INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student Identification Number

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Student _____ _____ _____
Last First MI

Date of Birth _____

Section A: Meeting Information

Pertinent Dates		Type of Meeting	
Date of Initial IEP Team Meeting		◯ Initial	◯ Amendment of IEP dated
Date of Present Meeting			
Annual Review to be conducted by		◯ Annual Review	◯ Early Start Transition
Next Three Year Review will be conducted by		◯ Three Year Review	◯ Expulsion Analysis
Three Year Review or Evaluation was conducted on		◯ Other	◯ Individual Transition Plan
Transition to Kindergarten to be conducted by			
Location of Meeting:		District Name:	Los Angeles Unified School District

Section B: Student Information

Date of Birth _____ Age _____ Grade _____ Gender ◯ Male ◯ Female Limited English Proficient Student ◯ Yes ◯ No

Ethnic Code _____

Location of the Psych Folder: _____ Student has no Psych Folder: ☐

Location of the Cum Folder: _____ Student has no Cum Folder: ☐

Home Language _____ Student Language _____

Alternate Mode of Communication _____

Home Address of Student _____

City _____ CA 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 _____

Surrogate Parent _____ Telephone _____

Attends **CURRENT SCHOOL** as a result of one of the following: _____

Is the student living in a Family Foster Home (FFH)? ◯ No ◯ Yes FFH# _____ Is FFH Provider related to student? ◯ No ◯ Yes

Relationship _____

Licensed Children's Institution ◯ No ◯ Yes LCI Name _____ LCI# _____

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

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

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student		**Date of Birth**	**Meeting Date**

Section C: Language Acquisition

Language Classification:

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

LEP Student Language Progress:

Elementary English Language Development Level: 1 2 3 4 5

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

Communication Observation Matrix Level: 1 2 3 4 5

Determined by: Preschool Language Assessment (Experimental) Communication Observation Matrix English Language Development Standards Other _____

Section D: Goal Achievement from Current IEP

		Achieved		
Goal for: ***(example - Reading)***		**Yes**	**No**	**If No, explain the reason the goal/objective was not achieved**
1.				
	Objective 1 met			
	Objective 2 met			
2.				
	Objective 1 met			
	Objective 2 met			
3.				
	Objective 1 met			
	Objective 2 met			
4.				
	Objective 1 met			
	Objective 2 met			
5.				
	Objective 1 met			
	Objective 2 met			
6.				
	Objective 1 met			
	Objective 2 met			
7.				
	Objective 1 met			
	Objective 2 met			
8.				
	Objective 1 met			
	Objective 2 met			
9.				
	Objective 1 met			
	Objective 2 met			
10.				
	Objective 1 met			
	Objective 2 met			

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student _____ _____ _____ **Date of Birth** _____ **Meeting Date** _____

Section E: Present Level of Performance

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

Performance Area:

Assessment/Monitoring Process Used:

State/District Assessment Results:

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

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student _____ **Date of Birth** _____ **Meeting Date** _____

Section F: Eligibility

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

For Initial IEP, interventions attempted prior to determining eligibility:

Eligible as a student with the disability of:

Code: _____

(●) Not Applicable, ( ) Blind or ( ) Partially Sighted

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

Code:

(●) Not Applicable, ( ) Blind or ( ) Partially Sighted

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

or

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

No Longer Eligible (Effective Date): _____

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

Final IEP Reason:

Final IEP Effective Date: _____

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

☐ Social Maladjustment ☐ Temporary Physical Disability ☐ Lack of instruction in reading

☐ Lack of instruction in math ☐ Limited English Proficiency ☐ Environmental, Cultural or Economic Factors

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student _____ **Date of Birth** _____ **Meeting Date** _____

Section G: Annual Goals and Objectives

Performance Area: _____

Annual Goal # _____ GB

Methods of Evaluation:

☐ State Assessments ☐ Norm Referenced ☐ Criterion Referenced ☐ Curriculum Based ☐ Observation

☐ Portfolio ☐ Work Samples ☐ Informal ☐ Other: _____

Incremental objective #1 related to the goal:

Date to be achieved _____ MO/YR

Incremental objective #2 related to the goal:

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 PROGR*

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

Student _____ _____ _____ **Date of Birth** _____ **Meeting Date** _____

Section K: Participation in State and District-wide Assessments

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INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	Date of Birth	Meeting Date 31-MAR-2010

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

☐ The parent has requested a written translation of the IEP in

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

THIS SPACE DELIBERATELY LEFT BLANK.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student _____ **Date of Birth** _____ **Meeting Date** _____

Section Q: Parent Participation and Consent

Parent Participation	Parent Notification
◯ Parent/Student (18-21) has participated in the IEP meeting. ◯ Parent/Student (18-21) indicated before the meeting that they would not be able to attend. ◯ Parent/Student (18-21) was notified 3 times of the meeting time and place. Parent/Student (18-21) did not respond to any of the meeting notifications and the meeting was held without the Parent/Student (18-21) present.. ◯ Parent/Student (18-21) did not attend and gave permission to proceed without them if they did not attend.	**Method** **Whom** **When** **Invalid Specification** *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.)*

Consent/No Consent/Request for Due Process Alternatives

◯ Parent / Student (18-21) consents to the IEP.

◯ Parent / Student (18-21) disagrees with the following:

- ☐ Assessment Specify _____
- ☐ Eligibility Specify
- ☐ Instructional Setting Specify _____
- ☐ Services Specify

☐ Parent / Student (18-21) wishes to utilize Los Angeles Unified School District's Informal Dispute Resolution Process.

☐ Parent / Student (18-21) wishes to initiate a request for State Mediation Only.

☐ Parent / Student (18-21) wishes to initiate a request for Formal Due Process Proceedings which includes a resolution session and may include mediation.

☐ Parent / Student (18-21) consents to the following elements of the IEP being implemented, pending conclusion of Informal Dispute Resolution, State Mediation Only or Formal Due Process Proceedings:

Parent Concerns and Comments

Signature(s) _____/_____ Date _____

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

---

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

---

☐ 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 _____

PARENT INPUT SURVEY

Would you please take a moment to complete the survey below.
The information you provide will help us improve the Individualized Education Program (IEP) process. Thank you in advance for your time and interest.
ALL INFORMATION IS CONFIDENTIAL

DIRECTIONS: After each statement, please place an X on the line that describes your experience with your child's IEP.

A. Regarding your child's current IEP:	**Yes**	**No**	**Does Not Apply**
1. I am satisfied with the IEP meeting.	___	___	___
2. I feel that the IEP accurately reflects the decisions made at the IEP meeting.	___	___	___
3. I received notice of the IEP meeting.	___	___	___
4. I received "The IEP and You" handbook with the notice of the IEP meeting.	___	___	___
5. During the IEP process I received "A Parent's Guide to Special Education Services (Including Procedural Rights and Safeguards)" explaining my rightws as a parent.	___	___	___
6, The IEP meeting was held in an appropriate setting.	___	___	___
7. I feel I was treated as an equal and important part of the IEP team.	___	___	___
8. The participants at the IEP meeting were prepared and informed.	___	___	___
9. Placements for my child, including the general education setting, were discussed and decided upon.	___	___	___
10. Related services were discussed and decided upon, if relevant.	___	___	___
11. If my child is 14 years old or older, an Individualized Transition Plan (ITP) was developed with my child's and my concerns in mind.	___	___	___
12. At the end of the IEP meeting the decisions were summarized.	___	___	___
13. If I needed an oral interprtation of the IEP team meeting, an interpreter was provided.	___	___	___
14. The interpretation of the IEP team meeting enabled me to participate and make an informed decision regarding my child's IEP during the IEP meeting.	___	___	___
15.The interpreter stayed for the duration of the IEp team meeting.	___	___	___
16. If the interpreter left the IEP meeting before it was over, another staff member served served as the interpreter and the interpretation was adequate.	___	___	___
17. I am aware that, if I am dissatisfied with the adequacy of the oral interpretation at the IEP team meeting, I can file a complaint with the school site principal or by calling The Special Education Compliance Department at (213) 241-3335.	___	___	___
18. If I needed a written translation of the IEP, translation services were offered.	___	___	___
19. I am aware that, if I do not receive a copy of the translated IEP, I can contact the site administrator or call the Special Education Compliance Department at (213) 241-3335.	___	___	___

If the answers to any item 13-19 was No, please discuss your concern(s) with the site Administrator or call the Special Education Compliance Department at (213) 241-3335.

B. Regarding your child's previous IEP (if relevant)			
20. I am satisfied that my child received the services described on the previous IEP. (If your answer to this question is "No", please write concerns below.)	___	___	___

_____

_____

_____

Additional Comments

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

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN PARENT RESOURCE NETWORK
LOS ANGELES UNIFIED SCHOOL DISTRICT
PO BOX 513307
LOS ANGELES CA 90099-4093

PARENT INPUT SURVEY
English
Commodity Code: 966 12 24990

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District | IEP FAPE Part 1 - Eligibility, Placements and Supports

Student | **Date of Birth** | **Meeting Date** 31-MAR-2010

		Effective With this IEP	Future Changes Related to this IEP
	As of Date:		
Eligibility: (from Page 4)		**Not Found** The requested URL /pls/iepweb/iep_events_pkg.get_elig_txt was not found on this server.	
	Final IEP Reason ***Final IEP Effective Date:***		**Not Found** The requested URL /pls/iepweb/iep_events_pkg.get_final_iep_txt was not found on this server.
Curriculum			
Placement	**Type of School**		
	Name of School		
Instructional Setting	**Setting**		
	Program		
	Special Day Minutes/Wk		
	Addresses Goals		
Additional Factors	**Low Incident Support**		
	Assistive Technology Support		
	Transportation		
	Extended School Year/Intersession	Yes ◯ ◯ 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 (Complete at second annual review IEP Meeting	**Is formal assessment needed to re-establish eligibility?**	Yes ◯ ◯ No	
	If yes, specify area(s) to be reassessed		

Comments, as appropriate	
Low Incidence Equipment	
Assistive Technology Equipment	
Participation in General Education	

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District | IEP FAPE Part 2 - Summary of Services

Student | **Date of Birth** | **Meeting Date**

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

Part 3 - Percentage of Time Outside of General Education

	Effective With this IEP	Future Changes Related to this IEP
% of Time outside of General Education	%	

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

Part 4 - Additional Discussion (This section is optional)

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Reconvened Meeting Date

Student **Date of Birth** **Meeting Date**

Section R: Names and Signatures (Signatures on File)		
Team Member	**Print Name**	**Signature**
Parent/Guardian		
Parent/Guardian		
Student Age 18 - 21 years		
Student Under Age 18 years		
Surrogate Parent		
Foster Parent		
Family Foster Home Provider		
Administrator		
Administrative Designee		
Special Education Teacher		
General Education Teacher		
School Psychologist		
School Nurse		
Related Service Staff		
Related Service Staff		
Related Service Staff		
Interpreter		
Sign Language Interpreter		
Agency Representative		
Agency Representative		
Agency Representative		
Other		
Other		
Other		
Other		

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Los Angeles Unified School District

Student	Date of Birth	Meeting Date

Section O: Actions Required Following the IEP

Actions	Responsible Personnel	Position	By When
☐ Translation			
☐ Placement			
☐ Transportation			
☐ Additional Assessment for			
☐ Additional Assessment for			
☐ Referral for AB 3632 Assessment			
☐ Copy of IEP to all Service Providers			
☐ Informal Dispute Resolution			
☐ Other			
☐ Other			
☐ Other			

Student		**Date of Birth**	**Meeting Date**

SPECIFIC LEARNING DISABILITIES CERTIFICATION

Use this form at Initial, Three Year Reviews and comprehensive assessments for students eligible as having a Specific Learning Disability. This form is not required at Annual Review meetings.

It is the consensus of the IEP Team that the student meets the eligibility criteria for Specific Learning Disability based upon the information which follows. This form serves as the written report of the IEP Team consensus.

1. Are there educationally relevant medical conditions which should be considered by the IEP Team? ◯ Yes ◯ No

If Yes, describe

2. During the observation of the student in the general education setting, was behavior noted that relates to the student's general academic functioning?

◯ Yes ◯ No

If Yes, describe

3. A severe discrepancy exists in one or more of the following academic areas: (Check all that apply)

☐ Listening Comprehension ☐ Basic Reading Skills ☐ Oral Expression ☐ Reading Comprehension

☐ Written Expression ☐ Math Calculation ☐ Math Reasoning

4. The discrepancy is the result of a disorder in one or more of the following psychological processes: (Check all that apply)

☐ Attention ☐ Visual Processing ☐ Auditory Processing ☐ Sensory Motor Skills

☐ Cognitive abilities including association, conceptualization and expression

5. The Team agrees that the discrepancy is not primarily the result of:

☐ Limited school experience ☐ Poor school attendance ☐ Environmental, economic or cultural disadvantage

☐ Social maladjustment ☐ Mental retardation ☐ Visual, hearing or motor impairment

☐ Unfamiliarity with the English language

Student **Date of Birth** **Meeting Date**

MASTER PLAN FOR ENGLISH LANGUAGE LEARNERS

Current Service

Primary Language of the Student Language of Instruction

Elementary English Language Development Level: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

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

Communication Observation Matrix Level: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5

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

Current Provider of Primary Language Instruction/Support

☐ Special Day Class Teacher ☐ Resource Specialist

☐ General Education Teacher ☐ Related Services Provider

☐ Bilingual Paraeducator under the supervision of a credentialed teacher or teacher in training

☐ Other

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

◯ **English**

◯ **Primary Language**

Skill Area: Listening

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

◯ **English**

◯ **Primary Language**

Skill Area: Speaking

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

Student **Date of Birth** **Meeting Date**

◯ **English**
◯ **Primary Language**

Skill Area: Reading

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

◯ **English**
◯ **Primary Language**

Skill Area: Writing

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

Annual Goal and Short-Term Objectives
English Language Development Goal:

Responsible Personnel: ☐ General Education Teacher ☐ Special Education Teacher ☐ Other

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

Objectives related to the goal:

1.

Date to be achieved Evaluation method

2.

Date to be achieved Evaluation method

Service Recommendation:

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

Student: Date of Birth: Meeting Date:

LANGUAGE AND SPEECH (LAS) SERVICES CERTIFICATION

This page is to be completed for initial IEPs when SLI eligibility and/or LAS services are being considered and for 3-year evaluations for students having SLI eligibility and/or receiving LAS services.

Complete Step 1a OR 1b

Step 1a. General Education Interventions - Check items as completed

- ☐ Intervention strategies implemented, including English Language Instruction or Tier I and Tier II prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, and consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations).
- ☐ Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- ☐ Interventions were not successful, student referred for special education assessment .
- ☐ Screening by a speech therapist or a Student Success Team meeting (including a speech therapist) with the focus being speech and language concerns OR an approved screening instrument for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- ☐ Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- ☐ The speech or language delay does not appear to be due to unfamiliarity with English.
- ☐ The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- ☐ The delay does not appear to be due to environmental factors.
- ☐ The delay does not appear to be due to economic factors.
- ☐ The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

○ **A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected)

OR

○ **B.** A Psychological Assessment is not required if the suspected area of disability is voice, fluency or articulation.

- ☐ Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
- ☐ A credentialed or licensed Speech Therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Step 4. Determination of the Need for LAS Service (for students with Special Education eligibility other than SLI)

☐ The IEP team has determined that speech and language related services and support are necessary for the student to benefit from Special Education. Speech and Language Services are necessary due to the results of a formal assessment, which indicates that the student demonstrates difficulty understanding or using spoken language to such an extent that it adversely affects his/her educational performance and cannot be corrected without speech and language related services.

If the above is so, identify the area(s) of difficulty:

- ☐ Language disorder
- ☐ Articulation disorder
- ☐ Fluency disorder
- ☐ Voice disorder

Student		**Date of Birth**	**Meeting Date**

INDIVIDUAL TRANSITION PLAN (ITP)

Career Pathway:

Agency Involvement
Select the outside agency(s) that provides services to the student.

	Agency invited to the meeting (indicated on IEP notification form)
☐ Dept. of Rehabilitation	
☐ Regional Center	○ Yes ○ No
☐ Department Social Services	○ Yes ○ No
☐ Other Agency _____	○ Yes ○ No
☐ No other agency is likely to be responsible for providing or funding transition services at this time.	○ Yes ○ No

☐ If an agency(s) invited did not attend, note the plan for providing each agency with the ITP information:

Achievement of Transition Activities from Current ITP

Area	Completed	If no, indicate reason
Education/Training Activity	○ Yes ○ No	
Employment Activity	○ Yes ○ No	
Community Experiences	○ Yes ○ No	
Independent Living Skills (if appropriate)	○ Yes ○ No	

Section One: Education/Training Assessment (at least one assessment must be completed in this area).	Date:	Assessment Results: Indicate interests/abilities and area(s) of need (if applicable)
If other? _____		
If other? _____		

Education/Training Post Secondary Goal
Upon completion of high school, the student will

If other? _____

Education/Training Activity to Support Goal	Timeline:	Person/Agency Resposible
If other? _____		

Student **Date of Birth** **Meeting Date**

Section Two: Employment Assessment (At least one assessment must be completed in this area).	Date:	Assessment Results: Indicate interests/abilities and area(s) of need (if applicable)
If other?		
If other?		

Employment Post Secondary Goal
Upon completion of high school, the student will

If other?

Employment Development Activity to Support Goal	Timeline:	Person/Agency Responsible
If other?		

Community Experiences Actvity to Support Goal	Timeline:	Person/Agency Resposible
If other?		

Section Three: Independent Living Assessment (At least one assessment must be completed in this area).	Date:	Assessment Results: Indicate interests/abilities and area(s) of need (if applicable)
If other?		
If other?		

Independent Living Post Secondary Goal
Upon completion of high school, the student will

If other?

Independent Living Activity to Support Goal	Timeline:	Person/Agency Resposible

If other? _____

Student **Date of Birth** **Meeting Date**

Course of Study

General Education Curiculum

☐ Individualized Culmination Plan (middle school) was reviewed with parent and student in relation to the number of credits completed, credits currently enrolled, and credits needed.

☐ Individualized Graduation Plan (high school) was reviewed with parent and student in relation to the number of credits completed, credits currently enrolled, and credits needed.

FOR HIGH SCHOOL REFERENCE ONLY

Course	**Credits**
World History A/B	10
US History A/B	10
Principles of American Democracy	5
Economics	5
English 9	10
English 10	10
11th Grade American Lit. and Contemporary Comp.	10
12th Grade Composition and an English Elective	10
Algebra I and Geometry OR Adv. App. Math OR Alg. 2	20
Biological Science (Biology)	10
Physical Science (Chemistry or Physics)	10
World Language	n/a
Visual/Performing Arts	10
Electives	70
Apllied Technology	10
Physical Ed	20
Health	5
Life Skills	5
Total Credits Needed to Graduate	230
Additional Graduation Non-Course Requirements	
Computer Literacy	
Career Pathway	
Service Learning	
Assessments	
California High School Exit Exam (CAHSEE)	

Alternate Curriculum

FOR HIGH SCHOOL REFERENCE ONLY

Course	**Credits**
Practical Social Science A/B	10
Social Science/History-Community A/B	10
Social Science/History-Consumer A/B	10
Practical English A/B	10
Applied English A/B	10
Community English A/B	10
Community Resources A/B	10
Practical Math A/B	10
Consumer Math A/B	10
Practical Science A/B	10
Community Science A/B	10
Life Skills	5
Personal Health	5
Physical Ed.	20
Electives	90
Total Credits	230

Los Angeles Unified School District **INDIVIDUALIZED EDUCATION PROGRAM**

Student **Student ID** **Meeting Date**

EXPULSION ANALYSIS

Step 1 - Behavioral Data for This School Year

Has the student been suspended this school year? ◯ Yes ◯ No How many times? Total days suspended this school year

Student's behavioral performance this year (including office referrals), grades, and attendance New PLP

Step 2 - Positive Behavior Supports

Does the student have a Behavior Support Plan (BSP)? ◯ Yes ◯ No Date of plan

Quarterly progress as reported on the IEP goal page for behavior support:

Is the BSP currently implemented? ◯ Yes ◯ No *If No, explain*

Does the student receive counseling services? ◯ Yes ◯ No Type: _____ Has this service been implemented? ◯ Yes ◯ No

Does the student have a Behavior Intervention Plan (BIP) per the Special Education Policies and Procedures Manual, Behavior Supports for Students with Disabilities? ◯ Yes ◯ No

List any additional supports:

Step 3 - Alleged Misconduct

Date of misconduct: _____ First day of suspension for this incident: _____ Total days suspended for this incident: _____

Current placement (specify if this is an alternative interim placement):

Describe alleged misconduct subject to manifestation determination:

Step 4 - Manifestation Determination

(1) Review all relevant information, including: the student's IEP, teacher observations, assessment reports and relevant information provided by the parents, all known facts relating to the misconduct and events leading up to the misconduct, and **(2) consider** the student's unique needs (including behavioral needs), implementation of relevant components of student's IEP (e.g., BSP, BIP and other supports), if the student's disability impairs his or her ability to understand the impact and consequences of his or her conduct, and if the student's disability impairs his or her ability to control his or her conduct. **Then decide:**

A. Was the misconduct caused by, or directly and substantially related to, the child's disability? ◯ Yes ◯ No

B. Was the misconduct a direct result of the District's failure to implement the IEP? ◯ Yes ◯ No

Step 5 - Parent Attendance (check one): ◯ 1. Parent did participate ◯ 2. Parent did not participate, but was given at least 48 hour notice of the meeting, and was offered a postponement of up to 72 hours.
NOTE: See page 10 for parent comments

Step 6 - Conclusions and Follow up Actions

☐ **If response to A or B in Step 4 is yes, the alleged misconduct is a manifestation of the student's disability.** Expulsion proceedings may not continue. The District will address the behavior to prevent future recurrence of the misconduct by reviewing and modifying the current offer of FAPE, including the behavior support plan and, if necessary, conducting a functional behavior assessment (FBA).

☐ **If response to A and B in Step 4 is no, the alleged misconduct is not a manifestation of the student's disability.** Expulsion proceedings may continue. The student is to continue to receive educational services per the IEP including behavioral supports, services and modifications to reduce the possibility of recurrence of the misconduct, and also to enable the student to participate in the general curriculum, and to progress toward meeting IEP goals. If appropriate, refer the student for a FBA.

School Contact Title Telephone Ext.

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT _____ _____ DATE OF BIRTH _____ MEETING DATE _____

EMOTIONAL DISTURBANCE DISABILITY CERTIFICATION

USE THIS FORM AT INITIAL, THREE YEAR REVIEW AND COMPREHENSIVE ASSESSMENTS FOR STUDENTS BEING CONSIDERED ELIGIBLE AS HAVING A DISABILITY OF EMOTIONAL DISTURBANCE. THIS FORM IS NOT REQUIRED FOR ANNUAL REVIEW MEETINGS.

1. REVIEW OF PRE-REFERRAL AND REFERRAL INTERVENTION

FOR STUDENTS INITIALLY REFERRED FOR SPECIAL EDUCATION

Yes	No	
◯	◯	There is documentation in the student's records of an initial pre-referral intervention meeting, such as an SST, that addresses the behavioral and/or academic concerns and actions to address these concerns.
◯	◯	There is documentation in the student's records of a follow-up pre-referral intervention meeting, such as an SST, (at least 3 months after the initial meeting) documenting the results of the interventions and the effect on the behavior.
◯	◯	There is evidence of parent participation at the pre-referral intervention meeting, such as an SST and/or parent conference.
◯	◯	There is documentation in the student's records of the pre-referral team's following considerations: attendance history; recent changes in student's home environment; student's primary language; and, vision and hearing screening.

Method of Review	Type of Intervention Proposed	Response to Intervention and Intervention Modifications Measured By	Date Completed

◯	◯	The report card or cumulative file comments indicate behavioral and academic concerns for ***more than*** one semester (secondary) or one year prior to the date of referral.
◯	◯	There is documentation within this IEP of one of the following: non-DIS counseling, behavioral support plan, and/or participation in a school-wide discipline program.
◯	◯	There is an assessment plan in the student's records indicating behavioral concerns and consideration for ED as a suspected disability.

FOR STUDENTS CURRENTLY RECEIVING SPECIAL EDUCATION SERVICES

Yes	No	
◯	◯	There is a behavior support plan.
◯	◯	There is documentation in previous IEPs that academic modifications and accommodations were attempted to address the behavioral concerns.
◯	◯	There is documentation in previous IEPs of consideration for counseling services and/or referrals to school-wide discipline programs.
◯	◯	An assessment plan is in the student's records indicating behavioral concerns and consideration for ED as a suspected disability.

2. ASSESSMENT

Yes	No	
◯	◯	The health assessment rules out whether an inability to learn is a result of a health or sensory condition.
◯	◯	Formal academic assessment and consideration of assessments based on curriculum and classroom performance has been conducted.
◯	◯	A cognitive or general ability assessment identifying the student's strengths and weaknesses has been conducted.
◯	◯	A multi-disciplinary social-emotional evaluation considering home and community behavior using the following measures has been conducted: observation in various settings (formal and informal); ratings scales and/or other psychometric instruments; and, interviews with at least one teacher and parent.
◯	◯	A comprehensive behavioral evaluation such as a functional behavioral analysis, functional assessment analysis or other behavioral evaluation that identifies the function of the behavior, the frequency and duration of the behavior, and the identification of alternative behaviors that may serve to replace the undesired behavior has been conducted.

DETERMINATION OF ELIGIBILITY OF EMOTIONAL DISTURBANCE

3. If the IEP team has determined that the response to any of the items in 1 or 2 above is "no," the student may not be eligible as a student with emotional disturbance.

4. If the IEP team has determined that the response to the items in 1 and 2 above is "YES," the IEP team may consider the criteria for the eligibility of Emotional Disturbance by checking one or more applicable characteristics below identified through the results of the assessment if they have existed over a long period of time, to a marked degree, and they have adversely affected the student's educational performance. This section shall serve as the eligibility statement.

Yes	No	
◯	◯	An inability to learn which cannot be explained by intellectual, sensory or health factors.
◯	◯	An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
◯	◯	Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.
◯	◯	A general pervasive mood of unhappiness or depression.
◯	◯	A tendency to develop physical symptoms or fears associated with personal school problems.

THE PRESENTING BEHAVIORS ARE NOT DUE TO:

- ☐ Social maladjustment
- ☐ Health Factors
- ☐ Lack of instruction
- ☐ Poor school attendance
- ☐ Environmental, economic, or social disadvantage
- ☐ Unfamiliarity with the English language

STUDENT _____ _____ DATE OF BIRTH _____ MEETING DATE _____

EMOTIONAL DISTURBANCE DISABILITY CERTIFICATION - Page 2

IEP TEAM CONSIDERATIONS

5. The IEP team has documented in this IEP the following:

Yes	No	
◯	◯	Consideration of a behavior support plan for initially referred students.
◯	◯	IEP team considerations for placement in the least restrictive environment, including appropriate supports and modifications to ensure participation in the LRE, with responsible personnel.
◯	◯	Counseling goals, if appropriate.
◯	◯	Parent participation at the IEP meeting determining eligibility and placement.

DATA/TRANSPORTATION TRANSFER FORM

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

Student _____ **Date of Birth** _____ **Meeting Date** _____

SCHOOL SETTING

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

RELATED SERVICES

Check:

- ☐ Assistant - Class
- ☐ Health Care Assistant - Class
- ☐ Licensed Vocational Nurse - Class
- ☐ Assistant - Bus
- ☐ Health Care Assistant - Bus
- ☐ Licensed Vocational Nurse - Bus

ASSIGNED SCHOOL (Complete if the information is known)

Assigned School _____ Location Code _____

School Hours Begin _____ End _____ Arrival time for breakfast program _____

TRANSPORTATION INFORMATION (Complete for Students Requiring Transportation)

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

Prepared by _____ Telephone _____ Date _____

Los Angeles Unified School District

INDIVIDUALIZED EDUCATION PROGRAM

Behavior Support Plan

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

Student _____ **Date of Birth** _____ **Meeting Date** _____

1. The behavior impeding learning is: _____ Describe what it looks like: _____

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 Support Plan: ○ early stage intervention ○ moderate ○ serious ○ extreme

4. Frequency or intensity or duration of behavior: Frequency (x) _____ Period _____ Intensity _____ Duration (min) _____
☐ Reported by _____ and/or ☐ observed by _____

PREVENTION PART 1 ENVIRONMENTAL FACTORS AND NECESSARY CHANGES

Observation & Analysis

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

☐ Disruption in routines
☐ Work level higher than student's ability
☐ Verbal directives
☐ Lack of predictability
☐ Time of day
☐ Internal physical/emotional state
☐ Peer conflict
☐ Over stimulation
☐ Unstructured time
☐ Lack of freedom, choice, desirable activities, friends
☐ Room conditions
☐ Specific room arrangement
☐ Events from previous environments
☐ 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?)

Present in the environment:
☐ Classroom seating arrangement
☐ Noise levels
☐ Interactions (adult and/or peers)
☐ Peer status gained for misbehavior
☐ Inappropriate materials (age-appropriate, size, etc.)

Missing in the environment:
☐ Transition skills
☐ Schedule
☐ Conflict resolution skills
☐ Re-teaching
☐ Task structuring
☐ Effective communication with parent
☐ Social skills instruction
☐ Consequences not clear to student
☐ Communications system
☐ Choices

☐ Other (Missing/Present): _____

Intervention

Remove student's need to use the problem behavior

7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior? (Changes in Time/Space/Materials/Interactions to remove the likelihood of behavior)

Time Changes:
☐ Give more time on tasks
☐ Allow completion in parts
☐ Teach a closure system
☐ Signal transition
☐ Provide a break
☐ Give less time on tasks

Space Changes:
☐ Preferred seating
☐ Different work areas
☐ Study carrels
☐ Personal space

Material Changes:
☐ Accommodated work
☐ Hands-on learning
☐ Tasks organized
☐ High interest materials
☐ Notebook organizer
☐ Enlarged print size books

Interaction:
☐ Use specific supportive words
☐ Cue the student
☐ Model
☐ Verbally praise student
☐ Praise successes
☐ Peer Models
☐ Use specific support communications
☐ Use calm, de-escalating language

☐ Other: _____

Who will establish? _____ Who will monitor? _____ Frequency _____

Behavior Support Plan

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

Student _____ **Date of Birth** _____ **Meeting Date** _____

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

Observation & Analysis

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

To Get: ☐ Sensory input ☐ Attention (peer) ☐ Attention (staff) ☐ Tangible (desired item) ☐ Tangible (desired activity)

To Avoid: ☐ Sensory input ☐ Attention (peer) ☐ Attention (staff) ☐ Task (too difficult) ☐ Task (too easy) ☐ Task (too long)

Describe: _____

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

Intervention

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

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

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

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

☐ Other _____

Who will establish? _____ Who will monitor? _____ Frequency _____

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

Physical: ☐ High-fives ☐ Smiles ☐ Handshake ☐ Pat on the back

Verbal: ☐ Use specific praises ☐ Recognition of student's strengths and talents ☐ Peer recognition

Contingent Access: ☐ Time on the computer ☐ Free time ☐ Listen to music ☐ Preferred activity Describe: _____

Tangibles ☐ Positive phone calls or notes to home ☐ Certificate sent home ☐ Other _____

Tokens and Points: ☐ Tokens ☐ Points

Privileges: ☐ Exempt assignment ☐ Extra test points ☐ Seating Location

Other ideas: _____

Selection of reinforcer based on: _____

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

By whom? _____ Frequency _____

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)

Personnel? _____

Behavior Support Plan

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

Student _____ _____ _____ **Date of Birth** _____ **Meeting Date** _____

OUTCOMES PART IV BEHAVIORAL GOALS

13. Behavioral Goal: Goal #: _____ GB X

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?	◯ 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 BSP to be coordinated with other agency's service plans?	◯ Yes	◯ No

Agency? _____

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? _____

Student: _____ Date of Birth: _____ Meeting Date: _____

SPEECH LANGUAGE IMPAIRMENT (SLI) ELIGIBILITY CERTIFICATION

This page is to be completed for initial IEPs when SLI eligibility and/or LAS services are being considered and for 3-year evaluations for students having SLI eligibility and/or receiving LAS services.

Complete Step 1a OR 1b

Step 1a. General Education Interventions - Check items as completed

- ☐ Intervention strategies implemented, including English Language Instruction or Tier I and Tier II prevention support (including but not limited to school staff development regarding language standards in the curriculum and referral for Special Education, and consultation between the classroom teacher and school speech therapist for appropriate classroom accommodations).
- ☐ Intervention support monitored over several weeks, and modified interventions as necessary based on student response.
- ☐ Interventions were not successful, student referred for special education assessment.
- ☐ Screening by a speech therapist or a Student Success Team meeting (including a speech therapist) with the focus being speech and language concerns OR an approved screening instrument for non-LAUSD enrolled preschoolers.

Step 1b. Interventions Not Applicable

- ☐ Interventions not applicable for non-LAUSD enrolled preschoolers or when determined unnecessary by the speech therapist.

Step 2. Review of Pre-referral Information - Check items as applicable

- ☐ The speech or language delay does not appear to be due to unfamiliarity with English.
- ☐ The delay does not appear to be due to a lack of instruction in English, dialectical factors or limited language experience.
- ☐ The delay does not appear to be due to environmental factors.
- ☐ The delay does not appear to be due to economic factors.
- ☐ The delay does not appear to be due to social or cultural factors.

Step 3. Assessment - Check either A or B, and complete the remaining items

○ **A.** Student has received an assessment by a school psychologist that gives an indication of where the student's general ability lies. (if a language impairment is suspected)

OR

○ **B.** A Psychological Assessment is not required if the suspected area of disability is voice, fluency or articulation.

- ☐ Student has received a health assessment that rules out whether an inability to communicate effectively is a result of a health or sensory condition.
- ☐ A credentialed or licensed Speech Therapist has conducted a comprehensive evaluation, including assessment in the student's primary language, that consists of multiple measures of assessment, including but not limited to standardized test instruments (or alternate forms of assessment if necessary), formal speech/language sample, parent interview or checklist, teacher interview or checklist, and observation in various communication settings.

Step 4. Determination of Eligibility of Speech Language Impairment (as the only identified special education eligibility)

☐ **A.** Student meets one or more of the following criteria (check each disorder that applies):

- ☐ A language disorder, which has been identified in an assessment that includes a 50-utterance representative spontaneous language sample and scores on more than one assessment procedure which are at least 1.5 S.D. below the mean or below the 7th percentile for the student's chronological age or developmental level in one or more areas of language development.
- ☐ An articulation disorder (e.g., Pronunciation), which draws adverse attention, significantly interferes with communication and has been identified in an assessment that includes a conversational speech sample which reveals significant interference with communication and identifies single or multiple speech sound errors that are below the student's chronological age or developmental level.
- ☐ A fluency disorder (e.g., Stuttering), which has been identified in an assessment that demonstrates that the flow of verbal expression adversely affects communication between the student and the listener in multiple communication settings and the dysfluency has persisted over time.
- ☐ A voice disorder (e.g., Chronic Hoarseness, Pitch Variations), which has been identified in an assessment by a speech therapist after the etiology has been cleared by a Medical Doctor, in writing.

☐ **B.** The impairment has a significant adverse affect on the student's academic performance.

☐ **C.** The presenting Speech Language Impairment is not due to: social maladjustment, health factors, poor school attendance, environmental, economic, or social disadvantage, lack of instruction or the unfamiliarity with the English language.

If A, B and C apply the child meets the eligibility criteria for SLI

If the student is eligible, the IEP Team must consider service delivery models based on the student's identified needs and appropriate placement in the least restrictive environment. The IEP team should also include teacher and parent participation in the implementation of goals, supports and accommodations, to ensure achievement of goals and objectives in a time-efficient manner and carry-over to multiple communication contexts.