



# Do You Really Understand Your Child's IEP?

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IEP Sub-Committee, Community Advisory Committee  
Los Angeles Unified School District  
April 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?
- What types of accommodations and modifications are being provided to your child?

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

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- Where can you request to receive a copy of your IEP in a language other than English?
- What type of instructional setting is your child placed in and where would you find that information?
- 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?

# Individualized Education Program: Page 1 (Meeting and Student Information)

## 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?

INDIVIDUALIZED EDUCATION PROGRAM (IEP)				Page 1 of 20
Los Angeles Unified School District		Student Identification Number		SSID
Student		Last		First MI
			Eligible	Date of Birth:
Section A: Meeting Information				
Pertinent Dates		Type of Meeting		
Date of Initial IEP Team Meeting		<input type="radio"/> Initial	<input type="radio"/> Amendment of IEP dated	
Date of Present Meeting		<input type="radio"/> Annual Review	<input type="radio"/> Early Start Transition	
Annual Review to be conducted by		<input type="radio"/> Three Year Review	<input type="radio"/> Expulsion Analysis	
Next Three Year Review will be conducted by		<input type="radio"/> Other	<input type="radio"/> Individual Transition Plan	
Three Year Review or Evaluation was conducted on				
Transition to Kindergarten to be conducted by				
Location of Meeting		District Name	Los Angeles Unified School Di	
Section B: Student Information				
Date of Birth		Age		Grade
Gender	<input type="radio"/> Male <input type="radio"/> Female	Limited English Proficient Student	<input type="radio"/> Yes <input type="radio"/> No	Ethnic Code
Location of the Psych Folder		Student has no Psych Folder	<input type="checkbox"/>	
Location of the Cum Folder		Student has no Cum Folder	<input type="checkbox"/>	
Home Language		Student Language	English	Alternate Mode of Communication
Home Address of Student				
City		ZIP Code		
Home Telephone		Daytime Telephone		Emergency Telephone
School of Attendance		Location Code		
School of Residence		Location Code		
Name of Parent/Guardian		Telephone		
Address				
City	CA	ZIP Code		
Surogate Parent		Telephone		
Attends CURRENT SCHOOL as a result of one of the following	Attends School of Residence			
Is the student living in a Family Foster Home (FFH)?	<input type="radio"/> No <input type="radio"/> Yes	FFH#		
Is FFH Provider related to student?	<input type="radio"/> No <input type="radio"/> Yes	Relationship		
Licensed Children's Institution	<input type="radio"/> No <input type="radio"/> Yes	LCIName		
		LCT#		
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		
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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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District  
 Student Last: (CRISTIAN) First: MI Date of Birth:

Section C: Language Acquisition

Language Classification:  Start Date:

Withdrawal by Parent Request:  Yes  No Reclassification Date:

ELPAC Performance Level and Performance Descriptor:  Test Date:

Alternate ELPAC Performance Level and Performance Descriptor:  Test Date:

Section D: Goal Achievement from Current IEP

Goal for: (example - Reading)	Achieved		If No, explain the reason the goal/objective was not achieved (Rec'd F in spring 2019 ELD class, current grade F)
	Yes	No	
1 (ELD)	<input type="radio"/>	<input checked="" type="radio"/>	(Rec'd F in spring 2019 ELD class, current grade F)
Category (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)
Category (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)
Category (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"/>	
Category (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"/>	
Category			
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"/>	
Category			
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"/>	
Category			
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"/>	
Category			
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"/>	
Category			
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"/>	

# 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)

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Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

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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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student    Date of Birth  Section F:  Meeting Date

Last First MI

**Eligibility**

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code:

Not Applicable,  Blind or  Partially Sighted

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

Code:

Not Applicable,  Blind or  Partially Sighted

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

or

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

No Longer Eligible (Effective Date):

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

Final IEP Reason:  Final IEP Effective Date:

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

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

# 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	2nd Reporting Period	3rd Reporting Period	4th Reporting Period (Secondary Only)	Goal Achievement	
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>		
Progress Mark: <input type="text"/>	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: <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***

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

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

**Los Angeles Unified School District**

**Last First MI Date of Birth Meeting Date**

**Section K: Participation in State and District-wide Assessments**

Assessments administered will conform to those assessments determined for each grade by the California Department of Education and/or the Los Angeles Unified School District.

**No assessment tests found.**

## 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 (Revised 11/29/21)

## 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?
- Was recoupment services discussed at the IEP meeting?

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student    Date of Birth  Meeting Date   
Last First MI Birth Date

Section N: Procedural Safeguards and Follow-up Actions

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

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

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

Is the parent/guardian requesting 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: "Page 10"

## 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**

Parent Participation	Parent Notification		
	Method	Whom	When
<input type="radio"/> Parent/Student (18-21) has participated in the IEP meeting.	Email		
<input type="radio"/> Parent/Student (18-21) indicated before the meeting that they would not be able to attend.	Email		
<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.			

*I (PARENT) acknowledge that the IEP meeting was rescheduled to this date at my request. \_\_\_\_\_ (Parent initials here ONLY if the PARENT requested that the IEP meeting be rescheduled.)*

**Parent/Student (18-21) Agreement to Components of the Proposed IEP**

A Parent/Student (18-21) may agree to all or some of the components of a proposed IEP. The District will implement those portions of the IEP to which the parent/student (18-21) agrees so as to not delay providing instruction and services.

Parent/Student (18-21) **AGREES** to all components of the IEP.

Parent/Student (18-21) **AGREES** to all components of the proposed IEP **WITH THE SPECIFIC EXCEPTION(S)** stated below:

<input type="checkbox"/> Assessment	Specify	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Eligibility	Specify	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Instructional Setting	Specify	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Services	Specify	<input style="width: 95%;" type="text"/>

The Parent/Student (18-21) **DOES NOT AGREE** with any of the components of the proposed IEP.

A Parent/Student (18-21) is not required to initiate any form of dispute resolution as to components of the proposed IEP to which the parent does not agree. If a parent/student (18-21) does wish to initiate a form of dispute resolution as to the components of the proposed IEP, the parent can find information on dispute resolution processes in the District's publication, *A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)*.

**Parent Concerns and Comments**

Signature(s)   Date

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

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

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

Signature(s)   Date

# Names and Signatures: Page 11 - Signature Page

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

Section R: Names and Signatures (Signatures on File)

Team Member	Print Name	Signature
Parent/Guardian	<input type="text"/>	<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 <small>LAS</small>	<input type="text"/>	<input type="text"/>
Related Service Staff	<input type="text"/>	<input type="text"/>
Related Service Staff	<input type="text"/>	<input type="text"/>
Interpreter	<input type="text"/>	<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"/>
Other	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
Other	<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 Placement	General Education		
	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/Interession	<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 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: Summary of Services - Alternative Remote/Distance Service Delivery

## Points to Consider:

- Do you know what special education services your child will be provided and how often they will be provided?
- Were alternative remote/means of delivery for these services discussed (if your child will not be accessing these services in person)?

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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**  
Los Angeles Unified School District IEP FAPE Part 2 - Summary of Services

Last  First  MI  Date of Birth  Meeting Date

**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</b>									
<b>Parent Signature:</b>									

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

**Alternative Remote/Distance Learning Services During Emergency Conditions**

If instruction or services, or both, cannot be provided to the pupil either at the school or in person for more than 10 school days due to emergency conditions caused by fire, flood, impassable roads, epidemic, earthquake, imminent major safety hazard as determined by local law enforcement, a transportation services strike by non-school entity, or other official order issued to meet a state of emergency or war, the IEP will be provided by one or more of the means stated below, to the greatest extent possible in light of the emergency circumstances and District policy.

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

# IEP FAPE Part 2: FAPE Summary Grid Alternative Remote/Distance Learning Services During Emergency Conditions

**the student's IEP will be provided, in light of the emergency circumstances present at that time. The IEP will be provided by alternative means as necessitated during the period of emergency conditions, only.**

*Comments above do not constitute a change to the District's offer of FAPE or IEP. Because the nature of any future emergency cannot be known in advance, the specific means by which the IEP shall be provided in a future emergency will be determined at the time, in light of the circumstances.*

## **For IEP Team Information**

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

# 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*

Los Angeles Unified School District (Behavior Intervention Plan, pg. 1 of 3)

Student (Last CRISTIAN First MI MI) Date of Birth ( ) Meeting Date (02-SEP-2021)

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) daily Period high Intensity 70 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 } Date of Birth { } Meeting Date { 02-SEP-2021 }

Last { } First { CRISTIAN } MI { }

---

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

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

To Get:  Sensory input  Attention (peer)  Attention (staff)

To Avoid:  Tangible (desired item)  Tangible (desired activity)  Attention (peer)  Attention (staff)

Sensory input  Task (too difficult)  Task (too easy)  Task (too long)

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?)

**9** Observation Analysis { 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 }

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

**11** Intervention

Physical:  High-fives  Smiles  Handshake

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

Verbal:  Time on the computer  Free time  Listen to music

Contingent Access:  Preferred activity  Describe: { }  Other { }

Tangible:  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*

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

**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 FAPE1 }

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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**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Los Angeles Unified School District

Student (Last First MI) (CRISTIAN J ) Date of Birth ( ) Meeting Date (02-SEP-2021) (ITP, pg. 1 of 3)

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**INDIVIDUAL TRANSITION PLAN (ITP)**

Student was invited to IEP meeting:  Yes

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)	Completed	If no, indicate reason
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 type="text" value="Other - (textbox)"/> If other? Previous ITP	<input type="text" value="10-DEC-2020"/>	Previous ITP: Cris was undecided about his future interests. He was not at the IEP meeting for interviewing.
<input type="text" value="If other?"/>	<input type="text" value=""/>	

**Education/Training Postsecondary Goal**

Upon completion of high school, the student will:  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	<input type="text" value="08-DEC-2021"/>	Student <input type="text" value="Student"/> Counselor <input type="text" value="Counselor"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
If other? <input type="text" value=""/>		

# 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)		
Los Angeles Unified School District	Student (Last First MI)	Date of Birth Meeting Date
(ITP, pg. 2 of 3) (02-SEP-2021)		
INDIVIDUAL TRANSITION PLAN (ITP)		
<b>Section 2: Employment</b>		
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 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.
<input type="checkbox"/> If other?	{ }	
Employment Postsecondary Goal Upon completion of high school, the student will: be competitively employed		If other? <input checked="" type="checkbox"/>
<b>Employment Activity to Support Goal</b>	<b>Timeline</b>	<b>Person/Agency Responsible</b>
develop a career plan and identify career goals	{ 08-DEC-2021 }	Student <input type="checkbox"/> Counselor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> If other?		
<b>Section 3: Independent Living (as needed)</b>		
Assessment (at least one assessment must be completed in this area).	Date	Assessment Name and Results: Indicate interests/abilities and area(s) of need (if applicable)
<input type="checkbox"/> If other?	{ }	
<input type="checkbox"/> If other?	{ }	
Independent Living Postsecondary Goal Upon completion of high school, the student will:		If other? <input checked="" type="checkbox"/>
<b>Independent Living Activity to Support Goal</b>	<b>Timeline</b>	<b>Person/Agency Responsible</b>
<input type="checkbox"/> If other?	{ }	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# 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)** (TTP, pg. 3 of 3)

Los Angeles Unified School District  
 Student: Last: [ ] First: CRISTIAN MI: [ ] Date of Birth: [ ] Meeting Date: 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: [ ]

1. Does the student's IEP include appropriate measurable postsecondary goals that cover education/training, employment and, as needed, independent living? *196* 1.  Yes  
 2. Are the postsecondary goals updated annually? *196* 2.  Yes  
 3. Is there evidence that the measurable postsecondary goals were based on age appropriate transition assessment? *196* 3.  Yes  
 4. Are there transition services that will reasonably enable the student to meet their postsecondary goals? *196* 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? *196* 5.  Yes  
 6. Is (are) there annual IEP goal(s) related to the student's transition services needs? *196* 6.  Yes  
 7. Is there evidence that the student was invited to the IEP team meeting where transition services were discussed? *196* 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? *196* 8.  Yes  N/A



Any Questions?  
Thank you!!

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