complex sentences, Avraham's sentences may contain an unintelligible word. This may be due to his status as an English language learner. If asked to repeat himself Avraham may respond with a volume that seems intentionally and excessively loud. Sometimes he may not respond to questions or activities. For example, when asked to name a farm animal he did not answer. Upon further questioning, he explained he wasn't going to answer because he doesn't like the farm animals because they went in the mud (from Mrs. Wishy-Washy). When questioned further, he was able to successfully recall the farm animals from the story. While some grammatical errors have been noted, these errors are not unexpected for an English language learner and do not appear indicative of a language disorder but rather a language difference and his status as an English language learner. It is believed that these skills can be successfully developed during English language development lessons in the classroom. As Roseberry-McKibbin (2007) reports, it can take from five to ten years for students to fully develop their cognitive academic language proficiency. During this period, some students may experience loss of their primary language as it is replaced by the second language. At this time, Avraham does not appear to present with an area of need with his expressive language skills.

Educational Impact: Based on therapy sessions and informal assessment, Avraham's expressive language skills appear functional for communication. A reduction in service minutes and a period of progress monitoring as Avraham transitions to the TK program is recommended before a re-evaluation.

Rachelle Nesgoda, M.S., CCC-SLP
Speech and Language Pathologist

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 ZOKAEIM

AVRAHAM

Date of Birth 02-MAY-2014


Meeting Date 31-MAY-2018

## Section E: Present Level of Performance

Performance Area: Articulation

Assessment/Monitoring Process Used: therapy sessions, informal

State/District Assessment Results: n/a

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

Summary of Services to Date: Avraham is a 4.0 year-old English language learner with an eligibility of Speech-Language Impairment (SLI). Farsi and Hebrew are the primary languages spoken in the home. Per initial IEP, parents switched to primarily English after 1-year old, after recognizing delays with his speech and language. Avraham first became eligible for DIS-LAS services in June 2017 to remediate a delay in his expressive language skills and his articulation skills. Per initial IEP, He was originally assessed by WRC in February 2017 and did not qualify for LAS services. However, based on the IFSP report, expressive and receptive language skills were reported to be delayed. Avraham is not currently enrolled in a school program. He has been receiving DIS-LAS services for 60 minutes per week to remediate a delay in his expressive language and articulation skills.


Areas of Strength: Avraham has made good progress with his articulation skills and has surpassed his goal for the year to produce /b, p, h, m, n, w/ in phrases during structured therapy activities. Avraham is now intelligible in sentences while answering questions and in spontaneous speech.

Area of Need: Avraham needs models and cues to produce the 'th' sounds. These sounds are not found in his primary languages of Farsi and Hebrew or modeled in English. Therefore this substitution could be considered a language difference and not an articulation disorder. Avraham may produce some words with the /s/ sound with an interdental production which does not impact intelligibility, nor does his articulation of vocalic /r/ sounds which can be considered developmental in nature at this time. On occasion, Avraham may produce a unintelligible word when producing more complex sentences.

Performance Area: Articulation, continued

Assessment/Monitoring Process Used: therapy sessions, informal

State/District Assessment Results: n/a

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

Educational Impact: Based on informal assessment and therapy sessions, Avraham's articulation skills appear age appropriate and functional for communication. Avraham is now intelligible in conversation and a reduction in weekly service minutes is recommended.

Rachelle Nesgoda, M.S., CCC-SLP  
Speech and Language Pathologist


**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

**Student** ZOKAEIM AVRAHAM  **Date of Birth** 02-MAY-2014  **Meeting Date** 31-MAY-2018

**Section E: Present Level of Performance**

Performance Area:	Gross Motor Skills
Assessment/Monitoring Process Used:	Previous IEP report, parent interview
State/District Assessment Results:	<input type="text"/>

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

This report is based on a 2017 APE report:


?In general Avraham?s motor abilities are below average for his age. His overall abilities appear to be affected by his limited balance and stability which appear to impact his motivation. Avraham is not able to independently balance on either foot but can walk along a 3 inch balance beam 2-3 steps. He has a normal walking gait and runs with a properly emerging gait. Avraham was able to independently jump forward once but generally is not able to get lift when attempting to jump. He did not attempt to hop. Even when supported. Avraham walks up and down steps holding the rail with one hand. He walks up alternating one foot per step and stepping on each step with two feet when walking down. Avraham was not able to catch 7 inch ball tossed from a short distance but can grasp and hold when dropped into his arms from 6 inches. Avraham is developing a good kicking form with proper arm motion. He can run up and kick a stationary and a ball rolled to him several feet with adequate strength and lift. Avraham throws a bean bag overhand in the intended direction approximately 12 feet but with no cross extension, weight shift, or follow through.

Relative strengths: Kicking

Area of Need: Jumping

(continued below)

Performance Area:	<input type="text"/>
Assessment/Monitoring Process Used:	<input type="text"/>
State/District Assessment Results:	<input type="text"/>

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

Continuation...

Impact of Disability:  
Avraham's current eligibility may adversely impact his ability to successfully participate in the general physical education class with his peers.

Submitted by:  
Joseph Martinez  
Adapted Physical Education Specialist

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student

Date of Birth

Meeting Date

**Section F: Eligibility**

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

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
- Temporary Physical Disability
- Lack of instruction in reading
- Lack of instruction in math
- Limited English Proficiency
- 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 #

Avraham will share information and ideas, speaking audibly in 4-7 word sentences appropriate to the task during structured therapy activities in 4 out of 5 opportunities with 80% accuracy given minimal models, prompts, and cues as measured by clinician data.

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:**

Avraham will share information and ideas, speaking audibly in 3-6 word sentences appropriate to the task during structured therapy activities in 4 out of 5 opportunities with 80% accuracy given moderate models, prompts, and cues as measured by clinician data.

Date to be achieved   MO/YR

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

Avraham will share information and ideas, speaking audibly in 3-6 word sentences appropriate to the task during structured therapy activities in 4 out of 5 opportunities with 80% accuracy given minimal models, prompts, and cues as measured by clinician data.

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 #

Avraham will maintain speech intelligibility during 3 minutes of conversational speech in 4 out of 5 opportunities with a minimum of 99% accuracy given minimal models and cues as measured by clinician data.

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:**

Avraham will maintain speech intelligibility during 1 minute of conversational speech in 4 out of 5 opportunities with a minimum of 90% accuracy given moderate models, prompts, and cues as measured by clinician data.

Date to be achieved   MO/YR

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

Avraham will improve speech intelligibility during 2 minutes of conversational speech in 4 out of 5 opportunities with a minimum of 95% accuracy given minimal models, prompts, and cues as measured by clinician data.

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 #

Avraham will be able to jump off a low step, 3-5 inches high, taking off and landing on both feet simultaneously 5 consecutive times 75% of the time independently

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:**

Avraham will be able to jump off a low step, 3-5 inches high, taking off and landing on both feet simultaneously 2 consecutive times 50% of the time with cues and support

Date to be achieved   MO/YR

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

Avraham will be able to jump off a low step, 3-5 inches high, taking off and landing on both feet simultaneously 3 consecutive times 75% of the time with minimal cues and support

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** ZOKAEIM AVRAHAM  **Date of Birth** 02-MAY-2014  **Meeting Date** 31-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.

**DRDP-A** - (Adaptations identified below are applicable)

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student	ZOKAEIM	AVRAHAM		Date of Birth	02-MAY-2014		Meeting Date	31-MAY-2018
---------	---------	---------	--	---------------	-------------	--	--------------	-------------

**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.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student ZOKAEIM AVRAHAM Date of Birth 02-MAY-2014 Meeting Date 31-MAY-2018

Section Q: Parent Participation and Consent

Table with 2 columns: Parent Participation and Parent Notification. Includes radio button options for meeting participation and a table for notification details (Method, Whom, When).

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 button options for agreement: 'AGREES to all components of the IEP' and 'AGREES to all components of the proposed IEP WITH THE SPECIFIC EXCEPTION(S) stated below:'. Includes checkboxes for Assessment, Eligibility, Instructional Setting, and Services with 'Specify' fields.

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

Large empty box for parent concerns and comments.

Signature(s) / Date 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 31-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>B. Regarding your child's previous IEP (if relevant):</b> 20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments			

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

Handwriting lines for providing feedback.

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

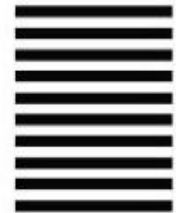


NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK  
LOS ANGELES UNIFIED SCHOOL DISTRICT  
PO BOX 513307  
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="Betty Zokacim"/>	
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"/>	
Administrative Designee	<input type="text" value="Sharona Ishal"/>	
Special Education Teacher	<input type="text"/>	
General Education Teacher	<input type="text" value="Jennifer Keiper"/>	
School Psychologist	<input type="text"/>	
School Nurse	<input type="text"/>	
Related Service Staff <input type="text" value="LAS"/>	<input type="text" value="Rachelle Nesgoda"/>	
Related Service Staff <input type="text" value="APE"/>	<input type="text" value="Joseph Martinez"/>	
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 checked="" type="radio"/> YES <input type="radio"/> NO	If the answer is YES, then a general education classroom/setting is the appropriate placement. If the answer is NO, go to the question below.
	<input type="radio"/> YES <input type="radio"/> NO	If not currently available, can the required supports, services, accommodations and/or modifications be made available in a general education classroom/setting? If YES, all required supports, services, accommodations and/or modifications must be provided within a reasonable timeline. If the answer is NO, please articulate why in the box below. Then go to Step B.

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="31-MAY-2018"/>	
Eligibility: (from Page 4)	<b>Eligible (SLI)</b>		
	Final IEP Reason Final IEP Effective Date:		//
Curriculum		General Education	
Placement	Type of School	Preschooler Non-LAUSD/Not Headstart	
	Name of School	SP ED INF/PRE (1989) CARTHAY EL ES MAG	
Instructional Setting	Setting	General Education	
	Program	GE	
	Special Day Minutes/Wk		
	Addresses Goals	(Articulation),(Language-Expressive), (Locomotor)	//
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	modeling of speech, praise and positive reinforcement, additional response time	//
	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 checked="" type="radio"/> No <input type="radio"/>	
	If the Parent does not agree, specify the area(s) to be reassessed.		//
<b>Comments, as appropriate</b>			
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** ZOKAEIM AVRAHAM  **Date of Birth** 02-MAY-2014  **Meeting Date** 31-MAY-2018

**Effective With This IEP**

**Future Changes  
Related To This IEP**

**Service 1**

**09  
Adapted PE**

This service addresses the following **goals:**

(Locomotor)

**Start Date:** Effective on Signature Date  
31-May-2018

**End Date:**

**Service applies to:** Regular

**Frequency:** 1-5

**Interval:** Weekly

**Minutes/Interval:** 30

**Minutes/Interval (Pullout from Gen Ed):** 30

**Service Delivery Model:** Direct Service (By a Single Provider)\*

**Responsible Personnel:** Licensed/Credentialed Provider

Other Provider(s)

\*

**Service 2**

**10  
Language/Speech**

This service addresses the following **goals:**

(Language-Expressive)  
(Articulation)

**Start Date:** Effective on Signature Date  
31-May-2018

**End Date:**

**Service applies to:** Regular

**Frequency:** 1-5

**Interval:** Monthly

**Minutes/Interval:** 120

**Minutes/Interval (Pullout from Gen Ed):** 120

**Service Delivery Model:** Direct Service (By a Single Provider)\*

**Area:** School-Based

**Responsible Personnel:** Licensed/Credentialed Provider

\*

**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		

4 %

Part 4 - Additional Discussion (This section is optional)

Empty text area for additional discussion.

**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 (SLI) **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)
09	Adapted PE	Effective on Signature Date	Regular	Weekly	1-5	~	30	Locomotor
10	Language/Speech	Effective on Signature Date	Regular	Monthly	1-5	School-Based	120	Language-Expressive, Articulation

**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.