

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student Identification Number [REDACTED]

Does not meet eligibility criteria (or voluntary exit, but remains eligible upon re-enrollment)

Student Name: [REDACTED] [REDACTED] [REDACTED]
Last First MI

Date of Birth 15-JUN-1999

Section A: Meeting Information

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting: 17-JUN-2002	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="radio"/> Annual Review <input type="radio"/> Early Start Transition <input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis <input checked="" type="radio"/> Other <input type="radio"/> Individual Transition Plan Re-Evaluation <input type="radio"/> Preschool Transition
Date of Present Meeting: 08-JUN-2007	
Annual Review to be conducted by: 08-JUN-2008	
Next Three Year Review will be conducted by: 07-JUN-2008	
Three Year Review or Evaluation was conducted on: 07-JUN-2005	
Transition to Kindergarten to be conducted by: 	
Location of Meeting: Atwater Ave. Elementary School	District Name: Local District 4 - L.A.U.S.D.

Section B: Student Information

Date of Birth 15-JUN-1999 Age 7 Grade 3 Gender Male Female Limited English Proficient Student Yes No

Ethnic Code Hispanic

Home Language Spanish Student Language English

Alternate Mode of Communication

Home Address of Student [REDACTED]

LOS ANGELES CA ZIP Code 90029

Home Telephone [REDACTED] Daytime Telephone [REDACTED] Emergency Telephone [REDACTED]

School of Attendance Atwater Elementary Location Code 2233

School of Residence Dayton Heights Elementary Location Code 3356

Name of Parent/Guardian [REDACTED] Telephone [REDACTED]

Address [REDACTED]

City LOS ANGELES CA ZIP Code 90029

Surrogate Parent Telephone

Attends **CURRENT SCHOOL** as a result of one of the following:
 Special Education Placement

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 LCI#

Out of home placement made by: Department of Mental Health Department of Children's Services Regional Center Superior Court

Other Child's family living within LAUSD's boundaries? No Yes

the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? No Yes

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Student [REDACTED] Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section C: Language Acquisition

Language Classification:
 Limited English Proficient Initially Identified Fluent English Proficient Redesignated Fluent English Proficient English Only

LEP Student Language Progress:
 Elementary English Language Development Level: 1 2 3 4 5
 Secondary ESL Level: Introduction Beginning 1A Beginning 1B Intermediate 2A Intermediate 2B Advanced 3
 Advanced 4 PRP
 Communication Observation Matrix Level: 1 2 3 4 5
 Determined by: Preschool Language Assessment (Experimental) Communication Observation Matrix
 English Language Development Standards Other

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. Motor Abilities(APE) -catching..	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007. Needs more time.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	
2. Reading/readiness	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
3. Writing	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
4. Math	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
5. Voc. Ed.	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
6. Language (NPA-Speech)	<input type="radio"/>	<input type="radio"/>	Service not yet started.
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7. Speech (NPA)	<input type="radio"/>	<input type="radio"/>	Service not yet started.
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. Consultive (NPA-Speech)	<input type="radio"/>	<input type="radio"/>	Service not yet started.
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9. Behavioral Support (BSP)	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	- needs more time
10. Adapted Phy. Ed. (jump over 2"...	<input type="radio"/>	<input checked="" type="radio"/>	Skill is still emerging.
Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	

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Student [REDACTED] [REDACTED]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section C: Language Acquisition

Language Classification:

Limited English Proficient Initially Identified Fluent English Proficient Redesignated Fluent English Proficient English Only

LEP Student Language Progress:

Elementary English Language Development Level: 1 2 3 4 5

Secondary ESL Level: Introduction Beginning 1A Beginning 1B Intermediate 2A Intermediate 2B Advanced 3

Advanced 4 PRP

Communication Observation Matrix Level: 1 2 3 4 5

Determined by: Preschool Language Assessment (Experimental) Communication Observation Matrix

English Language Development Standards Other [REDACTED]

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved
	Yes	No	
1. #11. Rdg./oral comprehension	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	-needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	-needs more time
2. #12. Motor Abilities-classrm P.E.	<input type="radio"/>	<input checked="" type="radio"/>	Goal written April 2007.
Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	-needs more time
Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	-needs more time
3. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
4. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
5. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
6. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
7. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
8. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
9. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	
Objective 2 met	<input type="radio"/>	<input type="radio"/>	
10. [REDACTED]	<input type="radio"/>	<input type="radio"/>	
Objective 1 met	<input type="radio"/>	<input type="radio"/>	

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section E: Present Level of Performance

Performance Area: Health

Assessment/Monitoring Process Used: Sister(legal guardian), healthcard

State/District Assessment Results: N/A

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

Vision screening: Unable to assess due to [redacted] limited ability to cooperate. Audio screening: Evaluated at Alfonso B Perez audiologic resource unit on 06/04/07. Recommended medical and audiologic follow-up for possible left ear middle and/or outer ear problem. He is being re-referred to DHH services, and has a recommendation for preferential seating in the classroom. General good health. Sister denies any serious illness, injuries, accidents, hospitalizations, asthma, or allergies. Sister also reports that [redacted] is not verbalizing on a consistent basis, stating words like 'Mom' occasionally.

Performance Area: Motor Abilities - OT

Assessment/Monitoring Process Used: Clinical Observation/Teacher Interview

State/District Assessment Results: N/A

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

Educational Concerns:

1. Physical status: presents with functional upper extremity strength and muscle tone. Range of motion is within functional limits actively. He presents with good postural stability in sitting with good endurance.
2. Visual Perception: skills appear to be good and functional for visual-motor activities.
3. Fine motor: exhibits functional fine motor patterns with objects and academic tools.
4. Visual motor: exhibits good and functional unilateral and bilateral skills with objects.
5. Sensory Processing: does not exhibit sensory processing difficulties that would impact his ability to participate in classroom activities.

Educational Concerns: None.

[redacted] currently exhibits functional fine motor and visual motor skills with academic tools. It is felt that [redacted] does have the skills to be successful in a classroom without specialized support. Generally, [redacted] has the base skills and abilities to use academic tools functionally. [redacted] requires only structured and repetitive classroom activities to improve his writing skills. These activities are currently being provided in the classroom. [redacted] needs are currently being met within his educational setting.

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Student [redacted] [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section E: Present Level of Performance

Performance Area: Motor - P.T.

Assessment/Monitoring Process Used: observations, interview, review of recs., non-standard tests of motor function

State/District Assessment Results: N/A

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

Areas of Strength Based on School Physical Therapy Assessment:

[redacted] participates actively in class activities, moving independently during functional gross motor tasks. Primary reflexes are adequately integrated. Muscle tone is generally low, which is typical in children with Down Syndrome. [redacted] can assume and maintain an adequately upright sitting and standing posture for functional activities. He has good and functional active range of motion in the joints of all extremities. His muscle strength throughout the body and the extremities is within functional limits and adequate for his functional gross motor activities in school. His balance in sitting, standing, and walking is good except when pushed backwards. Protective upper extremity reactions are present and functional. [redacted] can use the regular classroom chairs and tables to perform his class activities adequately and does not require modification or adaptation. He has adequate physical ability to transition into different functional positions and transfer independently. He is also independent of direct physical assistance during ambulation on different surfaces on campus. He can access the different areas of the school independent of physical assistance, including management of stairs with use of a handrail. His voluntary movements are fairly coordinated with a smooth quality. His tolerance of movements is good and his endurance for school physical activities is adequate.

Performance Area: cont. Motor - P.T.

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Areas of Need Based on School Physical Therapy Assessment:

Some deviations from normal standing posture, like scoliosis and rounded upper back, were observed, but do not significantly impact his performance of school activities. [redacted] gross motor skills are limited and his performance is not consistent, but this appears to be secondary to his decreased cognitive motor planning skills or how he processes sensory information and responds with movement. His motor abilities then, appear to be commensurate to his cognitive level of performance.

Impact of Disability on Education:

Due to [redacted] medical diagnosis, he develops and learns skills slower than normally developing children, but he appears to be accessing his educational environment and participating in his educational program adequately with support of classroom staff.

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Student [redacted] [redacted] [redacted]

Date of Birth: 15-JUN-1999

Meeting Date: 08-JUN-2007

Section E: Present Level of Performance

Performance Area: Cognitive/General Ability

Assessment/Monitoring Process Used: Standardized Assessment, Record Review, Interview, Observation

State/District Assessment Results: n/a

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

[redacted] cognitive performance as measured through alternative assessment is estimated in the moderate range of mental retardation. On a performance based assessment, [redacted] performed at a level comparable to two to four years old. He was not able to perform the expressive language component of this assessment. Receptive language is a relative strength. He is able to follow verbal directions and simple instructions. Another area of strength is his ability to imitate modeled instruction and to retain and apply learned information. Weaknesses involve a short attention span and discipline. He also needs frequent redirection and repetitions. The results of this assessment indicate that [redacted] has significantly below average cognitive functioning existing concurrently with deficits in adaptive behavior, and manifested during his developmental period which adversely affect his educational performance. [redacted] may benefit from a structured, visual, predictable, setting that focuses on improving communication, social, academic, behavior and daily living skills. Learning appears to require direct instruction of new skills, modified materials or strategies, manipulatives and repeated trials. Previously acquired skills may be lost without regular practice and specific strategies designed to insure that skills learned in one context will generalize. Generalization of skills into the home and community will require family involvement.

Performance Area: Social Emotional Status

Assessment/Monitoring Process Used: Informal Assessment, Record Review, Interview, Observation

State/District Assessment Results: n/a

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

Although [redacted] is getting used to the classroom routine and has learned to shift groups or activities, he has a very short attention span, needs constant prompts, gets tired, bored in a matter of minutes and puts his head down. After unstructured times he might act out, throw himself on the ground, wander away. During whole class activities he usually plays with his shoes or his head is down. He is more attentive if in small group, but needs constant prompts to stay on task. He also needs prompts and reminders to take care of his belongings. He tends to ignore adults, but will listen after prompts, modeling or physical redirection. [redacted] has discipline problems on the playground. He may wander off to another play area. He may take the food away from the other students. He has picked up a stick and poked the assistant and another student with it. Most recently, he picked up a small stone and threw it at a student from another class. In the bathroom, he has been observed splashing the other students and slapping their buttock. Adaptive skills are assessed to be significantly delayed. [redacted] is rated with relative strength in self help age, where he functions equivalent to a four year old. Communication is rated as the least well developed area, where he functions at 14 months. [redacted] does not speak. Expressive language consists of gestures, grunts and a few American Sign Language words. Receptive language skills are much stronger. [redacted] physical age is estimated at 38 months. Social skills are estimated at 28 months. Academic skills are estimated at 28 months. Whenever possible, mainstreaming with non-disabled peers will provide models of appropriate language, social and behavior skills. [redacted] may need adult guidance for areas that require complex judgment, or for functioning outside the protective environment of the classroom and home. In addition, [redacted] may benefit from an individualized behavior plan combined with firm, consistent discipline that systematically reinforces on-task, compliant behavior, and teaches constructive replacement behavior.

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section E: Present Level of Performance

Performance Area: Language and Speech (LAS)
Assessment/Monitoring Process Used: ROWPVT-SBE; informal tasks; classrm obs; teacher report; record review
State/District Assessment Results: n/a

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

Summary of Service to Date: [redacted] has been enrolled in DIS/Language and Speech services since 9/05. Services have been inconsistent due to lack of school-based providers. Compensatory NPA/LAS services have been authorized and are pending.

Areas of Strength: Despite receptive/expressive language disability, [redacted] readily initiates and engages in communication with others. Using his repertoire of gestures, facial expressions, signs, and vocalizations, [redacted] is able to convey messages and communicate his needs and wants. He appears to enjoy social interaction.

Areas of Need: [redacted] presents with receptive and expressive language disabilities evident in both Spanish and English. Results of formal receptive vocabulary testing indicate functioning levels between 3 to 4 years of age with fund of concept knowledge evident in both English and Spanish. Language comprehension skills appear limited to short units of language with multiple repetitions and heavy visual supports needed for comprehension. Poor attention and high distractibility appear to be contributing to [redacted] lack of oral comprehension skills. [redacted] is a non-verbal communicator. Expressive language skills are characterized by spontaneous use of gestures, signs, points, head nods, facial expressions and vocalizations. Imitation of speech sound production is limited. It is unclear at this time what may be inhibiting development of oral communication. History of hearing impairment and lack of attention to visual cues may be contributing factors. (cont'd below...

Performance Area: Language and Speech (continued)
Assessment/Monitoring Process Used:
State/District Assessment Results:

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

...Language/Speech Continued from above)

Impact of Disability on Academic and Overall Educational Perfomance: Based on classroom observation and teacher report, [redacted] communication disability affects all components of his special education program. It should be noted, however, that lack of attention to tasks appears to be the primary obstacle inhibiting access to Fernando's educational program, including oral messages directed to him.

Modifications and/or Accomodations: [redacted] appears able to imitate speech sounds--increasing his attention to visual models of vowel, consonant, and consonant + vowel models is important on a DAILY basis--when a speech-language provider becomes available this can be done in conjunction with the LAS therapist, but until that time targeting vowel sounds repeatedly during the school day can be carried out in the Special Day Class setting now. Due to limited attention span, it is important that adults get [redacted] attention first before giving verbal messages. Use of shortened utterances; extra processing time; preferential seating close to teacher.

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section E: Present Level of Performance

Performance Area:

Motor Abilities (Adapted Physical Education)

Assessment/Monitoring Process Used:

LAUSD Adapted Physical Education Assessment Scale (APEAS) & Observation

State/District Assessment Results:

n/a

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

[redacted] was assessed using portions of the APEAS as well as teacher observation. He was somewhat cooperative but was also easily distracted and at times refused to participate, requiring verbal prompts to bring him back to the task at hand. [redacted] understood verbal instructions with demonstration/modeling but oftentimes required redirection to bring him back to the current task, as it appeared difficult for him to stay focused for any length of time.

AREAS OF STRENGTH: [redacted] is able to run with a wide base of support, change directions, and stop on command. He can jump forward 5 consecutive times but has difficulty jumping vertically and over small obstacles without a staggered landing. [redacted] tends to land with a one-two foot landing in order to maintain balance instead of landing with both feet together. He is able to kick a stationary and a rolled ball but has difficulty at this time kicking a stationary ball towards a target in a consistent fashion 15 feet away. He demonstrated an ability to kick a stationary ball but does not appear to have the leg strength, balance, and proper mechanics to be successful kicking toward a target from 15 feet away. [redacted] has demonstrated an ability to throw a ball towards a target 15 feet away using a proper overhand throwing pattern (2/5 trials), and can ascend a flight of stairs alternating feet on each step without the use of handrails.

Continue below.....

Performance Area:

Motor Abilities (Adapted P.E.) cont.

Assessment/Monitoring Process Used:

as above

State/District Assessment Results:

[redacted]

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

AREAS OF NEED: [redacted] is functioning below age level in the areas of static and dynamic balance, hopping, galloping and jumping over small obstacles. He exhibits difficulty kicking a stationary ball for distance and accuracy. Although [redacted] is able to ascend a flight of stairs with good balance and mechanics, he has some difficulty descending stairs as he now places both feet on each step instead of using an alternate stepping pattern. [redacted] exhibits difficulty in catching an 8 inch ball using hands only from 15 feet away but is able to trap a tossed ball using his arms and body to absorb the force. Currently he is able to trap (using his arms and body) an 8 inch ball tossed to him from 15 feet away in 2 out of 5 attempts.

IMPACT OF DISABILITY: [redacted] requires modeling, demonstration, and verbal prompts in order to stay on task. Gross motor and perceptual motor delays which include static and dynamic balance, locomotor skills and overall motor development impact his ability to participate successfully with his peers in physical education activities. It is recommended [redacted] continue to receive Adapted Physical Education services within a small group setting using a variety of supports which include demonstration, motoring through and a variety of modified equipment. If he attends ESY he will receive APE services to assist in the maintenance of current levels of motor performance.

[redacted], Adapted Physical Education teacher

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section E: Present Level of Performance

Performance Area:

Pre-vocational/Behavior

Assessment/Monitoring Process Used:

Observation/informal

State/District Assessment Results:

n/a

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

[redacted] is an 8 year old, 2nd grade student. He is a very sweet, happy and active child. He enjoys his day in school and interacts with other students; however he occasionally pushes or hits them, too.

[redacted] participates in different activities; he enjoys to please adults, and takes pride to share his work especially for positive reinforcement. There are times throughout the day that he wants to do whatever he chooses to (such as walking/running his own way or wanting to play with his own choice of manipulative instead of the required task, or just put his head down and ignore). However he is getting better in following directions and also learning the classroom routine.

[redacted] is quite independent, he takes his folder out of his backpack every morning and also places his work in his folder and backpack before leaving; he just needs help opening and closing the buckle. He carries and eats his breakfast and lunch independently, but needs assistance opening some sealed items (such as milk, cereal, etc.). He takes his jacket off if he is warm, and puts it on when needed (sometimes needs assistance).

[redacted] has a very short attention span and he is distracted very easily. He needs to work in a small setting with constant adult prompts, redirection and supervision.

Performance Area:

Readiness (Lang./arts)

Assessment/Monitoring Process Used:

Observation/informal

State/District Assessment Results:

n/a

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

Comprehension: [redacted] understands and follows one step simple directions, even though sometimes he ignores requests to even respond to his name. He makes his wants and needs understood by signing and/or gestures, but he hardly ever vocalizes words.

Reading: [redacted] recognizes his written name, and also knows the letter F and can sign F, but he does not recognize any other letter. However, he enjoys looking at picture books and points to familiar objects and pictures.

Writing: [redacted] can write F and draw a circle. He enjoys to pretend to write (he usually starts with F and the rest are kind of circle-like shapes). He needs constant prompts and redirection to trace his name or any written shape, because he tries to finish it as fast as possible and just scribbles on the model.

[redacted] can cut paper using a scissor, however he needs assistance to hold the paper and direct him to cut on line.

[redacted] cognitive ability and adaptive behavior skills will negatively impact his ability to meet grade level standards.

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Los Angeles Unified School District

Student [redacted] [redacted] [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section E: Present Level of Performance

Performance Area: Math
Assessment/Monitoring Process Used: observation/ informal
State/District Assessment Results: n/a

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
[redacted] loves to play with different manipulatives. He can match colors after modeling, but he doesn't recognize colors, yet. He can also match simple shapes and pictures, but he needs prompts and modeling to understand what to do.
[redacted] is able to point to pictures of some foods and musical instruments.
[redacted] doesn't recognize any number and he can not count objects.
[redacted] cognitive abilities and adaptive behavior skills will negatively impact his ability to meet grade level standards. [redacted] is on the District Special Education Alternate Curriculum for students With Moderate to Severe Disabilities.

Performance Area: Early Development
Assessment/Monitoring Process Used: Brigance Diagnostic Inventory of Early Development
State/District Assessment Results: n/a

Current Performance/Assessment Summary (include student strengths, student needs and impact of disability on student performance):
[redacted] was assessed for a duration of 2 months, because he has a very short attention span, and he gets bored very easily and does not cooperate. He required lots of prompts (physical/modeling and verbal) to understand what was expected of him.
Self help skills: This area is one of [redacted] strengths, he can take care of his dressing and toileting/bathing needs in school (based on Brigance: skills observed in 3 to 4 years old range).
Language skills: [redacted] was able to follow one step simple directions (for 3 years old), but he was able to point to familiar pictures for approximate developmental age of 4.9 years old (however he needed lots of prompts and breaks).
Speech: [redacted] makes some pleasure and/or discomfort sounds and tries to repeat letter sounds. His speech is age equivalent of 7 to 18 months.
[redacted] 'general knowledge and comprehension' ranged from 2 to 5 years old.
Readiness/academics: [redacted] does not recognize letters or numbers, yet.

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Student: [REDACTED]

Date of Birth: 15-JUN-1999

Meeting Date: 08-JUN-2007

Section F: Eligibility

If applicable, area(s) of suspected disability discussed:

Cognition/General Ability, Social Emotional, Adaptive Development, Academic Achievement, Motor Abilities (Occupational Therapy, Physical Therapy, Adapted Phys. Ed.), Health and Hearing, Language Function

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the following disabilities:

Mental Retardation

Code: MR

Speech Or Language Impairment

Code: SLI

Code:

Not Applicable, Blind or Partially Sighted

Not eligible for the following Disabilities (as per "Reasons" below):

Code:

Code:

Code:

Final IEP:

Final IEP Reason:

Final IEP Effective Date:

Related Services determined as necessary for the student to benefit from special education are identified on the IEP Service Summary:

NPA - Speech
Adapted PE
Language/Speech

Code: 25

Code: 09

Code: 10

Code:

Code:

Related Services discussed and determined as not necessary for the student to benefit from special education:

Occupational Therapy

Code: 16

Physical Therapy

Code: 13

Code:

Code:

Reason(s):

-Significantly below average cognitive functioning existing concurrently w/ deficits in adaptive behavior, & manifested during developmental period adversely affect educational performance. -Based on OT assessment, [REDACTED] does not require OT services to assist him to benefit from his specially designed instruction. -Based on PT assessment [REDACTED] does not require PT services to assist him to benefit from specially designed instruction.

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

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Student: [REDACTED] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Receptive Language Related Service/RSP Code: 10 RSP Area: [REDACTED]

Annual Goal # 1: GB [REDACTED] will attend to a developmentally appropriate story (approx. 3-4 yr. level), and point to pictures in response to simple related questions. 4/5 times, 2 consec trials.
(LAS Goals #1 & #2 time/frequency of service= 2xs per week/60 min total)

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service: Language/Speech RSP Teacher Other Provider [REDACTED]
 Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008
 Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP review
 For Related Service, RSP and Nonpublic School/Agency use only: Per Week [REDACTED] or Per Month 5 300
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes
 Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? 60 minutes

Incremental objective #1 related to the goal:
 [REDACTED] will attend to a developmentally appropriate story, and point to pictures in response to simple related questions with teacher prompts and cues. 2/5 times, 1 trial.

Incremental objective #2 related to the goal:
 [REDACTED] will attend to a developmentally appropriate story, and point to pictures in response to simple related questions with teacher prompts and cues. 3/5 times, 2 consec trials.

Date to be achieved October 2007 MO/YR Date to be achieved February 2008 MO/YR
 Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced Curriculum Based Observation Portfolio Work Samples Informal Other [REDACTED]

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	[REDACTED]	
Progress Mark: [REDACTED] 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	Progress Mark: [REDACTED] 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	Progress Mark: [REDACTED] 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	Progress Mark: [REDACTED] 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	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: [REDACTED]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student [REDACTED] Date of Birth 15-JUN-1999 Meeting Date 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E Expressive Language Related Service/RSP Code: 10 RSP Area: [REDACTED]

Annual Goal # 2; GB
 Using signs, pictures, verbal words or a combination of these, [REDACTED] will combine agent + action (e.g. want drink, eat more,) during structured language tasks with adult prompts 3/4 xs, 2/3 trials.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service Language/Speech RSP Teacher Other Provider [REDACTED]

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP review
 For Related Service, RSP and Nonpublic School/Agency use only: Per Week [REDACTED] [REDACTED] or Per Month [REDACTED] [REDACTED]
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [REDACTED] minutes

Incremental objective #1 related to the goal:

Using signs, pictures, verbal words or a combination of these, [REDACTED] will combine agent + action (e.g. want drink, eat more,) during structured language tasks with adult motoring and prompts. 2/4 xs, 2/3 trials.

Incremental objective #2 related to the goal:

Using signs, pictures, verbal words or a combination of these, [REDACTED] will combine agent + action (e.g. want drink, eat more,) during structured language tasks with adult prompts 2/4 xs, 2/3 trials.

Date to be achieved October 2007 MO/YR

Date to be achieved February 2007 MO/YR

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other [REDACTED]

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other [REDACTED]

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: <u>[REDACTED]</u>	Date: <u>[REDACTED]</u>	Date: <u>[REDACTED]</u>	Date: <u>[REDACTED]</u>	
Progress Mark: <u>[REDACTED]</u>	Progress Mark: <u>[REDACTED]</u>	Progress Mark: <u>[REDACTED]</u>	Progress Mark: <u>[REDACTED]</u>	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	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	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	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	If "No" please explain: <u>[REDACTED]</u>
Goal <u>[REDACTED]</u>	Goal <u>[REDACTED]</u>	Goal <u>[REDACTED]</u>	Goal <u>[REDACTED]</u>	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student: [REDACTED] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Motor Abilities(APE) Related Service/RSP Code: 09 RSP Area: [REDACTED]

Annual Goal # 3; GB
 Standard 1: Gr.2, 1.9. [REDACTED] will catch a bounced 8 inch ball from 15 feet away, using his hands only to absorb the force, in 7 out of 10 trials with 70% accuracy. (Currently can trap a ball using arms and body in 2 / 5 attempts from 15 feet away).

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service: Adapted PE RSP Teacher Other Provider [REDACTED]

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other: IEP mtg.

For Related Service, RSP and Nonpublic School/Agency use only: Per Week 2 Weekly Frequency 60 Total Weekly Minutes or Per Month Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? 0 minutes

Incremental objective #1 related to the goal:

Will catch an 8 inch ball bounced to him from 8 feet away using his arms and body to trap the ball, in 4 out of 5 trials with 60% accuracy.

Incremental objective #2 related to the goal:

Will catch an 8 inch ball bounced to him from 12 feet away using hands and body in 3 out of 5 trials with 70% accuracy.

to be achieved October 2007 MO/YR

Date to be achieved February 2008 MO/YR

Methods of evaluation:

State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other [REDACTED]

Methods of evaluation:

State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other [REDACTED]

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	[REDACTED]	
Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	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	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	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	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	If "No" please explain: [REDACTED]
<input type="checkbox"/> Other [REDACTED]	<input type="checkbox"/> Other [REDACTED]	<input type="checkbox"/> Other [REDACTED]	<input type="checkbox"/> Other [REDACTED]	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student: [REDACTED] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Reading/ Readiness Related Service/RSP Code: [] RSP Area: []

Annual Goal # 4; **GB** FPI-1.4: [REDACTED] will recognize the letters of his name and match their upper-case and lower-case pairs with 70% accuracy, 3/5 trials, as measured by teacher observation.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider []

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP meeting

For Related Service, RSP and Nonpublic School/Agency use only: Per Week [] Weekly Frequency [] Total Weekly Minutes or Per Month [] Monthly Frequency [] Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [] minutes

Incremental objective #1 related to the goal:

[REDACTED] will recognize the letters of his name and match their upper-case and lower-case pairs with 50% accuracy, 3/5 trials, with prompts and modeling.

Incremental objective #2 related to the goal:

[REDACTED] will recognize the letters of his name and match their upper-case and lower-case pairs with 60% accuracy, 3/5 trials, with prompts.

Goal to be achieved October 2007 MO/YR

Goal to be achieved February 2008 MO/YR

Methods of evaluation:

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

Methods of evaluation:

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

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: []	2nd Reporting Period Date: []	3rd Reporting Period Date: []	4th Reporting Period (Secondary Only) Date: []	Goal Achievement
Progress Mark: [] 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 []	Progress Mark: [] 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 []	Progress Mark: [] 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 []	Progress Mark: [] 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 []	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: []

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student: [REDACTED] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Writing Related Service/RSP Code: [] RSP Area: []

Annual Goal # 5; **GB** FPI-14.2: [REDACTED] will trace his name with 70% accuracy, 3/5 trials, as measured by teachers observation.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider []

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP meeting
 For Related Service, RSP and Nonpublic School/Agency use Per Week [] Weekly Frequency [] Total Weekly Minutes or Per Month [] Monthly Frequency [] Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [] minutes

Incremental objective #1 related to the goal:
 [REDACTED] will trace his name with 50% accuracy, 3/5 trials, with assistance (hand over hand if needed).

Incremental objective #2 related to the goal:
 [REDACTED] will trace his name with 60% accuracy, 3/5 trials, with prompts.

Date to be achieved October 2007 MO/YR

Date to be achieved February 2008 MO/YR

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other []

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other []

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: []	2nd Reporting Period Date: []	3rd Reporting Period Date: []	4th Reporting Period (Secondary Only) Date: []	Goal Achievement
Progress Mark: [] 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 []	Progress Mark: [] 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 []	Progress Mark: [] 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 []	Progress Mark: [] 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 []	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: []

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student: [redacted] [redacted] [redacted] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Math Related Service/RSP Code: [redacted] RSP Area: [redacted]

Annual Goal # 6; GB
 FPI-1.5: [redacted] will demonstrate recognition of the numerals up to 5 by pointing to number or selecting the number card, with 70% accuracy, 3/5 trials, as measured by teacher observation.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider [redacted]

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP meeting

For Related Service, RSP and Nonpublic School/Agency use only: Per Week [redacted] [redacted] or Per Month [redacted] [redacted]
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [redacted] minutes

Incremental objective #1 related to the goal:

[redacted] will recognize the numbers 1 & 2, with 50% accuracy, 3/5 trials, with prompts.

Incremental objective #2 related to the goal:

[redacted] will recognize the numbers 3 & 4, with 50% accuracy, 3/5 trials, with prompts.

Date to be achieved October 2007 MO/YR

Date to be achieved February 2008 MO/YR

Methods of evaluation:

State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other [redacted]

Methods of evaluation:

State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other [redacted]

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: [redacted]	2nd Reporting Period Date: [redacted]	3rd Reporting Period Date: [redacted]	4th Reporting Period (Secondary Only) Date: [redacted]	Goal Achievement
Progress Mark: [redacted] 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 [redacted]	Progress Mark: [redacted] 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 [redacted]	Progress Mark: [redacted] 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 [redacted]	Progress Mark: [redacted] 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 [redacted]	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: [redacted]

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student: [REDACTED] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Voc. Ed. Related Service/RSP Code: [] RSP Area: []

Annual Goal # 7; GB
 Listening FPI-18.2: [REDACTED] will attend any given task for 10 minutes, with 80% accuracy, 4/5 trials, with minimal prompts, as measured by teacher observation.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider []

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP meeting
 For Related Service, RSP and Nonpublic School/Agency use Per Week [] Weekly Frequency [] Total Weekly Minutes or Per Month [] Monthly Frequency [] Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [] minutes

Incremental objective #1 related to the goal:
 [REDACTED] will attend any given task for 5 minutes, with 60% accuracy, 3/5 trials, with prompts.

Incremental objective #2 related to the goal:
 [REDACTED] will attend any given task for 7 minutes, with 70% accuracy, 3/5 trials, with prompts.

Date to be achieved October 2007 MO/YR Date to be achieved February 2008 MO/YR

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced Curriculum Based Observation Portfolio Work Samples Informal Other []

IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP

EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: []	Date: []	Date: []	[]	
Progress Mark: [] 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 Need to review/revise Goal []	Progress Mark: [] 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 Need to review/revise Goal []	Progress Mark: [] 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 Need to review/revise Goal []	Progress Mark: [] 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 Need to review/revise Goal []	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: []

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

IEP Page 5 a b c d e f g h i j of 40

Student: [Redacted] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Rdg./ oral comprehension Related Service/RSP Code: RSP Area:

Annual Goal # 8; GB: After listening to developmentally appropriate stories, [Redacted] will answer (verbal/nonverbal) to 'who' and 'what' questions, with 70% accuracy, 3/5 trials, as measured by teacher observation.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP meeting
 For Related Service, ISP and Nonpublic School/Agency use Per Week or Per Month

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? minutes

Incremental objective #1 related to the goal:
 After listening to developmentally appropriate stories, [Redacted] will answer (verbal/nonverbal) to 'who' and 'what' questions, with 50% accuracy, 2/5 trials, after prompts or modeling.

Incremental objective #2 related to the goal:
 After listening to developmentally appropriate stories, [Redacted] will answer (verbal/nonverbal) to 'who' and 'what' questions, with 60% accuracy, 3/5 trials, with prompts.

Date to be achieved October 2007 MO/YR

Date to be achieved February 2008 MO/YR

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student: _____ Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Motor Abilities Related Service/RSP Code: _____ RSP Area: _____

Annual Goal # 9: **GB** Classroom-based Gross Motor Goal (Standard 1: Gr.2, 1.14): _____ will dribble (slow bounce) an 8 inch ball a distance of 10 feet with control 8/10 times with 70% success.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service RSP Teacher Other Provider APE Teacher consult

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP meeting
 For Related Service, RSP and Nonpublic School/Agency use Per Week _____ or Per Month _____
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? _____ minutes

Incremental objective #1 related to the goal:
 Using his dominant hand, _____ will bounce an 8 inch ball 5 times, while stationary, in 4/5 trials, with 60% success.

Incremental objective #2 related to the goal:
 _____ will dribble (slow bounce) an 8 inch ball while walking forward up to 5 feet, with 60% success, in 4/5 trials.

Date to be achieved October 2007 MO/YR Date to be achieved February 2008 MO/YR

Methods of evaluation:

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

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: _____	Date: _____	Date: _____	Date: _____	
Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	Progress Mark: _____	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	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	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	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	If "No" please explain:
Goal _____	Goal _____	Goal _____	Goal _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

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Student: _____ Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Adapted Phys.Ed. Related Service/RSP Code: 09 RSP Area: _____

Annual Goal # 10; GB (Goal repeated/continued from previous IEP dated 04-26-06.)
 _____ will be able to jump over a 2 inch tall block 3 times in 5 tries, 4/5 times in 1 of 3 trials.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service: Adapted PE RSP Teacher Other Provider: _____

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other: IEP mtg.
 For Related Service, RSP and Nonpublic School/Agency use Per Week _____ or Per Month _____
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? _____ minutes

Incremental objective #1 related to the goal:
 _____ will be able to jump over a 2 inch tall block 1 time in 5 tries in 1 of 3 trials.

Incremental objective #2 related to the goal:
 _____ will jump over a 2 inch tall block 2 times in 5 tries in 1 of 3 trials.

Date to be achieved: October 2007 MO/YR Date to be achieved: February 2008 MO/YR

Methods of evaluation:

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

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: _____	Date: _____	Date: _____	Date: _____	
Progress Mark: _____ 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	Progress Mark: _____ 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	Progress Mark: _____ 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	Progress Mark: _____ 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	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:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student: [Redacted] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Behavioral Support Related Service/RSP Code: RSP Area: [Redacted]

Annual Goal # 11: GB [Redacted] will recognize his imposed limits and boundaries (not wander away from group, not hit others) with 100% success, with verbal prompts, as observed/documentated by teacher and assistants.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor

Related Service RSP Teacher Other Provider [Redacted]

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other IEP mtg.

For Related Service, RSP and Nonpublic School/Agency use Per Week [Redacted] or Per Month [Redacted]

Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [Redacted] minutes

Incremental objective #1 related to the goal:
[Redacted] will recognize his imposed limits and boundaries and stay with his group throughout the day, 3 out of 5 days, with physical and verbal prompts.

Incremental objective #2 related to the goal:
[Redacted] will recognize his imposed limits and boundaries and stay with his group throughout the day, 4 out of 5 days, with physical and verbal prompts.

Date to be achieved: October 2007 MO/YR

Date to be achieved: February 2008 MO/YR

Methods of evaluation:

State Assessments Norm Referenced Criterion Referenced Curriculum Based Observation Portfolio Work Samples Informal Other [Redacted]

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: [Redacted]	Date: [Redacted]	Date: [Redacted]	Date: [Redacted]	
Progress Mark: [Redacted]	Progress Mark: [Redacted]	Progress Mark: [Redacted]	Progress Mark: [Redacted]	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	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	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	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	If "No" please explain: [Redacted]
Goal	Goal	Goal	Goal	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student [REDACTED] Date of Birth 15-JUN-1999 Meeting Date 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E Consultation (LAS) Related Service/RSP Code: 10 RSP Area: [REDACTED]

Annual Goal # 12; GB LAS provider will coordinate consultation between parent, classroom teacher, LAS, and NPA/LAS provider (when possible) via meetings and/or teleconferencing in order to coordinate Language and Speech intervention techniques, targets, strategies and progress. (30 minutes per month--frequency to be determined by schedules of all parties involved)

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service Language/Speech RSP Teacher Other Provider [REDACTED]

Beginning Date (MO/YR) September 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other [REDACTED]
 For Related Service, RSP and Nonpublic School/Agency use Per Week [REDACTED] [REDACTED] or Per Month [REDACTED] [REDACTED]
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [REDACTED] minutes

Incremental objective #1 related to the goal:	Incremental objective #2 related to the goal:
By the middle of October 2007, LAS provider will determine schedule of consultations with parties named above.	By Feb 2008, all parties will have met for consultation meetings described above for 3 hours.

Goal to be achieved October 2007 MO/YR Date to be achieved February 2008 MO/YR

Methods of evaluation:

<input type="checkbox"/> State Assessments <input type="checkbox"/> Norm Referenced <input type="checkbox"/> Criterion Referenced <input type="checkbox"/> Curriculum Based <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Portfolio <input type="checkbox"/> Work Samples <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Other [REDACTED]	<input type="checkbox"/> State Assessments <input type="checkbox"/> Norm Referenced <input type="checkbox"/> Criterion Referenced <input type="checkbox"/> Curriculum Based <input checked="" type="checkbox"/> Observation <input type="checkbox"/> Portfolio <input type="checkbox"/> Work Samples <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Other [REDACTED]
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IEP REPORT OF PROGRESS AND ACHIEVEMENT FROM CURRENT IEP
EXPLANATION OF MARKS

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

1st Reporting Period	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only) Date:	Goal Achievement
Date: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	[REDACTED]	
Progress Mark: [REDACTED] 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 [REDACTED]	Progress Mark: [REDACTED] 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 [REDACTED]	Progress Mark: [REDACTED] 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 [REDACTED]	Progress Mark: [REDACTED] 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 [REDACTED]	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: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

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Student: [REDACTED]

Date of Birth: 15-JUN-1999

Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Language (NPA-comp) Related Service/RSP Code: 25 RSP Area: [REDACTED]

Annual Goal # 13; GB [REDACTED] will demonstrate recognition of common objects by pointing to the object named from a choice of 3, with 80% accuracy, in 3/4 sessions, when given moderate cues.
 Compensatory NPA/LAS = 65 hours total, to be used by 8/1/08. Monthly frequency/minutes are entered below to meet technical requirements of electronic IEP program only and not to indicate a specific schedule for service delivery or ongoing NPA service beyond the 65 hours owed.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor

Related Service: NPA - Speech RSP Teacher Other Provider: [REDACTED]

Beginning Date (MO/YR): June 2007 Goal to be achieved by (MO/YR): June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other: IEP review

For Related Service, RSP and Nonpublic School/Agency use only: Per Week [REDACTED] or Per Month: 1-5 Monthly Frequency, 300 Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [REDACTED] minutes

Incremental objective #1 related to the goal:

[REDACTED] will demonstrate recognition of 15 common objects by pointing to the object named from a choice of 2, with 80% accuracy, in 3/4 sessions, when given moderate to maximum cues.

Incremental objective #2 related to the goal:

[REDACTED] will demonstrate recognition of 15 common objects by pointing to the object named from a choice of 2, with 80% accuracy, in 3/4 sessions, when given moderate to minimum cues.

Goal to be achieved: October 2007 MO/YR

Date to be achieved: February 2008 MO/YR

Methods of evaluation:

- State Assessments Norm Referenced Criterion Referenced
- Curriculum Based Observation Portfolio
- Work Samples Informal
- Other: [REDACTED]

Methods of evaluation:

- State Assessments Norm Referenced Criterion Referenced
- Curriculum Based Observation Portfolio
- Work Samples Informal
- Other: [REDACTED]

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: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	
Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	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	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	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	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	If "No" please explain: [REDACTED]
Other: [REDACTED]	Other: [REDACTED]	Other: [REDACTED]	Other: [REDACTED]	

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Student: [REDACTED]

Date of Birth: 15-JUN-1999

Meeting Date: 08-JUN-2007

Section G: Annual Goals/Objectives

Performance Area identified in Section E: Speech (NPA-comp) Related Service/RSP Code: 25 RSP Area: [REDACTED]

Annual Goal # 14: **GB** [REDACTED] will imitate consonant + vowel (e.g. go, me, my) or vowel + consonant (e.g. up, in) syllables with 60% accuracy, 3/4 sessions, given moderate cues.

Check all appropriate boxes Responsible Personnel: General Education Teacher Special Day Teacher Licensed/Credentialed Counselor
 Related Service: NPA - Speech RSP Teacher Other Provider: [REDACTED]

Beginning Date (MO/YR) June 2007 Goal to be achieved by (MO/YR) June 2008

Progress to be reported to parent/guardian by Report Card Progress Report Parent Conference Other: IEP review

For Related Service, ISP and Nonpublic School/Agency use only: Per Week [REDACTED] or Per Month [REDACTED]
Weekly Frequency Total Weekly Minutes Monthly Frequency Total Monthly Minutes

Of the total minutes, how many minutes of service will be provided as a Pullout from a General Education classroom? [REDACTED] minutes

Incremental objective #1 related to the goal:
[REDACTED] will imitate long and short vowels with 70% accuracy, 3/4 sessions given moderate cues.

Incremental objective #2 related to the goal:
[REDACTED] will imitate consonant sounds with 50% accuracy, 3/4 sessions given moderate cues.

Date to be achieved October 2007 MO/YR

Date to be achieved February 2008 MO/YR

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other: [REDACTED]

Methods of evaluation:
 State Assessments Norm Referenced Criterion Referenced
 Curriculum Based Observation Portfolio
 Work Samples Informal
 Other: [REDACTED]

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: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	Date: [REDACTED]	
Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	Progress Mark: [REDACTED]	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: [REDACTED]	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: [REDACTED]	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: [REDACTED]	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: [REDACTED]	If "No" please explain: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section H: Preparation for Three Year Review (complete this section at the Annual Review meeting prior to the Three Year Review)

Three Year Review due 07-JUN-2008 No formal assessment needed to re-establish eligibility

If formal assessment is needed to re-establish eligibility indicate areas to be assessed:

Assess for Speech and Language Impairment, and Health.

Assessment to re-establish eligibility of mental retardation will NOT be needed prior to June 2008

IEP.

Section I: Supports for Participation in General Education Activities

Supports

Responsible Staff

Outdoor play time
Assemblies, field trips, special occasions
Mainstreaming with Gen. Ed. for non-academic activities as appropriate.

administrators
Sp. Ed. Teachers
Gen. Ed. Teachers
Teaching assistants

Section J: Standards-Based Promotion

1. Does the disability impact the student's ability to meet District grade level standards? No Yes If Yes, explain:

[redacted] cognitive abilities and adaptive behavior skills will negatively impact his ability to do grade level work even with accommodations and modifications.

2. Is the student expected to meet grade level standards? Yes No

3. What is necessary to help the student progress in the general education curriculum?

Instructional Accommodations:

-modeling, acting out instruction, small group and constant repetition, redirection and physical and verbal prompts, close direct supervision, peer partner, preferential seating, manipulatives, extended time, simple big print worksheets, hand over hand; targeting vowel sounds repeatedly during school day, getting [redacted] attention before giving verbal messages, use of shortened utterances, extra processing time; structured, visual, predictable, setting that focuses on improving communication, social, academic, behavior and daily living skills

Instructional Modifications:

Instructional materials must be on the level of academic achievement that is appropriate for [redacted] level of performance (almost readiness for pre-K).

[redacted] is on Special Education Alternate Curriculum for Students with Moderate to Severe disabilities.

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Student: [REDACTED]

Date of Birth: 15-JUN-1999

Meeting Date: 08-JUN-2007

Section K: Recommendation for Participation in State and District-wide Assessments

Participation in the State and District-wide Assessments

1. How will the student participate? CAT6/CST SABE CWST CAPA Level two (Completed annually at the IEP meeting)

2. How will the student participate in the CAT6/CST?
 Participation in the CAT6/CST for students in grades 1-11

Participate in the Full Assessment Require Accommodations (#3 must be completed) Require Modifications (Indicate below)

[REDACTED]

Check Accommodations for CAT6/CST Assessment for students in grades 1-11

3. If the student will require accommodations, indicate the accommodations. (Check as many as required)

- Timing/Scheduling [REDACTED]
- Response [REDACTED]
- Braille
- ** Directions Translated
- Presentation [REDACTED]
- Test Read Aloud
- **Bilingual Dictionary

**English Language Learners (ELLs) enrolled less than one year in LAUSD and who are ELD levels 1 and 2 may have the directions translated and may also use a bilingual dictionary. These accommodations should match accommodations that students are receiving in daily instruction.

4. If the student is taking CAPA, indicate the rationale.

Student has a significant cognitive delay and is unable to participate in the CSTs, even with accommodations and modifications.

Participation in the District Performance Assignments for students in grades 2-9

5. How will the student participate in the District Performance Assignments?

Full participation Require accommodations (List accommodations below)

6. If the student will not participate in the performance assignments, describe how the student will be assessed:

Progress toward IEP goals, teacher made assessments

Section L: Graduation Requirements for High School Students

Working toward: Diploma Certificate of Completion

<p>#1 Number of graduation credits completed: [REDACTED]</p> <p>#2 Passed WRITE Sample [REDACTED] MO/YR</p>	<p>#3 Grades of C or better in 4 semesters of English (20 Credits) OR Passed 2000 STEPS (2003 graduates only)</p>	<p>#4 Grades of C or better in 4 semesters of Mathematics (20 Credits) OR Passed 2000 STEPS (2003 graduates only)</p>	<p>#3 Grades of C or better in 4 semesters of English (20 Credits) OR Passed 2000 STEPS (2003 graduates only)</p>
<p align="center">Graduates 2006 or later must complete #6-8</p>			
<p>#6 Number of graduation credits completed [REDACTED]</p>	<p>#7 <input type="checkbox"/> Passed English Language CAHSEE</p>	<p>#8 [REDACTED] MO/YR</p>	<p>Passed Math CAHSEE [REDACTED] MO/YR</p>

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

Section M: IEP Team Recommendations

Location of Services in the Least Restrictive Environment

- District School of Residence
- District Non-residence School
- Head Start
- Community College
- District Early Education Center
- District Special Education School/Center
- Nonpublic School
- State Residential School
- DMH Residential Placement
- Dual Enrollment (Specify both school names) [redacted]
- Other [redacted]
- Home
- Hospital
- Nonpublic Agency

2. Instructional Setting (check all that apply)

- General Ed
- Resource Spec Srv
- Special Day Prg (Min Per Week 1400) Program Mentally Retarded - Moderate MRM
- Related Services
- General Education with Inclusion Support
- Low Incidence Learning Center (LILC)

Reason the student's needs cannot be met in the general education setting:

Student's disability necessitates intensive instruction and continuous close supervision in small group or individualized setting.

3. Assistive Technology Devices Yes No If Yes, identify area of assessed need and recommendation for Assistive Technology Device(s)

4. Low Incidence Support

Eligibility: Visual Impairment Severe Orthopedic Impairment Deaf/Hard of Hearing

If eligible, identify area of assessed need and recommendations for support:

5. Percentage of time per week in special education 91% Minutes per day in special education (Nonpublic School use only) [redacted]

The IEP team acknowledges that the percent of time outside of the general education classroom as determined by the team exceeds 60%.

6. Extended School Year/Intersession Yes No

Based on all of the following: Continuing impact of disability, pattern of regression and difficulty retaining knowledge after vacations and school breaks.

7. Type of Physical Education

- Regular
- Adapted
- Specially Designed Modifications required: Extra time to dress Assistance with locker
- Other [redacted]
- Student has met state high school physical education requirement

8. Transportation Yes No If Yes, indicate reason:

- IEP CAN be implemented at Home School (the school that the student would attend if he/she did not have a disability?i.e. resident school, CAP receiver, PWT choice, Magnet Program, Schools of Choice)
- IEP CANNOT be implemented at Home School (the school that the student would attend if he/she did not have a disability?i.e. resident school, CAP receiver, PWT choice, Magnet Program, Schools of Choice)

Type of transportation:

- Home to School (Disability Related Reason) safety, communication, maturity
- School to School
- Other [redacted]

ESY for SDP/RSP students: If ESY program is not at school of residence, student requires: School to School Home to School

9. Curriculum - Student will participate in:

- District general education curriculum for his/her grade level.
- District general education curriculum using accommodations identified in Section J.
- District general education curriculum using modifications identified in Section J.
- Alternate District curriculum provided to prepare him/her to access the District's general education curriculum. Identify alternate curriculum:

Special Education Alternate Curriculum For Students With Moderate to Severe Disabilities

10. Additional supports:

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Student [REDACTED] [REDACTED] [REDACTED]

Date of Birth 15-JUN-1999

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Section N: Procedural Safeguards and Follow-up Actions

A Parent's Guide to Special Education Services including Procedural Rights & Safeguards was provided to the parent in his/her primary language.

Copies of the following assessment reports were given to the parent (Check all that apply).

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Psychoeducational | <input type="checkbox"/> Resource Specialist Teacher's Report | <input checked="" type="checkbox"/> Special Education Teacher's Report | <input type="checkbox"/> Assistive Technology |
| <input checked="" type="checkbox"/> School Occupational Therapy | <input checked="" type="checkbox"/> School Physical Therapy | <input checked="" type="checkbox"/> Language and Speech Services | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Functional Analysis | <input type="checkbox"/> Alternative/Augmentative Communication | <input checked="" type="checkbox"/> Other (specify): <u>Audiologic; Adapted. P.E.</u> | |

The parent/guardian was informed of his/her right to a written translation of the IEP. The parent has requested a written translation of the IEP in [REDACTED]

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.

Section O: Actions Required Following the IEP

Actions	Responsible Personnel	Position	By When
<input type="checkbox"/> Translation	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Placement	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Transportation	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input checked="" type="checkbox"/> Additional Assessment for <u>D.H.H.</u>	<u>[REDACTED]</u>	<u>AP,EIS</u>	<u>15-JUN-2007</u>
<input type="checkbox"/> Additional Assessment for <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Referral for AB 3632 Assessment	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input checked="" type="checkbox"/> Copy of IEP to all Service Providers	<u>[REDACTED]</u>	<u>Sp. Ed. Clerk</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Informal Dispute Resolution	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Other <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Other <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<input type="checkbox"/> Other <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Section P: Graduation/Culmination Exercises (for High School students only)

Student will participate in High School graduation/culmination exercises: Yes No Projected Date: [REDACTED]

If Yes, indicate reason: (Check one box only)

- Will have earned a High School Diploma
- Will receive a Certificate of Completion
- Will participate in one culmination exercise with age appropriate peers and may continue instructional program and services through age 21
- Will reach age 22 this school year

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student: [REDACTED] [REDACTED] [REDACTED]

Date of Birth: 15-JUN-1999

Meeting Date: 08-JUN-2007

Section Q: Parent Participation and Consent

Parent Participation	Parent Notification			
	Method	Whom	When	
<input checked="" type="radio"/> Parent/Student (18-21) has participated in the IEP meeting. <input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend. <input type="radio"/> 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.. <input type="radio"/> Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	Student	G Gamboa/MCD Clerk	17-APR-2007	
	Student	G. Gamboa	16-MAY-2007	

Consent/No Consent/Request for Due Process Alternatives

- Parent / Student (18-21) consents to the IEP.
- Parent / Student (18-21) disagrees with the following:
 - Assessment Reason:
 - Eligibility Reason:
 - Instructional Setting Reason:
 - Specific Instruction and Services Reason:
- Parent/ Student (18-21) wishes to utilize Los Angeles Unified School District's Informal Dispute Resolution Process.
- Parent/ Student (18-21) wishes to initiate a request for State Mediation Only.
- Parent/ Student (18-21) wishes to initiate a request for Formal Due Process Proceedings which includes a resolution session and may include mediation.
- Parent/ Student (18-21) consents to the following elements of the IEP being implemented, pending conclusion of Informal Dispute Resolution, State Mediation Only or Formal Due Process Proceedings:

Parent Concerns and Comments

Signature(s): [REDACTED] Date:

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)


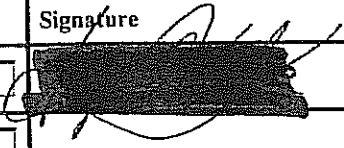





















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Student   Date of Birth 15-JUN-1999

Meeting Date
08-JUN-2007

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian		
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		
Administrative Designee	<input type="text"/>	
Special Education Teacher		
General Education Teacher	presence waived	
School Psychologist		
School Nurse		
Related Service Staff <input type="text" value="A.P.E."/>		
Related Service Staff <input type="text" value="O.T."/>		
Related Service Staff <input type="text" value="P.T."/>		
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" value="District L.A.S."/>		
Other <input type="text" value="Dist. Sp.Ed. Unit"/>		
Other <input type="text" value="Attorney"/>		

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Los Angeles Unified School District

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

IEP Service Summary

Service Code	Service Desc	Weekly Freq	Total Weekly Minutes	Monthly Freq	Total Monthly Minutes	Addresses Goal(s)
SDC	MRM		1400			
09	Adapted PE	2	60			Adapted Phys.Ed., Motor Abilities(APE)
10	Language/Speech			5	300	Consultation (LAS), Expressive Language, Receptive Language
25	NPA - Speech			1-5	300	Language (NPA-comp), Speech (NPA-comp)

Parents of students who are Medi-Cal eligible are referred to the Parent's Guide to Special Education Services (July 2007).

For IEP Team Information

If applicable, the IEP team has considered an independent educational evaluation report from [redacted] which is summarized below.

[A new statement on page 12 of the IEP (above) refers parents of students who are Medi-Cal eligible to A Parent's Guide to Special Education Services for information regarding School-based Medi-Cal Services. This information will be included in the new version of the Parent's Guide available in July 2007.]

The purpose of the IEP is to review results of formal assessments completed at the request of [redacted] guardian, and to determine [redacted] needs and eligibility for services. Assessments were completed by the following district personnel: special education teacher, school psychologist, adapted physical education teacher, language and speech therapist, occupational therapist, physical therapist, school nurse, and audiologist.

The Team agrees that [redacted] continues to qualify for special education services as a student with mental retardation and speech or language impairment, and with the offer of a Free and Appropriate Public Education (FAPE). For the remainder of the 2006-2007 school year, through Extended School Year 2007, and the 2007-2008 school year to the date of the next IEP, [redacted] will continue to participate in the special day program classroom for students with Mental Retardation - Mild to Moderate (MRM) at Atwater Elementary School, his public non-resident school in the Los Angeles Unified School District. He is eligible to receive related services of DIS-Adapted Physical Education, Non-Public Agency-Language and Speech, and DIS-Language & Speech, as indicated in the service summary grid above. All services will be provided by appropriately qualified personnel. [redacted] is eligible to receive transportation - home to school. He is eligible to participate in Extended School Year 2007 as assigned by the local support unit, with transportation provided.

Continue on next page.....

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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Student [REDACTED]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

For IEP Team Information

If applicable, the IEP team has considered an independent educational evaluation report from [REDACTED] which is summarized below.

...continued from previous page.

OCCUPATIONAL THERAPY (OT)

Occupational Therapy: Based on the OT assessment, which included evaluation of relevant functional, developmental, and educational information, [REDACTED] does not require OT services to assist him to benefit from his specially designed instruction.

ADAPTED PHYSICAL EDUCATION (APE)

Adapted Physical Education services for summer school (ESY) are needed and appropriate. If [REDACTED] attends ESY he will receive APE to assist in the maintenance of the current levels of performance. Services will be provided 8 times during the 4 week period. Sessions will be 30 minutes in length for a total of 60 minutes per week.

PHYSICAL THERAPY

Due to [REDACTED] medical diagnosis, he develops & learns skills slower than normally developing children, but appears to be accessing his educational environment & participating in his educational program adequately with support of classroom staff. He does not require PT services to assist him in accessing his educational environment.

HEALTH

General good health. Diagnosis of Downs Syndrome. Referred to Audiologic Resource Unit for hearing assessment.

AUDIOLOGIC EVALUATION

[REDACTED] appears to function as child with mild hearing loss in at least the better ear. Medical and audiologic follow-up by guardian regarding evidence of possible left ear middle and/or outer ear problem is recommended. Referral made to Deaf and Hard-of Hearing Program for assessment.

SPEECH AND LANGUAGE

[REDACTED] presents as a non-verbal communicator. He does imitate and approximate some sounds, with prompting and over many trials. Does have motor ability to produce speech. Receptive language assessed with both Spanish and English. [REDACTED] does demonstrate communicative intent, currently uses gestures, signs and some sounds. Attention and distractibility interfere with progress and engagement in oral language development. Continues to qualify for Language and Speech therapy. As documented on 4/20/07 IEP, [REDACTED] will be due 65 hours of compensatory LAS service at the close of the 2006-7 school year (6/21/07). District-contracted NPA/LAS services have been offered to cover these compensatory hours. Compensatory LAS hours are to be made up by 8/1/08 - time and frequency of NPA/LAS to be determined by guardian and NPA provider--65 hours total. Monthly frequency/ minutes are entered in Section G Goal #13 and in the service summary grid on the previous page to meet technical requirements of the Welligent electronic IEP program only and not to indicate a specific schedule for service delivery or ongoing NPA service beyond the 65 hours owed.

Continue on next page.....

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Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

For IEP Team Information

If applicable, the IEP team has considered an independent educational evaluation report from [redacted] which is summarized below.

....continued from previous page.

SPEECH AND LANGUAGE (continued)

In addition, [redacted] will receive DIS/LAS services as follows: 2xs per week, 30 minute sessions for a total of 60 minutes per week LAS service + 30 minutes per month of consultation with teacher, guardian, and NPA/provider (when available) to coordinate strategies, techniques, targets, progress. Consultation to begin Fall 2007. (Please note: Service summary grid on previous page indicates Fernando will be seen 5xs per month for 300 minutes--the recommendation of the IEP team is 9xs per month for 300 minutes--unable to indicate that with present computer template.)

COGNITIVE/GENERAL ABILITY-Cognitive ability is estimated in the moderate range of mental retardation. On a performance based assesment [redacted] performed comparable to two to four years old. Strengths include, receptive language, the ability to imitate modeled instruction, the ability to retain and apply learned information. Expressive language is a weakness. [redacted] needs repeated trials and many opportunities to practice new skills, in order to transfer and generalize that information.

SOCIAL EMOTIONAL STATUS-[redacted] has challenges in following the structure and demands of the classroom due to a short attention span and discipline. However, he is learning the routine. [redacted] needs to improve peer relations. [redacted] would benefit from consistent discipline(at home and at school) that reinforces on task, compliant behavior, and teaches constructive replacement behavior.

ADAPTIVE SKILLS-Adaptive skills are assessed to be significantly delayed in all areas. [redacted] performed with strength in self help skills, comparable to four years old. Least well developed is communication, comparable to 14 months. Physical age is estimated at 38 months; social age is estimated at 28 months; academic skills are estimated at 28 months.

ACADEMIC PERFORMANCE

[redacted] is able to follow one step simple directions (for 3 years old), & point to familiar pictures for approximate developmental age of 4.9 years (with many prompts & breaks). [redacted] makes some pleasure and/or discomfort sounds and tries to repeat letter sounds. His speech is age equivalent of 7 - 18 months. General knowledge & 'Comprehension' ranged from 2 - 5 years old. He does not recognize letters or numbers, yet.

ACCOMMODATIONS & MODIFICATIONS include but are not limited to: modeling, acting out instruction, small group and constant repetition, redirection and physical and verbal prompts, close direct supervision, peer partner, preferential seating, manipulatives, extended time, simple big print worksheets, hand over hand; targeting vowel sounds repeatedly during school day, getting [redacted] attention before giving verbal messages, use of shortened utterances, extra processing time; and structured, visual, predictable, setting that focuses on improving communication, social, academic, behavior and daily living skills.

Guardian requested a 'worksheet/unofficial copy' of the IEP to review prior to signing.

DATA/TRANSPORTATION TRANSFER FORM

page 35

This information is for data collection and record keeping purposes only. It is not part of the IEP.
 At the conclusion of the IEP team meeting: (1) Fax a copy of this form and page one of the IEP to the School Support for your school. (2) Mail one copy of this form and one copy of page one of the IEP to the School Support Office for your school.

Student: [REDACTED] Date of Birth: 15-JUN-1999 Meeting Date: 08-JUN-2007

Eligibility Code(s): MR,SLI Program: SDP-MRM
 Percentage of time per week spent in Special Education: 91% Extended School Year/Intersession: Yes No

SCHOOL SETTING

- District School of Residence
- District Non-residence School
- Head Start
- Community College
- District Early Education Center
- District Special Education School/Center
- Nonpublic School
- Nonpublic Agency
- State Residential School
- Dual Enrollment
- Home
- Hospital
- Private/Parochial School
- Other [REDACTED]

INSTRUCTIONAL SETTING/SERVICES

- General Education
- Resource Specialist Services
- Special Day Class
- General Education with Inclusion Support

RELATED SERVICES

- Code(s): 09 25 10
- Check: Assistant - Class Health Care Assistant - Class Licensed Vocational Nurse - Class
 Assistant - Bus Health Care Assistant - Bus Licensed Vocational Nurse - Bus

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School: [REDACTED] Location Code: 2233
 School Calendar: LEARN Traditional Concept 6 Concept 6M 90/30 Track: A B C D
 School Hours Begin: 8:10am End: 2:35 pm Arrival time for breakfast program: 7:55

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

School to School Home to School Will the student participate in District Intervention Program? Yes No
 For Extended School Year/Intersession, if the student (SDC or RSP) will not be assigned to the school of residence, will transportation be required? Yes No

PICK UP ADDRESS

Address: [REDACTED]
 City/Zip: [REDACTED]
 Telephone #: [REDACTED]
 Contact Person: [REDACTED]

DELIVERY ADDRESS

Address: same
 City/Zip: [REDACTED]
 Telephone #: [REDACTED]
 Contact Person: [REDACTED]

- Allergies
- Bus Safety Vest
- G-Tube
- Seizures
- Ventilator
- Asthma
- Cardiac
- Helmet
- Shunt
- Walker
- Behavioral Support Plan
- Cerebral Palsy
- Lift Bus
- Sickle Cell
- Wheelchair
- Bleeder
- Child Safety Seat
- Muscular Dystrophy
- Spina Bifida
- Other [REDACTED]
- Blind/Partially Sighted
- Crutches
- Medication
- Suctioning
- Brittle Bones
- Deaf/Hard of Hearing
- Oxygen - Tank
- Therapy with Transportation
- Brace
- Diabetes
- Oxygen - Portable
- Tracheotomy

Prepared by: [REDACTED] Telephone: [REDACTED] Date: 08-JUN-2007

Student [Redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

MASTER PLAN FOR ENGLISH LANGUAGE LEARNERS

Parent Service

Primary Language of the Student Spanish Language of Instruction English

Elementary English Language Development Level: 1 2 3 4 5

Secondary ESL Level: Introduction Beginning 1A Beginning 1B Intermediate 2A Intermediate 2B Advanced 3 Advanced 4 PRP

Communication Observation Matrix Level: 1 2 3 4 5

- 1. English Language Development (ELD) and content using primary language.
2. English Language Development (ELD) and content using Specially Designed Academic Instruction in English (SDAIE) with primary language instructional support.
3. English Language Development (ELD) and content using Specially Designed Academic Instruction in English (SDAIE).

Current Provider of Primary Language Instruction/Support

- Special Day Class Teacher
General Education Teacher
Bilingual Paraeducator under the supervision of a credentialed teacher or teacher in training
Other
Resource Specialist
Related Services Provider

Current Performance [For each skill area indicate the language (English or Primary Language) the student uses when demonstrating the skill and select the performance description which most closely corresponds to the performance of the student]

- English
Primary Language

Skill Area: Listening

- 1. Attends to speaker
2. Follows simple directions
3. Responds to simple conversations and questions using physical actions and other means of non-verbal communication
4. Follows multi-step directions and social conversations using non-verbal or verbal response
5. Uses grade level skills

- English
Primary Language

Skill Area: Speaking

- 1. Uses head, eyes, hands or other body movements to indicate yes or no when asked a question
2. Answers questions using a speech output device
3. Gives one word answers to questions
4. Uses phrases and simple sentences (subject/verb)
5. Uses short sentences (4-5 words)
6. Uses complex sentences with near grade level vocabulary and syntax
7. Uses grade level vocabulary and syntax with appropriate intonation and pronunciation

Student [redacted]

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

English

Primary Language

Skill Area: Reading

- 1. Is aware of printed words
- 2. Identifies the letters of the alphabet and scans from left to right
- 3. Reads words
- 4. Reads phrases
- 5. Reads sentences
- 6. Reads simple text with acquired vocabulary
- 7. Reads in the content areas with near grade level accuracy/fluency using questioning, clarifying and predicting skills
- 8. Reads materials at grade levels

English

Primary Language

Skill Area: Writing

- 1. Writes words using acquired vocabulary
- 2. Writes phrases using acquired vocabulary
- 3. Writes sentences using phonetic spelling and acquired vocabulary and language structures
- 4. Writes with near grade level accuracy in organizational skills, grammar and spelling
- 5. Writes at grade level for a variety of purposes across content areas using correct organization, grammar, syntax and spelling

Annual Goal and Short-Term Objectives

English Language Development Goal:

Will recognize primary and secondary colors (6) as demonstrated by pointing or choosing correctly upon request, 70% accuracy, 4/5 trials.

Responsible Personnel: General Education Teacher Special Education Teacher Other [redacted]

Progress to be reported to parent/guardian by: Report Card Progress Report Parent Conference Other IEP meeting

Objectives related to the goal:

1. Will recognize primary colors (3) as demonstrated by pointing or choosing correctly upon request, 70% accuracy, 4/5 trials, with prompts.

Date to be achieved 08-OCT-2007 Evaluation method informal, observation

2. Will recognize secondary colors (3) as demonstrated by pointing or choosing correctly upon request, 70% accuracy, 4/5 trials, with prompts.

Date to be achieved 08-FEB-2008 Evaluation method informal, observation

Service Recommendation:

- 1. English Language Development and content using primary language
- 2. English Language Development and content using Specially Designed Academic Instruction in English with primary language instructional support
- 3. English Language Development and content using Specially Designed Academic Instruction in English

Behavior Support Plan

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

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

1. The behavior impeding learning is: off task behavior Describe what it looks like:
runs off, throws self to floor, hits and pokes others
2. It impedes learning because: lack of work production disrupts other students requires instruction to stop instructional time is lost
 negative interaction with peers other unsafe for self and others
3. The need for a Behavior Support Plan: early stage intervention moderate serious extreme
4. Frequency or intensity or duration of behavior: Frequency (x) 3 Period daily Intensity medium Duration (min) 3
 Reported by teacher, assistants, students and/or observed by teacher, assistants, students

PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

Observation & Analysis

5. What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc).
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Disruption in routines | <input type="checkbox"/> Work level higher than student's ability | <input type="checkbox"/> Verbal directives | <input checked="" type="checkbox"/> Lack of predictability |
| <input type="checkbox"/> Time of day | <input type="checkbox"/> Internal physical/emotional state | <input type="checkbox"/> Peer conflict | <input type="checkbox"/> Over stimulation |
| <input type="checkbox"/> Unstructured time | <input checked="" type="checkbox"/> Lack of freedom, choice, desirable activities, friends | <input type="checkbox"/> Room conditions | <input type="checkbox"/> Specific room arrangement |
| <input type="checkbox"/> Events from previous environments | <input type="checkbox"/> Under stimulation | | |
- Other Describe: pokes or hits other students for no apparent reason
6. What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum needs changing?)
- | | | | |
|-----------------------------|---|--|---|
| Present in the environment: | <input type="checkbox"/> Classroom seating arrangement | <input type="checkbox"/> Noise levels | <input checked="" type="checkbox"/> Interactions (adult and/or peers) |
| Missing in the environment: | <input type="checkbox"/> Peer status gained for misbehavior | <input type="checkbox"/> Inappropriate materials (age-appropriate, size, etc.) | |
| | <input type="checkbox"/> Transition skills | <input type="checkbox"/> Schedule | <input type="checkbox"/> Conflict resolution skills |
| | <input type="checkbox"/> Re-teaching | <input type="checkbox"/> Task structuring | <input type="checkbox"/> Effective communication with peers |
| | <input checked="" type="checkbox"/> Social skills instruction | <input checked="" type="checkbox"/> Consequences not clear to student | <input checked="" type="checkbox"/> Communications system |
| | <input type="checkbox"/> Choices | | |
- Other (Missing/Present):

Intervention

Remove student's need to use the problem behavior

7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)
- | | | | |
|-------------------|---|--|--|
| Time Changes: | <input type="checkbox"/> Give more time on tasks | <input type="checkbox"/> Allow completion in parts | <input type="checkbox"/> Teach a closure system |
| | <input type="checkbox"/> Signal transition | <input checked="" type="checkbox"/> Provide a break | <input type="checkbox"/> Give less time on tasks |
| Space Changes: | <input checked="" type="checkbox"/> Preferred seating | <input checked="" type="checkbox"/> Different work areas | <input type="checkbox"/> Study carrels |
| | <input type="checkbox"/> Personal space | | |
| Material Changes: | <input checked="" type="checkbox"/> Accommodated work | <input type="checkbox"/> Hands-on learning | <input type="checkbox"/> Tasks organized |
| | <input checked="" type="checkbox"/> High interest materials | <input type="checkbox"/> Notebook organizer | <input type="checkbox"/> Enlarged print size books |
| Interaction: | <input checked="" type="checkbox"/> Use specific supportive words | <input type="checkbox"/> Cue the student | <input type="checkbox"/> Model |
| | <input checked="" type="checkbox"/> Verbally praise student | <input type="checkbox"/> Praise successes | <input type="checkbox"/> Peer Models |
| | <input checked="" type="checkbox"/> Use specific support communications | <input checked="" type="checkbox"/> Use calm, de-escalating language | |

Behavior Support Plan

(Behavior Support Plan, pg. 2 of 3)

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

den [redacted] Date of Birth 15-JUN-1999 Meeting Date 08-JUN-2007

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

Observation & Analysis

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

- To Get: Sensory input, Attention (peer), Attention (staff), Tangible (desired item), Tangible (desired activity)
To Avoid: Sensory input, Attention (peer), Attention (staff), Task (too difficult), Task (too easy), Task (too long)

Describe: [redacted]

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

To get: Tangible (desired activity) student will complete assigned task in given time frame.

To get: Tangible (desired item) student will be explained that he can't have an item that does not belong to him.

Intervention

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

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

Who will establish? teacher, assistants Who will monitor? teacher, assistants Frequency throughout school day

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

- Physical: High-fives, Smiles, Handshake, Pat on the back
Verbal: Use specific praises, Recognition of student's strengths and talents, Peer recognition
Contingent Access: Time on the computer, Free time, Listen to music, Preferred activity, Describe: puzzle or book
Tangibles: Positive phone calls or notes to home, Certificate sent home, Other [redacted]
Tokens and Points: Tokens, Points
Privileges: Exempt assignment, Extra test points, Seating Location

Other ideas: stickers, happy faces

Selection of reinforcer based on: student's observed preferences

- reinf orcer for using replacement behavior, reinf orcer for general increase in positive behaviors

By whom? teacher, assistants Frequency throughout school day

EFFECTIVE REACTION PART III REACTIVE STRATEGIES

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

Deny privileges, desired activities or preferred objects; isolate from peers; sad face on behavior chart; explain consequences; communicate with parents for home follow-up

Behavior Support Plan

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

Date of Birth 15-JUN-1999

Meeting Date 08-JUN-2007

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #: 11

[redacted] will recognize his imposed limits and boundaries (not wander away from group, not hit others) with 100% success, with verbal prompts, as observed/documentated by teacher and assistants.

The above behavioral goal is to: [x] Increase use of replacement behavior and may also include: [x] Reduce frequency of problem behavior [x] Develop new general skills that remove student's need to use the problem behavior

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?

[] Yes [x] No

Are environmental supports/changes necessary?

[x] Yes [] No

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

[] Yes [x] No

Are both teaching of new replacement behavior AND reinforcement needed?

[x] Yes [] No

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

[] Yes [x] No

Agency? [redacted]

Person responsible for contact between agencies. [redacted]

COMMUNICATION PART V COMMUNICATION PROVISIONS

14. Manner and content of communication:

[x] Phone calls

[] Email

[x] Written notes

[x] Daily reports

[] Daily charting

[] Behavioral logs

[] Weekly reports

[] Other [redacted]

Between? teacher, assistants, parents

Frequency? daily