

# **Do You Really Understand Your Child's IEP?**

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**IEP Sub-Committee, Community Advisory Committee  
October 12, 2022**

## Let's explore the IEP document:

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- When should the next Three Year Review be conducted?
- What type of IEP meeting is this?
- What is your child's eligibility and which section of the IEP will you find that on?
- Has your child met their IEP goals? Where would you find that information?
- How are your child's goals being measured?

# Let's explore the IEP document (cont'd):

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- What type of accommodation and modifications are being provided to your child?
- Where can you request to receive a copy of your IEP in a language other than English?
- What sections in the IEP deals with parent participation and Consent?
- What type of instructional setting is your child placed in and where would you find that information?
- What percentage of time is your child outside of the general education setting?

# Let's explore the IEP document

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- Where can you find the District's offer of FAPE?
- What services are the District agreeing to provide?
- What kind of setting will those services be provided in and who will be providing the services?
- Is extended school year (ESY) and/or transportation being provided?
- Does your child have a behavior interventions plan and where would you find it?

# Individualized Education Program: Sections A and B

## Points to Consider:

- What type of meeting is this?
- When will the next annual IEP meeting be held?
- When will the Three Year Review be conducted?
- What is the student's primary language?
- Who holds the educational rights?

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student Identification Number  SSID  **Eligible**

Student  Last  First  MI  Date of Birth:

**Section A: Meeting Information**

Pertinent Dates	Type of Meeting
Date of Initial IEP Team Meeting <input type="text"/>	<input type="radio"/> Initial <input type="radio"/> Amendment of IEP dated <input type="text"/>
Date of Present Meeting <input type="text"/>	<input type="radio"/> Annual Review <input type="radio"/> Early Start Transition
Annual Review to be conducted by <input type="text"/>	<input type="radio"/> Three Year Review <input type="radio"/> Expulsion Analysis
Next Three Year Review will be conducted by <input type="text"/>	<input type="radio"/> Other <input type="radio"/> Individual Transition Plan
Three Year Review or Evaluation was conducted on <input type="text"/>	<input type="text"/>
Transition to Kindergarten to be conducted by <input type="text"/>	

Location of Meeting  District Name

**Section B: Student Information**

Date of Birth <input type="text"/>	Age <input type="text"/>	Grade <input type="text"/>
Gender <input type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student <input type="radio"/> Yes <input type="radio"/> No	Ethnic Code <input type="text"/>
Location of the Psych Folder <input type="text"/>	Student has no Psych Folder <input type="checkbox"/>	
Location of the Cum Folder <input type="text"/>	Student has no Cum Folder <input type="checkbox"/>	
Home Language <input type="text"/>	Student Language <input type="text" value="English"/>	Alternate Mode of Communication <input type="text"/>
Home Address of Student <input type="text"/>		
City <input type="text"/>	ZIP Code <input type="text"/>	
Home Telephone <input type="text"/>	Daytime Telephone <input type="text"/>	Emergency Telephone <input type="text"/>
School of Attendance <input type="text"/>	Location Code <input type="text"/>	
School of Residence <input type="text"/>	Location Code <input type="text"/>	
Name of Parent/Guardian <input type="text"/>	Telephone <input type="text"/>	
Address <input type="text"/>		
City <input type="text"/> CA	ZIP Code <input type="text"/>	
Surogate Parent <input type="text"/>	Telephone <input type="text"/>	
Attends <b>CURRENT SCHOOL</b> as a result of one of the following <input type="radio"/> Attends School of Residence <input type="radio"/>		
Is the student living in a Family Foster Home (FFH)? <input type="radio"/> No <input type="radio"/> Yes	FFH# <input type="text"/>	
Is FFH Provider related to student? <input type="radio"/> No <input type="radio"/> Yes	Relationship <input type="text"/>	
Licensed Children's Institution <input type="radio"/> No <input type="radio"/> Yes	LCI Name <input type="text"/>	
	LCI# <input type="text"/>	
Out of the home placement made by <input type="radio"/> Regional Center <input type="radio"/> Department of Mental Health <input type="radio"/> Department of Children's Services	<input type="radio"/> Superior Court <input type="radio"/> Other <input type="text"/>	
Child's family living within LAUSD's boundaries? <input type="radio"/> No <input type="radio"/> Yes		
If the student is 18 years old or older or is an emancipated minor, does he/she have educational decision-making rights? <input type="radio"/> No <input type="radio"/> Yes		

# Language Acquisition/ Progress of Annual Goals: Sections C & D

## Points to Consider:

- What is your child's language classification?
- If LEP, what is your child's ELPAC performance level and when was your child assessed?
- Has your child achieved their annual goals?
- If not, do you know why?

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Los Angeles Unified School District  
Student: **CRISTIAN** Last: **MI** First: **MI** Date of Birth: **23-SEP-2010**

Section C: Language Acquisition  
Language Classification: **(Limited English Proficient)** Start Date: **23-SEP-2010**  
Withdrawal by Parent Request: ☐ Yes ☐ No Reclassification Date: **23-SEP-2010**  
ELPAC Performance Level and Performance Descriptor: **(Modified)** Test Date: **23-SEP-2010**  
Alternate ELPAC Performance Level and Performance Descriptor: **(Modified)** Test Date: **23-SEP-2010**

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Category	Objective 1 met	Objective 2 met	If No, explain the reason the goal/objective was not achieved (Rec'd F in spring 2019 ELD class, current grade F)
1	ELD	<input type="radio"/>	<input checked="" type="radio"/>	
	English Language Development			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Rec'd F in spring 2019 ELD class, current grade F
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Rec'd F in spring 2019 ELD class, current grade F
2	Reading	<input type="radio"/>	<input checked="" type="radio"/>	Current grade is F; Spring 2019 grade of D
	Reading			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Current grade is F; Spring 2019 grade of D
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Current grade is F; Spring 2019 grade of D
3	Writing	<input type="radio"/>	<input checked="" type="radio"/>	Current grade is F; Spring 2019 grade of D
	Writing			
	Objective 1 met	<input type="radio"/>	<input checked="" type="radio"/>	Current grade is F; Spring 2019 grade of D
	Objective 2 met	<input type="radio"/>	<input checked="" type="radio"/>	Current grade is F; Spring 2019 grade of D
4	Math	<input checked="" type="radio"/>	<input type="radio"/>	
	Math			
	Objective 1 met	<input checked="" type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input checked="" type="radio"/>	<input type="radio"/>	
5		<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		<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		<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		<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		<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		<input type="radio"/>	<input type="radio"/>	
	Objective 1 met	<input type="radio"/>	<input type="radio"/>	
	Objective 2 met	<input type="radio"/>	<input type="radio"/>	

# Present Levels of Performance: Section E

## What Are They?

- A summary of how a student is doing in a given area over the last year.
- Lists what types of assessments/monitoring process are being used
- Includes inputs from the teacher and/or case manager
- PLOP should always include the baseline of each annual goal!!!
- PLOP should be included for reading, writing, ELD, math & social emotional and ANY other areas of disability (i.e. speech, OT, PT, AT, behavior)

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Page 3 of 20

Student    Date of Birth

Last First MI

Section E: Present Level of Performance

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Performance Area:

Category:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

# Present Levels of Performance (PLOP)

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## Strengths

- What the student did well in this area during the last year
- How the student has grown
- A list of abilities in each area

## Areas for Improvement

- Needs/Challenges
- What does the student need to work on
- Any area where there is no growth/decline
- Areas to keep an eye on

## Impact of Disability

- What is the child's disability?
- How does this disability impact the student from accessing their education

# Eligibility: Section F

## Points to Consider:

- What is your child's eligibility?
- If your child qualifies for more than one eligibility, where would that be included?

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**Los Angeles Unified School District** **INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student    Date of Birth  Section F:  Meeting Date

Last First MI

**Eligibility**

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

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

☐ Not Applicable, ☐ Blind or ☐ Partially Sighted

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

Code:

☐ Not Applicable, ☐ Blind or ☐ Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:  Final IEP Effective Date:

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

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

# Goals, Goals, Goals: Section G

## Points to Consider:

- Is there a baseline included in the PLOP for this goal?
- Is there a goal for all areas of suspected disability?
- How will this goal be measured?
- Are the short term objectives appropriate to this goal?
- Is your child making sufficient progress to meet this annual goal?
- If not, do you know why?

**Section G: Annual Goals and Objectives**

Performance Area:  Category:  Annual Goal #:

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

**Methods of Evaluation**

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

Incremental objective #1 related to the goal:

Incremental objective #2 related to the goal:

Date to be achieved:   MO/YR    Date to be achieved:   MO/YR

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

EXPLANATION OF MARKS				
4 GOAL MET OR EXCEEDED	3 SUBSTANTIAL PROGRESS (50-99% of goal met)	2 PARTIAL PROGRESS (1-49% of goal met)	1 NO PROGRESS	
1st Reporting Period Date: <input type="text"/>	2nd Reporting Period Date: <input type="text"/>	3rd Reporting Period Date: <input type="text"/>	4th Reporting Period (Secondary Only) Date: <input type="text"/>	<b>Goal Achievement</b>
Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Progress Mark: <input type="text"/>	Objective 1 Met: <input type="radio"/> Yes <input type="radio"/> No
Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Is progress sufficient to meet annual goal? <input type="radio"/> Yes <input type="radio"/> No	Objective 2 Met: <input type="radio"/> Yes <input type="radio"/> No
If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please comment: <input type="checkbox"/> Needs More Time <input type="checkbox"/> Excess Absence/Tardy <input type="checkbox"/> Assignments Not Completed <input type="checkbox"/> Need to review/revise Goal <input type="checkbox"/> Other <input type="text"/>	If "No" please explain: <input type="text"/>

# Creating SMART IEP Goals

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- **Specific:** The goal should be specific in targeting the area of academic achievement and functional performance. The goal should include a clear description of the knowledge and skills that will be taught and how the child's progress will be measured.
- **Measurable:** You should be able to measure the goal using standardized assessments, curriculum-based assessments, work samples, and/or teacher charted data.
- **Achievable:** The student should be able to achieve the goal within a year
- **Results Oriented/Relevant:** The goal should clearly spell out the expected result. The goal should be relevant to the unique needs of the child and should not be based on district curricula, state or district tests, or other external standards
- **Time-limited:** The goal and objectives are time-limited. What does the child need to know and be able to do after one year in special education?

***SMART goals are realistic for the student to achieve and explain how the student will accomplish them and what constitutes successful completion of each goal.***

# Participation in State and District-wide Assessment: Section K

<b>Los Angeles Unified School District</b>					<b>INDIVIDUALIZED EDUCATION PROGRAM (IEP)</b>		Page 10 of 20		
<input type="text"/>		<input type="text"/>		<input type="text"/>		Date of Birth <input type="text"/>		Meeting Date <input type="text"/>	
Last		First		MI					
<b>Section K: Participation in State and District-wide Assessments</b>									
Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.									
<b>No assessment tests found.</b>									

## Points to Consider:

- What types of state and District assessments will your child be participating in?
- Does your child need accommodations or supports for any of these assessments?

# Procedural Safeguards and Follow-up Action: Section N

## Points to Consider:

- Were you provided a copy of the Procedural Rights & Safeguards in your primary language?
- Was an interpreter that was knowledgeable about special education terminology provided to you at no expense for the entire IEP meeting?
- Did you request a copy of the IEP in your primary language to review before you sign it?

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date

Last First MI

Section N: Procedural Safeguards and Follow-up Actions

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

☐ The IEP Team Meeting Introductory Statements were read aloud at the beginning of the IEP Team meeting.

☐ The parent/guardian was informed of his/her right to a written translation of the IEP.

Is the parent/guardian requesting informal translation? ☐ Yes ☒ No Select Preferred Language:

Is the parent/guardian requesting official translation? ☐ Yes ☒ No Select Preferred Language:

Specify the Individual Pages to be translated:

Special Requests:

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

**Recoupment Consideration**

☐ The IEP team has reviewed and discussed student's progress/achievement and considered factors that may have impacted student's learning during the school facility closures as a result of the COVID-19 national pandemic. The IEP team has determined:

☐ Student has made expected progress toward IEP goals and/or progress is in alignment with expectations of progress/goal achievement. No recoupment supports/accommodations/services, etc. are recommended.

☐ Student experienced learning loss as a result of the school facility closures caused by the COVID-19 global pandemic and recoupment supports/accommodations/services, etc. are necessary. Additionally, the IEP team discussed recoupment to address past learning loss. Recoupment is not part of the Student's stay put program. Recoupment offer details are included in FAPE Part 2, Part 4 of the IEP (including completion of a service grid, as necessary).

☐ Recoupment consideration was documented on IEP dated

☐ Preschool Only Consideration (Transition IEP)

☐ 30-Day IEP Consideration (Out-of-District)

☒ Student attends private school within district boundaries and resides outside of district boundaries (Eligibility Determination Only)

# Consent Page: Section Q

## Points to Consider:

- What components of the IEP are you agreeing to?
- Parents can list their concerns and comments on this page and/or include an attachment
- Parents can agree to implement the IEP while still disagreeing that the District's offer constitutes a free and appropriate public education ("FAPE")
- Parents can disagree with the IEP in its entirety

Section Q: Parent Participation and Consent															
<b>Parent Participation</b> <input 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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 2px;">Parent Notification</th> </tr> <tr> <th style="width: 30%; padding: 2px;">Method</th> <th style="width: 30%; padding: 2px;">Whom</th> <th style="width: 40%; padding: 2px;">When</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Email</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Email</td> <td></td> <td></td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request: _____ (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)</p>		Parent Notification			Method	Whom	When	Email			Email		
Parent Notification															
Method	Whom	When													
Email															
Email															
<b>Parent/Student (18-21) Agreement to Components of the Proposed IEP</b>															
<p>A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.</p>															
<input type="radio"/> Parent/Student (18-21) <b>AGREES</b> to all components of the IEP.															
<input type="radio"/> Parent/Student (18-21) <b>AGREES</b> to all components of the proposed IEP <b>WITH THE SPECIFIC EXCEPTION(S)</b> stated below:															
<input type="checkbox"/> Assessment <input type="checkbox"/> Eligibility <input type="checkbox"/> Instructional Setting <input type="checkbox"/> Services	Specify _____ Specify _____ Specify _____ Specify _____														
<input type="radio"/> The Parent/Student (18-21) <b>DOES NOT AGREE</b> with any of the components of the proposed IEP.															
<p>A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, <i>A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)</i>.</p>															
<b>Parent Concerns and Comments</b>															
Signature(s) _____		Date _____													
<input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Student age 18-21 years age 18-21 years <input type="radio"/> Surrogate Parent <input type="radio"/> Emancipated Minor <input type="radio"/> Foster Parent															
Did the school district facilitate parent involvement as a means of improving services and results for your child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Response															
I certify that I have received a copy of the Parent Input Survey regarding the IEP process. I understand that my completion of the form is voluntary and can be done at anytime after the IEP meeting															
Signature(s) _____		Date _____													

# Names and Signatures: Section R

## Points to Consider:

- These are the people who attended the IEP meeting
- Parents can invite any external professionals and/or support person to the IEP meeting, including therapists, doctors, educational advocates and attorneys, and a family member or friend who knows the student

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Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student    Last First MI Date of Birth  Reconvened Meeting Date  Meeting Date

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text"/>	<input type="text"/>
Parent/Guardian	<input type="text"/>	<input type="text"/>
Student Age 18 - 21 years	<input type="text"/>	<input type="text"/>
Student Under Age 18 years	<input type="text"/>	<input type="text"/>
Surrogate Parent	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/>	<input type="text"/>
Family Foster Home Provider	<input type="text"/>	<input type="text"/>
Administrator	<input type="text"/>	<input type="text"/>
Administrative Designee	<input type="text"/>	<input type="text"/>
Special Education Teacher	<input type="text"/>	<input type="text"/>
General Education Teacher	<input type="text"/>	<input type="text"/>
School Psychologist	<input type="text"/>	<input type="text"/>
School Nurse	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/> LAS	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Related Service Staff <input type="text"/>	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<input type="text"/>
Sign Language Interpreter	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Agency Representative	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>

# Least Restrictive Environment Analysis

## Points to Consider:

- Was there a discussion during the IEP meeting about whether the placement that is being offered is in the least restrictive environment?

### LEAST RESTRICTIVE ENVIRONMENT ANALYSIS

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

Student's Current Placement Type:

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

**DIRECTIONS:** Complete the information below as part of the IEP team discussion regarding placement from the beginning at Step A until the team reaches the Step that indicates YES. After reaching the Step that indicates YES, it is also required to complete Step F.

The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities be educated in the least restrictive environment. Placement in a more restrictive setting should only occur if the nature or severity of the student's disability is such that placement in a less restrictive setting with the use of supplementary aids and services cannot be achieved satisfactorily. The lack of current availability of a student's required supports, services, accommodations and modifications is not the sole justification for placement in a more restrictive setting, unless there is a compelling reason why they cannot be provided. In selecting the LRE, consideration is given to any potential harmful effect on the child or on the quality of services that he or she needs.

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

# IEP FAPE Part I: Eligibility, Placements, and Supports

## Points to Consider:

- Eligibility
- Type of Curriculum
- Placement
- Type of Instructional Setting
- Type of Program
- Special Day Minutes/Week
- Additional Factors - Low Incident Support, Assistive Technology Support, ESY, Transportation, PCT
- Accommodations, Modifications, and Supports
- Preparation for Three Year Review
- Low Incidence Equipment
- Assistive Technology Equipment

	As of Date:	Effective With this IEP	Future Changes Related to this IEP
Eligibility: (from Page 4)		<i>Eligible</i>	
	<i>Final IEP Reason Final IEP Effective Date:</i>		
Curriculum		General Education	
Placement	Type of School	District Resident School	
	Name of School		
Instructional Setting	Setting		
	Program		
	Special Day Minutes/Wk	0	
	Addresses Goals		
Additional Factors	Low Incident Support	None	
	Assistive Technology Support	No	
	Transportation	None	
	Extended School Year/Intercession	<input type="radio"/> Yes <input type="radio"/> No	
	Parent Counseling and Training (PCT)	<input type="radio"/> Yes <input type="radio"/> No	
	ESY Transportation		
Accommodation, Modifications, Supports	Instructional Accommodations		
	Instructional Modifications		
	Other Supports, including Non-Academic and Extra-curricular Activities		
Preparation for Three Year Review IEP (At the second Annual Review IEP Meeting, the team must discuss and document the decision to conduct or not conduct a three-year comprehensive reassessment.)	Do the Parent and the District (local educational agency) agree that a reassessment is unnecessary?	<input type="radio"/> Yes <input type="radio"/> No	
	If the Parent does not agree, specify the area(s) to be reassessed.		
	Comments, as appropriate		
Low Incidence Equipment			
Assistive Technology Equipment			

# IEP FAPE Part 2: Summary of Services

## Points to Consider:

- What services will your child get?
- What goal(s) does it address?
- How often will the services be provided?
- Where will the services be provided?
- How will the services be provided?
- Who will provide the services?
- When will the services start?
- When will the services end?

[illegible]

# IEP FAPE Part 3: Percentage of Time Outside General Education

Part 3 - Percentage of Time Outside of General Education		
	Effective With this IEP	Future Changes Related to this IEP
% of Time per Week outside of General Education	<input type="text"/>	

Points to Consider:

- What is the % of time per week that your child will be outside of the general education setting?

# IEP FAPE Part 4: Additional Discussion

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

Parent has agreed to obtain a land line phone to facilitate communication with Cristian. The IEP team will meet during the second week of school (week of January 18) to evaluate the effectiveness of supports for Cristian. Cris has not been reporting to class and has not been receiving services due to avoidance behavior.

The PCT informational packet is available online via the LAUSD Parent Portal. You can register for this online platform at <https://parentportalapp.lausd.net/parentaccess/>. If you require assistance with accessing the Parent Portal, please contact a staff member in the main office of your child's school. You may obtain a copy of this PCT announcement from your child's IEP team. All workshops will be provided in both English and Spanish. If you have questions, please call

An implementation IEP was held on September 2, The following points were discussed:  
- Individual DIS counseling was included with 45 minutes of service per week as indicated by FSA which was agreed upon on July 16, . 2 social emotional goals were developed. All compensatory services and IEE information have been documented in FSA.  
- Per FSA, the district will conduct a health and transition assessment in lieu of the assessment plan that parent consented to on June 29,

## Points to Consider:

- Note that it states this section is optional but it is often one of the most important parts of the IEP because IEP team discussions and parents' concerns and requests should be listed here. Also, any follow up actions should be noted here.

# IEP FAPE Part 2: FAPE Summary Grid

**FAPE Summary Grid**

<b>Program:</b>		GE			<b>Setting:</b>		General Education		
<b>Eligibility:</b>					<b>Curriculum:</b>		General Education		
<b>Transportation:</b>		None			<b>Low Incident Support:</b>		None		
<b>Date District Received Parent Signature:</b>									
<b>Service Code</b>	<b>Service Desc</b>	<b>Start Date</b>	<b>Service Applies To</b>	<b>Interval</b>	<b>Frequency</b>	<b>Area</b>	<b>Total Minutes</b>	<b>Addresses Goal(s)</b>	<b>No Consent</b>
32	Behavior Intervention Implementation (BII)	Effective on Signature Date	Regular	Weekly		~			—
10	Language/Speech	Effective on Signature Date	Regular	Yearly		School-Based			—
RSP	RSP	Effective on Signature Date	Regular	Weekly		RSP-Literacy/ELA/ELD			—

# IEP FAPE Part 2: Means of Delivery

Means of Delivery, to greatest extent possible ("x" all that could apply for student, depending on emergency circumstances):

	Teacher-posted lessons, asynchronous (online or other media)	Virtual class meetings, synchronous	Personalized learning tools (virtual or paper packets, as available)	Scheduled teacher appointments (virtual or in-person, as available)	Scheduled email check-ins (parent or student)	Virtual office hours (drop-in; parent or student)
Specialized Academic Instruction and Related Services						
Supplementary Aids and Services (provided in general education classes and other general ed environments)						

As soon as practicable following the determination that instruction or services, or both, cannot be provided either at the school or in person for more than 10 days due to a qualifying state of emergency, the parent will be notified as to the specific means by which

# Behavior Intervention Plan

## Points to Consider:

- What is the behavior that is impeding learning?
- Is there a good description of how it looks like?
- How frequent is the behavior observed?
- Who observes the behavior and how is it being reported?
- What are the predictors for the behavior?
- What is missing in the environment/curriculum?
- What environmental changes, structure, and supports are needed to remove the student's need to use this behavior?

**INDIVIDUALIZED EDUCATION PROGRAM**  
**Behavior Intervention Plan**

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

(Behavior Intervention Plan, pg. 1 of 3)

Student { **Los Angeles Unified School District** } Date of Birth { } Meeting Date { **02-SEP-2021** }

Last { **CRISTIAN** } First { } MI { }

1 The behavior impeding learning is: { **poor attendance** } Describe what it looks like: { **attendance rate of 5.26%** }

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 { }

3 The need for a Behavior Intervention Plan: ☒ **early stage intervention** ☐ moderate ☐ serious ☐ extreme

4 Frequency or intensity or duration of behavior: Frequency (x) { } Period { **daily** } Intensity { **high** } Duration (min) { **70** }

☒ Reported by { **attendance records** } and/or ☒ observed by { **teachers and other staff** }

**PREVENTION** **PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES**

5 What are the predictors for the behavior? (Situations in which the behavior is likely to occur: people, time, place, subject, etc.)

<input type="checkbox"/> Disruption in routines	<input type="checkbox"/> Work level higher than student's ability	<input type="checkbox"/> Verbal directives	<input type="checkbox"/> Lack of predictability
<input type="checkbox"/> Time of day	<input checked="" type="checkbox"/> Internal physical/emotional state	<input type="checkbox"/> Peer conflict	<input type="checkbox"/> Over stimulation
<input checked="" type="checkbox"/> Unstructured time	<input 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: { }

6 What supports the student using the problem behavior? (What is missing in the environment/curriculum or what is in the environment/curriculum that needs changing?)

Observation Analysis

Present in the environment:	<input type="checkbox"/> Classroom seating arrangement	<input type="checkbox"/> Noise levels	<input 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)	<input type="checkbox"/> Conflict resolution skills
	<input type="checkbox"/> Transition skills	<input checked="" type="checkbox"/> Schedule	<input type="checkbox"/> Effective communication with parent
	<input type="checkbox"/> Re-teaching	<input checked="" type="checkbox"/> Task structuring	<input type="checkbox"/> Communications system
	<input type="checkbox"/> Social skills instruction	<input checked="" type="checkbox"/> Consequences not clear to student	
	<input type="checkbox"/> Choices		

☐ Other (Missing/Present): { }

**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 checked="" type="checkbox"/> Allow completion in parts	<input type="checkbox"/> Teach a closure system
Space Changes:	<input type="checkbox"/> Signal transition	<input type="checkbox"/> Provide a break	<input type="checkbox"/> Give less time on tasks
Material Changes:	<input type="checkbox"/> Preferred seating	<input type="checkbox"/> Different work areas	<input type="checkbox"/> Study carrels
Interaction:	<input type="checkbox"/> Personal space	<input type="checkbox"/> Hands-on learning	<input type="checkbox"/> Tasks organized
	<input type="checkbox"/> Accommodated work	<input type="checkbox"/> Notebook organizer	<input type="checkbox"/> Enlarged print size books
	<input type="checkbox"/> High interest materials	<input type="checkbox"/> Cue the student	<input type="checkbox"/> Model
	<input type="checkbox"/> Use specific supportive words	<input type="checkbox"/> Praise successes	<input type="checkbox"/> Peer Models
	<input type="checkbox"/> Verbally praise student	<input type="checkbox"/> Use calm, de-escalating language	
	<input checked="" type="checkbox"/> Use specific support communications		

☐ Other { }

Who will establish? { **RSP teacher/other staff** } Who will monitor? { **RSP Teacher/other staff** } Frequency { **Weekly** }

# Behavior Intervention Plan (cont'd)

## Points to Consider:

- Why is the behavior occurring?
- What teaching strategies/necessary curriculum/materials are needed?
- Who will teach these strategies?
- Who will monitor these strategies?
- Who frequent will they be monitored?
- What are reinforcements should be used to establish, maintain, and generalize the replacement behavior(s)?
- By whom? How frequent?
- What strategies will be employed if the problem behavior occurs again?
- By whom?

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### INDIVIDUALIZED EDUCATION PROGRAM Behavior Intervention Plan

*For Behavior Interfering with Student's Learning or the Learning of His/Her Peers*  
(Behavior Intervention Plan, pg. 2 of 3)

Student: Los Angeles Unified School District  
 Last: CRISTIAN First: MI Date of Birth: Meeting Date: 02-SEP-2021

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**ALTERNATIVE 8** PART II: FUNCTIONAL FACTORS AND NEW BEHAVIORS TO TEACH AND SUPPORT

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)

To Avoid: ☐ Tangible (desired item) ☐ Tangible (desired activity) ☒ Attention (staff)

☒ Sensory input ☐ Attention (peer) ☐ Task (too long)

☐ Task (too difficult) ☐ Task (too easy)

Describe: \_\_\_\_\_

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?)

**Observation Analysis 9** Cris should create a schedule for himself (such as using the school Bell Schedule posted in a prominent place or creating a class log) so that he is aware of his classes and what assignments he needs to complete.

---

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

☒ Better communication skills ☐ Anger management ☐ Communication system ☐ Self-management systems

☒ Following schedules & routines ☐ Learning new social skills ☐ Learning how to negotiate ☐ Learning structured choice

☐ Learning new scripts ☐ Learning notebook organization ☐ Learning to use conflict resolution ☐ Learning to request breaks

☐ Other: \_\_\_\_\_

Who will establish? RSP Teacher/Other staff Who will monitor? RSP Teacher/other staff Frequency: Monthly

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

**Intervention**

Physical: ☐ High-fives ☐ Smiles ☐ Handshake

Verbal: ☐ Pat on the back ☒ Use specific praises ☒ Recognition of student's st... ☐ Peer recognition

Contingent Access: ☐ Time on the computer ☐ Free time ☐ Listen to music

☐ Preferred activity ☐ Describe: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Tangibles: ☒ Positive phone calls or notes to home ☐ Certificate sent home ☐ Seating Location

Tokens and Points: ☐ Tokens ☐ Points

Privileges: ☐ Exempt assignment ☐ Extra test points

Other ideas: \_\_\_\_\_

Selection of reinforcer based on: student input

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

By whom? RSP teacher/other staff Frequency: Weekly

---

**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)

Contact student to determine possible issues with technology. If there are no such issues, remind student of the program he has agreed to follow, and discuss consequences for future if he doesn't turn in work. Recognize efforts to date and provide encouragement.

Personnel? RSP teacher/other staff

# Behavior Intervention Plan (cont'd)

## Points to Consider:

- What is the behavior goal?
- Is it a SMART IEP goal?
- Are curriculum accommodations or modifications also necessary?
- Are environmental supports/changes necessary?
- Is reinforcement of replacement behavior alone enough?
- Are both teaching of new replacement behavior AND reinforcement needed?
- Is this BSP coordinated with other agencies?
- Who is responsible for contacting the agency?
- How and how often will the parent be notified?

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**INDIVIDUALIZED EDUCATION PROGRAM**  
Behavior Intervention Plan

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

Student: **Los Angeles Unified School District** (Behavior Intervention Plan, pg. 3 of 3)  
Last: **CRISTIAN** First: **MI** Date of Birth: Meeting Date: **02-SEP-2021**

**OUTCOMES** **PART IV** **BEHAVIORAL GOALS**

**13** Behavioral Goal: Goal #: **5**

Cris will increase his class attendance rate to 96% or better.

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

Observation and Analysis Conclusion

Are curriculum accommodations or modifications also necessary? Where described?  
(Accommodations described at FAPEI)

☒ Yes ☐ No

Are environmental supports/changes necessary?  
☐ Yes ☒ No

Is reinforcement of replacement behavior alone enough? (no new teaching is necessary)?  
☒ Yes ☐ No

Are both teaching of new replacement behavior AND reinforcement needed?  
☐ Yes ☒ No

This BIP to be coordinated with other agency's service plans? Agency?  
☐ Yes ☒ No

Person responsible for contact between agencies.

**COMMUNICATION** **PART V** **COMMUNICATION PROVISIONS**

**14** Manner and content of communication:

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

Between? Frequency?  
(Parent and RSP teacher/other school) Monthly

# Individual Transition Plan

## Points to Consider:

- Was the Student invited to the IEP?
- Has the Student received mentoring?
- Has the Student been referred and placed in an outside agency?
- Did the Student participate in Work Experience Education?
- Has the Student received college awareness preparation?
- Has the Student received career awareness?
- What assessments have been used to assess Student's education/training goal?
- What is the Student's education/training postsecondary goal?
- What activities support Student's goal?
- What person/agency is responsible?

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Las Angeles Unified School District

Student: ( ) (CRISTIAN) (J) Date of Birth: ( ) Meeting Date: (02-SEP-2021)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

(ITP, pg. 1 of 3)

INDIVIDUAL TRANSITION PLAN (ITP)

Student was invited to IEP meeting: ☒ Yes ☐ No

Student received mentoring: ☐ Yes ☒ No

Student referred and placed in an outside agency: ☐ Yes ☒ No

If yes, name of agency: ( )

Student participated in Work Experience Education: ☐ Yes ☒ No

Student received college awareness preparation: ☐ Yes ☒ No

Student received career awareness: ☐ Yes ☒ No

Area	Achievement of Transition Activities from Current ITP (not if first ITP)			If no, indicate reason
	Completed			
Education/Training Activity	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> First ITP		School closure due to national pandemic
Employment Activity	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> First ITP		School closure due to national pandemic
Independent Living Skills Activity (as needed)	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> N/A		

Section 1: Education/Training

Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
Other - (textbox) <input checked="" type="checkbox"/> If other? Previous ITP	10-DEC-2020	Previous ITP: Cris was undecided about his future interests. He was not at the IEP meeting for interviewing.
Other - (textbox) <input checked="" type="checkbox"/> If other?		

Education/Training Postsecondary Goal

Upon completion of high school, the student will: ☒ enroll in and attend 2 or 4 year college ☐ If other?

Education/Training Activity to Support Goal	Timeline	Person/Agency Responsible
develop a list of high school courses needed for college entrance and develop a schedule for completing them in the remaining years of high school	08-DEC-2021	Student <input checked="" type="checkbox"/> Counselor <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If other?		

# Individual Transition Plan (cont'd)

## Points to Consider:

- What assessments have been used to assess Student's employment goal?
- What are the names of the assessments and the results of the assessments?
- What is the Student's employment postsecondary goal?
- What activities support Student's goal?
- When will the activities be completed?
- What person/agency is responsible?
- What assessments have been used to assess Student's independent living skills?
- What is the Student's independent living postsecondary goal?
- What activities support Student's goal?
- What person/agency is responsible?

INDIVIDUALIZED EDUCATION PROGRAM (IEP)			(ITP, pg. 2 of 3)
Los Angeles Unified School District Student (Last First MI) <b>CRISTIAN</b>		Date of Birth	Meeting Date <b>02-SEP-2021</b>
<b>INDIVIDUAL TRANSITION PLAN (ITP)</b>			
<b>Section 2: Employment</b>			
<b>Assessment (at least one assessment must be completed in this area).</b> Other - (textbox) <input checked="" type="checkbox"/> <b>10-DEC-2020</b> If other? Previous ITP		<b>Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)</b> Previous ITP: Cris was undecided about his future interests. He was not at the IEP meeting for interviewing.	
If other? <input checked="" type="checkbox"/>			
<b>Employment Postsecondary Goal</b> Upon completion of high school, the student will: be competitively employed			
<b>Employment Activity to Support Goal</b> develop a career plan and identify career goals If other?		<b>Timeline</b> <b>08-DEC-2021</b>	<b>Person/Agency Responsible</b> Student <input checked="" type="checkbox"/> Counselor <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Section 3: Independent Living (as needed)</b>			
<b>Assessment (at least one assessment must be completed in this area).</b> <input checked="" type="checkbox"/>		<b>Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)</b>	
If other? <input checked="" type="checkbox"/>			
If other? <input checked="" type="checkbox"/>			
<b>Independent Living Postsecondary Goal</b> Upon completion of high school, the student will:			
<b>Independent Living Activity to Support Goal</b> If other?		<b>Timeline</b>	<b>Person/Agency Responsible</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

https://elliegent.lausd.net/els/iepwbi/ALSD-IEP-DOCUMENTS-CUSTOM-PKG-PRINT-ALL-DOCUMENT-DETAILS?SID=1678925&IEPID=633

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# Individual Transition Plan (cont'd)

## Points to Consider:

- Was a course of study reviewed with the parent and student in relation to courses completed, courses currently enrolled, and courses still needed?
- Was a course of study provided to the parent or student over the age of 18?
- Is the Student working towards a diploma or a certificate of completion?
- Are there agencies currently or prospectively providing or paying for transition services?
- Can these agencies be invited to the next IEP?
- Is (are) there annual IEP goal(s) related to Student's transition services needs?
- Is there evidence that Student was invited to the IEP team meeting?

9/2/2021 Individualized Education Program (IEP)  
INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District  
Student: Last First MI Date of Birth Meeting Date (TTP, pg. 3 of 3)  
(02-SEP-2021)

INDIVIDUAL TRANSITION PLAN (IEP)

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

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

Courses completed: ☒ Yes ☐ No  
Courses currently enrolled in: ☒ Yes ☐ No  
Courses still needed: ☒ Yes ☐ No

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

Student is working towards: ☐ Certificate of Completion ☒ Diploma

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

Cris should increase his attendance so he can complete his work and improve his grades.

**Future Agency Involvement:**

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

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

Agency Name:

Agency Name:

Agency Name:

Agency Name:

1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? *info* 1. ☒ Yes

2. Are the postsecondary goals updated annually? *info* 2. ☒ Yes

3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? *info* 3. ☒ Yes

4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? *info* 4. ☒ Yes

5. Do the transition services include a course of study that is a multi-year description of coursework from the student's current year to anticipated exit year and that is designed to help the student achieve the identified postsecondary goals? *info* 5. ☒ Yes

6. Is (are) there annual IEP goal(s) related to the student's transition services needs? *info* 6. ☒ Yes

7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? *info* 7. ☒ Yes

8. If appropriate, is there evidence that a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority? *info* 8. ☐ Yes ☒ N/A



Any Questions?  
Thank you!!

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