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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****COORDINATED PROGRAM REVIEW** |

Collaborative: Lower Pioneer Valley Educational Collaborative

Corrective Action Plan Forms

Program Area: Special Education and/or Civil Rights

Prepared by: Marisa Ross, Interim Special Education Director

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report to the school or district.

**Mandatory One-Year Compliance Date: November 13, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 13 Progress Report and Content** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of collaborative student records indicated that progress reports were not always written to directly address the IEP goals. Also, parents did not receive information on the student’s progress toward reaching their annual goals in the IEP, as several progress reports were carried over from quarter to quarter without any updated information regarding student progress.* |
| **Narrative Description of Corrective Action:** * LPVEC will conduct staff training on how to write progress reports to specifically address student progress based on goals, objectives and/or benchmarks in a given area.
* Training will reinforce that progress reports must be prepared on the IEP form provided in SEMSTRACKER and include progress toward Annual IEP goals.
* The Education Team Leader and Special Education Supervisor will review progress reports at the end of each quarter prior to distributing to parents, school districts, and student files
* Achecklist system to monitor distribution of Progress Reports on a quarterly basis to parents, school districts, and for filing in student records will be developed by collaborative staff.
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| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** 1/7/2015 |
| **Evidence of Completion of the Corrective Action:** The Department will receive a copy of the following: staff meeting agenda and training resources specific to procedures for completing progress reports, sign-in sheets documenting staff attendance, and checklist developed to monitor this process  |
| **Description of Internal Monitoring Procedures:** A random sample of progress reports and checklists used for monitoring the process will be reviewed by the Special Education Director. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 13 Progress Report and Content** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):**By **March 16, 2015**,provide evidence of training for collaborative staff responsible for writing progress reports on the frequency of progress reporting and to ensure that progress reports address student progress in goals, objectives and/or benchmarks from student IEPs. This documentation will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. By **March 16, 2015**, submit a description of the internal oversight system to include frequency and timing of internal reviews. Identify the person(s) responsible for the oversight, including the date of the system's implementation. By **June 15, 2015**, submit the results of an administrative review of 10-15 student records from a cross-section of the collaborative’s programs for frequency and content of progress reports following the implementation of all corrective actions. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 22 IEP Implementation and Availability** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of collaborative student records, documents and staff interviews indicated that not all students begin the year with a current, accepted IEP. In addition, the IEP lists the district as Lower Pioneer Valley Educational Collaborative rather than the student’s sending district.* |
| **Narrative Description of Corrective Action:** * Student referral checklist will ensure that signatures on IEPs and placement forms are in place in accordance with regulations
* Student referral checklist will be updated to include date of signed IEP and placement
* LPVEC will work with sending districts to ensure IEPs and placements are signed prior to enrolling students
* LPVEC will document efforts to ensure signed IEPs and placements
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** Ongoing |
| **Evidence of Completion of the Corrective Action:** * Student referral checklist, tracking signed IEP signatures, and placement
* Official notification to sending school districts via Member District Sped Director’s meetings, agenda and attendance provided based on those meetings
 |
| **Description of Internal Monitoring Procedures:** Sped Director, Supervisor, and ETL will  randomly select student records to ensure that IEPs and placement forms across programs are signed |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 22 IEP Implementation and Availability** | **Status of Corrective Action:** [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The collaborative’s proposed corrective action does not address the identification in students’ IEPS of Lower Pioneer Valley Collaborative as the student’s district, rather than the sending district.In addition, the collaborative’s proposed internal monitoring process does not address ensuring that students signed IEPs at the beginning of each school year. |
| **Department Order of Corrective Action:** Revise the collaborative’s IEP development process to ensure that student IEPs identify the sending district, rather than as Lower Pioneer Valley Collaborative.Revise the oversight and tracking system to specify the tracking and periodic review of IEPs, which will include the beginning of each school year, to ensure the collaborative has a signed, current IEP for each continuing and newly enrolled student in each site. |
| **Required Elements of Progress Report(s):** By **March 16, 2015**, submit the student referral checklist to ensure the collaborative has a current, signed IEP for all continuing and entering students at the beginning of the school year, along with evidence of training for relevant staff on this procedure. This documentation will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. By **March 16, 2015**, submit the collaborative’s notification to sending school districts, informing them of this procedure.  By **March 16, 2015**, revise the collaborative’s oversight and tracking system to ensure that continuing and entering students have current, signed IEPs. Describe how the collaborative will systematically track IEPs for students enrolled in all sites, along with the designated staff person(s).By **June 15, 2015,** using the collaborative’s tracking system, identify a sample that includes continuing and new student records representing the range of LPVEC sites. Cross-reference this sample with the students’ special education records for evidence of parent signature and appropriate identification of the student’s sending district. Indicate the number of student records reviewed, the number of student records in compliance, for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the collaborative’s plan to remedy the non-compliance.  **\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).** |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 29 Communications are in English and Primary Language of the Home** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Staff interviews at “Twain”, an approved public day program, indicated that family members have been used as interpreters for IEP meetings when the primary language of the home is other than English and for the translation of other important documents. Staff interviews across other programs indicated that the collaborative does not have a system to document oral communications when provided.* |
| **Narrative Description of Corrective Action:** * LPVEC will add a checkbox to the referral sheet which indicates the need for translation services.
* A checklist to establish and monitor the number of students LPVEC has that require translation services, either orally or written.
* LPVEC will set up a list of local translators to contact in instances when the district contact is not available.
* LPVEC will work with sending districts to ensure that all documents are translated in parent’s native language prior to being sent home.
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** 2/4/2015 |
| **Evidence of Completion of the Corrective Action:** * Referral cover sheet with additional checkbox, list of local translators, and checklist of current students requiring translation services.
* Random samples of translated documents.
* Sign in sheets from IEP meetings when translators attend.
 |
| **Description of Internal Monitoring Procedures:** * Sped Director, Supervisor, and ETL will randomly select student records to ensure that IEPs’ and other important documentation has been translated and is part of their student record.
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| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 29 Communications are in English and Primary Language of the Home** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** By **March 16, 2015,** submit a copy of the referral sheet that indicates the need for translation services for all important documents into the family's home language and the system to document oral translations, along with evidence of staff training. This documentation will include but not be limited to a training agenda, signed attendance sheets and copies of the referral sheet and other materials presented. By **March 16, 2015**, submit a copy of the checklist of all students and families who need written translations and oral interpretation and a copy of the list of local translators to use when the district person is not available.By **March 16, 2015**, submit the description of the internal oversight and tracking system for translation and oral interpretation, the procedures used with the sending districts for translation/interpretation and identify the person(s) responsible for the oversight, including the date of the system's implementation.By **June 15, 2015**, submit the results of an administrative review of student records that require translation for evidence of translated documents and/or interpretation at IEP meetings for evidence of translated documents and appropriate documentation of an interpreter. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 41 Age Span Requirements** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents indicated that although the collaborative sought and had four age span waivers approved by the Department (Pre-Vocational Program in Wilbraham, Secondary Development Program in Wilbraham, Elementary School Transitions in Ludlow and the Community Opportunities Program Alternative in Ludlow) the Integrated Occupational Preparation Program in West Springfield had instructional grouping age-spans of over 48 months with no written request submitted.* |
| **Narrative Description of Corrective Action:** * Quarterly instructional grouping/age-span student management reports will be reviewed by Special Education Administrative Staff
* If determined necessary an Age Waiver will be completed and sent to DESE
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** Quarterly |
| **Evidence of Completion of the Corrective Action:** * Review/analysis of instructional grouping/age-span student management reports to identify and correct any non-compliant instructional groupings or age-spans
 |
| **Description of Internal Monitoring Procedures:** * A random sampling of program instructional grouping/age-span student management reports will reviewed by Special Education Administration quarterly
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| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 41 Age Span Requirements** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** By **March 16, 2015**,review the age span waiver requirements with IEP Team chairpersons, principals, and other relevant staff members associated with the Integrated Occupational Preparation Program at the collaborative’s administrative site in West Springfield. Submit the signed attendance sheet and the agenda.By **March 16, 2015**, submit the current student list for each of the Integrated Occupational Preparation Program classes, identifying the oldest and youngest student in each instructional grouping. |
| **Progress Report Due Date(s): March 16, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 51 Appropriate Special Education Teacher Certification/Licensure** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents indicated that two special education staff had expired licensure and one staff member did not have any special education licensure.* |
| **Narrative Description of Corrective Action:** * LPVEC will ensure that it will employ teachers who either have current licensure or approved waivers
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director/Human Resource Director | **Expected Date of Completion for Each Corrective Action Activity:** January 2015 |
| **Evidence of Completion of the Corrective Action**: * Human Resources/ Special Education Director notify staff if license is coming up for renewal within the current year
 |
| **Description of Internal Monitoring Procedures:** * Human Resources Director/ Special Education Director review of teacher licensure status to ensure current teachers have licensure or approved waivers
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 51 Appropriate Special Education Teacher Certification/Licensure** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** By **March 16, 2015**,submit a list of special education collaborative staff and any newly hired special education staff, which includes the staff member’s name, title/role, and Massachusetts educator license number. Please ensure that the three staff members identified by the Department are included in this list.By **March 16, 2015**, provide a specific set of timelines (frequency and scheduling of oversight) for the internal oversight and tracking system and identify the person(s) responsible for the ongoing oversight, including the date of the system's implementation.  |
| **Progress Report Due Date(s): March 16, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 52 Appropriate Certification/Licensure or Other Credentials-Related Services Providers** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents indicated that three related service providers have expired licenses.* |
| **Narrative Description of Corrective Action:** * LPVEC ensures that it will employ related service providers who either have current licensure or approved waivers
 |
| **Title/Role of Person(s) Responsible for Implementation: :** Special Education Director/Related Service Director | **Expected Date of Completion for Each Corrective Action Activity:** January 2015 |
| **Evidence of Completion of the Corrective Action:** * Related Service Provider Director notify staff if license is coming up for renewal within the current year and provide to LPVEC
 |
| **Description of Internal Monitoring Procedures:** * Related Service Provider Director/ Special Education Director review of related service provider licensure status to ensure current providers have licensure
* Related Service Provider Director will provide copies of current related service provider’s licenses to LPVEC and any additional staff that are hired within the school year.
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| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 52 Appropriate Certification/Licensure or Other Credentials-Related Services Providers** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):**By **March 16, 2015**,provide a list of collaborative and contracted related services staff and any newly hired or contracted related services staff that includes the name and license number. Please include the three individuals identified by the Department in this list.By **March 16, 2015**, provide a specific set of timelines (frequency and scheduling of oversight) for the internal oversight and tracking system and identify the person(s) responsible for the ongoing oversight, including the date of the system's implementation. |
| **Progress Report Due Date(s): March 16, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 54 Professional Development** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Staff interviews indicated that professional development training on methods of collaboration regarding diverse learning styles was not conducted related to inclusion for collaborative students who participate in general education and extracurricular activities in their host school districts.* |
| **Narrative Description of Corrective Action:** * The Special Education Director will provide professional development training in diverse learning styles related to inclusion for students who participate in general education and extracurricular activities in their host school districts
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** January 21, 2015 |
| **Evidence of Completion of the Corrective Action:** * Training agenda
* Attendance Sheet
* Training materials
 |
| **Description of Internal Monitoring Procedures:** * Maintain a log of all professional development agendas, attendance, and materials, log will be reviewed quarterly
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 54 Professional Development** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** By **March 16, 2015**, submit evidence of general education and special education teachers training on collaboration to accommodate diverse learning styles to promote inclusion for collaborative students who participate in general education and extracurricular activities in their host school. This documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. |
| **Progress Report Due Date(s): March 16, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 7 Information to be Translated into Languages other than English** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Staff interviews indicated that the collaborative does not have a system of oral interpretation to assist parents with limited English skills.* |
| **Narrative Description of Corrective Action:** See SE 29 |
| **Title/Role of Person(s) Responsible for Implementation:** Civil Rights Coordinator  | **Expected Date of Completion for Each Corrective Action Activity:** 2/4/2015 |
| **Evidence of Completion of the Corrective Action:** See SE 29  |
| **Description of Internal Monitoring Procedures:** See SE 29 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 7 Information to be Translated into Languages other than English** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not applicable |
| **Department Order of Corrective Action:** Not applicable |
| **Required Elements of Progress Report(s):** See SE 29 for the required elements of progress reporting. |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 10A Student Handbooks and Codes of Conduct** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents indicated that the Lower Pioneer Valley Educational Collaborative code of conduct does not contain the nondiscrimination statement that includes “gender identity” and fails to reference M.G.L. c.76, s.5.* |
| **Narrative Description of Corrective Action:** * The nondiscrimination statement that includes “gender identity” with the reference for *M.G.L. c.76, s.5* will be added to the Code of Conduct Section of the Handbook on the website for the 2014/2015 school year and will be added to the hard copy of the Handbook for the 2015/2016 school year
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:*** Website: February 1, 2015
* LPVEC Handbook : August 2015
 |
| **Evidence of Completion of the Corrective Action:** * Website
* 2015/2016 LPVEC Handbook
 |
| **Description of Internal Monitoring Procedures:** * Handbook will be reviewed by Executive Director, Special Education Director and LPVEC Attorney prior to print and distribution
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 10A Student Handbooks and Codes of Conduct** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** By **March 16, 2015,** submit the relevant pages from the collaborative’s student handbook, demonstrating the inclusion of the citation for M.G.L. c.76, s.5 and gender identity as a protected category. Alternatively, the collaborative may submit a direct link to the handbook on its website in lieu of the document. |
| **Progress Report Due Date(s): March 16, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 4.2 Public Information and Postings** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Observation indicated that although first aid, emergency procedures, emergency phone numbers and the current ESE approval certificate are posted in the school counselor’s office, the door is frequently closed for counseling sessions thus making this information difficult to access.* |
| **Narrative Description of Corrective Action:** * First aid, emergency procedures, emergency phone numbers, and current ESE approval certificates are currently posted, however, the postings will be moved to the common area near the entrance of the TWAIN building to ensure that the information can be easily accessed
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** January 1, 2015 |
| **Evidence of Completion of the Corrective Action:** * Physically removing the bulletin board with the current postings out of the counselor’s office and into the common area at TWAIN
 |
| **Description of Internal Monitoring Procedures:** * Prior to the beginning of school year, a Public Information and Posting’s check will be completed as well.
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 4.2 Public Information and Postings** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** By **March 16, 2015**, a representative fromthe Department will conduct an on-site review to verify the relocation of the first aid, emergency procedures, emergency phone numbers, and current ESE approval certificate postings.  |
| **Progress Report Due Date(s): March 16, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 8.5 Current IEP and Student Roster** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records and collaborative documents indicated that not all students have a current, consented to IEP.* |
| **Narrative Description of Corrective Action:** * See SE 22
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** Ongoing |
| **Evidence of Completion of the Corrective Action:** * See SE 22
 |
| **Description of Internal Monitoring Procedures:** * See SE 22
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: : 8.5 Current IEP and Student Roster** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** See SE 22 for the required elements of progress reporting. |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 8.8 IEP Progress Reports** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that progress reports were not always written to directly address the IEP goals and several progress reports were carried over from quarter to quarter thus lacking updated information as to progress toward the student’s annual goals.* |
| **Narrative Description of Corrective Action:** * See SE 13
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director | **Expected Date of Completion for Each Corrective Action Activity:** 1/7/2015 |
| **Evidence of Completion of the Corrective Action:** * See SE 13
 |
| **Description of Internal Monitoring Procedures:** * See SE 13
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 8.8 IEP Progress Reports** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** See SE 13 for the required elements of progress reporting. |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 15.5 Parent Consent and Required Notification** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that the annual consent for emergency medical treatment, restraints and medication administration were not consistently obtained and filed.* |
| **Narrative Description of Corrective Action:** * Consent for emergency medical treatment, restraints and medication will be obtained and filed annually
 |
| **Title/Role of Person(s) Responsible for Implementation:** Special Education Director/LPVEC Nurse/LPVEC BCBA | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 |
| **Evidence of Completion of the Corrective Action:** * Emergency Medical Treatment Forms
* Medication Administration Consent Forms
* Restraint Consent Forms
* Completed checklist
 |
| **Description of Internal Monitoring Procedures:** * Random sampling of student files in the TWAIN program conducted by school nurse, quarterly
* Random sampling of student files in the TWAIN program conducted by LPVEC BCBA, quarterly
* Random sampling of student files in the TWAIN program conducted by Special Education Director, quarterly
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 15.5 Parent Consent and Required Notification** | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s**): By **March 16, 2015,** submit the collaborative’s checklist and process to ensure that all forms are fully completed at the time of student admission.By **March 16, 2015**, submit evidence of training to appropriate staff at each collaborative site and in the central office on the filing and maintenance of important medical and other consent forms. This documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.By **June 15, 2015,** submit the results of an administrative review of student records for evidence of completion and consent for emergency medical treatment, restraints and medication administration forms. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): March 16, 2015; June 15, 2015**  |