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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: East Longmeadow

CPR Onsite Year: 2013-2014

Program Area: Special Education

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 dated 09/18/2014.

**Mandatory One-Year Compliance Date:** **09/18/2015**

**Summary of Required Corrective Action Plans in this Report**

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 39A | Procedures used to provide services to eligible students enrolled in private schools at private expense whose parents reside in the district | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and student record review confirmed that educational assessments by a representative of the school district, including a history of the student's educational progress in the general curriculum, are not consistently completed and placed in a student's file. | | |
| **Description of Corrective Action:**  The district is providing Professional Development and supporting documents to all staff to address this issue. Additionally, the district has revised its Policies and Procedures Manual to incorporate the need to ensure that these documents are placed in student records. Additional Professional Development will be held, if deemed necessary. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Joanne Welch  Team Facilitators (N=6)  School Counselors (N= 10) | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Sign In sheet from PD/training  IEP Checklist for Reevaluations and Initial Evaluations  Policies and Procedures Manual 2014 | | |
| **Description of Internal Monitoring Procedures:**  All incoming IEPs for initial evaluations and reevaluations will be reviewed by the Director of Student Services prior to signature. Administrative Assistants will review as well, and will initial the appropriate checklist, indicating that all elements are present. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the relevant portion of the revised Policies and Procedures Manual and the IEP Checklist for re-evaluations and initial evaluations, along with evidence of the training of appropriate staff including signed attendance logs and agendas by February 6, 2015. Provide a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015.  Submit the results of a review of student records for IEPs developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that the district does not consistently consider and specifically address the following areas for students on the autism spectrum, as required: verbal and non-verbal communication needs of the student; the need to develop social interaction skills and proficiencies; needs resulting from the student's unusual responses to sensory experiences; needs resulting from resistance to environmental change, or changes in daily routines; needs resulting from engagement in repetitive activities and stereotyped movements; needs for any positive behavioral interventions, strategies and supports to address any behavioral difficulties; needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  A written procedure has been developed to incorporate all required elements of the IEP. This has been presented to staff at a mandatory Professional Development session, and is also included in the revised Policies and Procedures Manual.  NOTE REGARDING STUDENT RECORD ISSUES: MB will "age out" 12/25/14. AM and JD will have Team meetings reconvened by the above date to include all of the aforementioned requirements. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Joanne Welch, Director of Student Services  Special Education liaisons  Team Facilitators | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Completed IEPs for students who have an autism diagnosis that address all of the required elements. Sign in sheet for mandated PD. Policies and Procedures Manual page | | |
| **Description of Internal Monitoring Procedures:**  Prior to signature, the Director of Student Services will review all IEPs for identified students to ensure they contain the appropriate elements. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the relevant portion of the newly developed Policies and Procedures Manual describing how the district considers and addresses the seven areas of concern for each student on the autism spectrum and where this is documented in the student's IEP along with evidence of training provided to relevant staff by February 6, 2015. Provide a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role along with evidence that the district has reconvened the Team for MB, JD, and AM and has considered and addressed the seven areas of concern for each student on the spectrum. Please include complete copies of the invitation (N3), the newly developed IEPs and the Notice of Proposed School District Action (N1) for each student by February 6, 2015.  Submit the results of a review of student records of student on the autism spectrum in which IEPs were developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews demonstrated that the district does not consistently, annually review and update the Transition Planning Form for students in the 18+ age group who will be continuing on in the district until age 22. | | |
| **Description of Corrective Action:**  Annual reviews or expedited reviews have been scheduled for all students who meet the above criterion, and who have not yet aged out of the system. Current IEPs and Transition Planning documents will be developed following those meetings and presented to parents for signature. As students age out, their parents are given their cumulative folders, and sign a receipt, indicating that they are in possession of the folder. All meetings will be held in the fall.  NOTES REGARDING STUDENT RECORD ISSUES: JB has "aged out". A transition document has been completed for MB, and a new IEP was written in March of 2014. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Joanne Welch  Special Education liaisons | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  IEPs for students, aged 18-22, which are reviewed annually, and which contain the required Transition Planning form. | | |
| **Description of Internal Monitoring Procedures:**  A spread sheet has been developed to track students who are aged 18-22 with their annual review dates. In some cases, these dates have been expedited. All IEPs and Transition documents will be placed in student cumulative folders. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's new procedures for consistently and annually reviewing and updating Transition Planning Forms for students 18 years and older who will be continuing in the district, and evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training, along with a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015. Submit a copy of MB's new, signed, IEP, including N3, N1, and Transition Planning Form by February 6, 2015.  Submit the results of a review of student records of students over the age of 18, in which IEPs were developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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). | | |
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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews demonstrated that the district does not consistently, when the student reaches the age of 18, implement procedures to obtain consent from the student to continue the student's special education program. There is no documentation that upon reaching the age of 18, the student's parent continues to receive written notices. | | |
| **Description of Corrective Action:**  In the summer, all students turning 18 and their parents are sent notification in separate letters. Special education liaisons present the Transfer of Rights documentation prior to the 18th birthday, and file in Student Services. If these are not returned, a phone call is made to both student and parent, and Special Education liaisons are asked to provide follow through. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Joanne Welch  Student Services Admin. Asst.  Sp. Ed. Liaisons  Parents and Students turning 18 | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Copies of notification letters and Transfer of Rights documents are placed in folders in Student Services. | | |
| **Description of Internal Monitoring Procedures:**  Student folders are checked periodically to ensure that all required documentation is present. If signed Transfer of Rights documents are not present, parents and students are provided with additional copies and are called as a reminder. Special Education liaisons are also asked to provide follow through. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicates that it has implemented procedures to obtain consent from students turning 18 and those copies of the notification letters and the transfer of rights decisions are placed in student folders. The district indicates liaisons are asked to provide follow through. There is no evidence that training was provided to relevant staff and the district does not describe a concrete monitoring system or indicate who is responsible for oversight of the system and liaisons.  The district did not provide a description of the procedures to obtain consent from the student to continue the student's special education program, when the student turns 18. | | |
| **Department Order of Corrective Action:**  Provide a detailed description of the district's newly developed procedures to ensure that consent is obtained from the student when the student reaches 18, and provide training for appropriate staff. | | |
| **Required Elements of Progress Report(s):**  Provide a detailed description of the district's newly developed procedures to ensure that consent is obtained from the student when the student reaches 18. Provide evidence that training for appropriate staff was conducted on the procedure, including copies of agendas, signed attendance sheets and any materials used by February 6, 2015. Submit a detailed description of the district oversight and monitoring system and indicate responsible personnel by name or role by February 6, 2015.  Submit the results of a review of records of students who have reached the age of 18, after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews confirmed that the district does not, in all cases, ensure that a proposed IEP or a written finding of no eligibility is provided within 45 school days of the written receipt of consent to evaluate. | | |
| **Description of Corrective Action:**  Professional development will be held to review all mandated timelines and to orient Team Facilitators to the revised Policies and Procedures Manual, which contains visual supports for staff. Building principals will be provided with the same manual and visual supports. The process for transitioning students between schools has been revised, as well, such that IEPs can be processed by principals in a more expedient manner. | | |
| **Title/Role(s) of Responsible Persons:**  Team Facilitators N=6  Director of Student Signature | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  There will be a sign-in sheet at the Professional Development. Staff will also sign receipts, indicating that they have received the revised manual. Dated N-2 forms will be generated if there is a finding of no eligibility, and N-1 forms will be provided, along with IEP documentation. The revised Policy and Procedures Manual addresses timelines and the new transition process. | | |
| **Description of Internal Monitoring Procedures:**  Prior to signature, the Director of Student Services will review dated IEP information to ensure compliance in this area. In the event that timelines are not met, staff will be asked to meet with the Director and building principal. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the relevant portion of the district's new Policy and Procedure Manual ensuring that a proposed IEP or a written finding of no eligibility is provided within 45 school days of the written receipt of consent to evaluate, and evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training along with a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role, by February 6, 2015.  Submit the results of a review of student records in which IEPs were developed or reviewed after training of appropriate staff and implementation of the revised procedures were put into place. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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). | | |
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| **Criterion & Topic:**  SE 11 School district response to parental request for independent educational evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and student record review indicated that the district has a process for responding to a parent request for an independent educational evaluation; however the documents that the district is using to inform parents of the process are outdated and do not contain all required elements. The document refers to Chapter 766, and states that if the parents' insurance does not cover the full cost of the Independent Educational Evaluation, the district will cover any excess costs. No mention is made of income eligibility options available to the parents and the district does not state that it will respond to the Independent Educational Evaluation Report within ten days of receipt. | | |
| **Description of Corrective Action:**  The district has revised the letter that is provided to parents. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Joanne Welch | | **Expected Date of Completion:**  08/27/2014 |
| **Evidence of Completion of the Corrective Action:**  Copies of letters are in student folders. | | |
| **Description of Internal Monitoring Procedures:**  The district will continue to utilize the letter that has been revised. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district states that it has revised the letter, but does not state how/whether the district shared this new letter and procedure with relevant staff and does not provide a description of the district's internal monitoring and oversight system. | | |
| **Department Order of Corrective Action:**  The district must provide a copy of the district's new procedures, and evidence that relevant staff have been trained on the new procedure along with a detailed description of the district's monitoring and oversight system. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's new letter and procedure, with evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training along with a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015.  Submit copies of any letters sent to parents as a result of a request for an independent educational evaluation after completion of staff training on the new procedures by May 1, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015  05/01/2015 | | |

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews demonstrated that for students who are 18+ years old and continue to receive services until they are 22 years old, the district does not consistently conduct re-evaluations every three years, and there is no documentation indicating the parent and/or the student and the district agree that a re-determination of eligibility is not necessary. | | |
| **Description of Corrective Action:**  The majority of students aged 18+ are placed in the district, and are assigned to liaisons and Team Facilitators who oversee the reevaluation process for public school students. Every fall, the Director of Student Services assigns out of district students, aged 18+ to a school psychologist who is responsible for coordinating that student's reevaluation, if it is due that year. At present 6 of the 7 out of district students, aged 18+ do not have reevaluations scheduled in the present year. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Joanne Welch  Team Facilitators | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Student consent forms and evaluation results and reports are placed in the cumulative record. Minutes of weekly minutes highlight individual cases. An annual calendar is developed with all out of district evaluation assignments. | | |
| **Description of Internal Monitoring Procedures:**  There are weekly meetings with the school psychologists and Director where upcoming reevaluations are reviewed and assigned, if not previously done so. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district does not state if a procedure has been developed and how the district shared the procedure with relevant staff. | | |
| **Department Order of Corrective Action:**  The district must provide a copy of the district's new procedures, and evidence that relevant staff have been trained on the new procedure. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's new procedures to ensure that re-evaluations are conducted every three years for students over the age of 18, unless there is documentation indicating the parent and/or the student and the district agree that a re-determination of eligibility is not necessary. Also provide evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training. Include a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015.  Submit the results of a review of student records in which re-evaluations were conducted for students over the age of 18, after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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). | | |
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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that the district does not consistently hold an IEP Team meeting to consider the student's progress and to review, revise or develop a new IEP or refer the student for a re-evaluation, as appropriate, on or before the anniversary date of the IEP. This was particularly evident for students in the 18+ age group. | | |
| **Description of Corrective Action:**  The district provided all staff with Professional Development in March of 2014 to review mandated timelines for the IEP process. An additional PD was held in October of 2014 for Team Facilitators to review the same information. Visual aides were provided, including a calendar, showing 30 and 45 school working days from a given date. This information is updated annually and included in the Policies and Procedures Manual. To ensure that documents are received in a timely manner, principals are given the same information. All staff has access to SEMS tracker, which provides information about anniversary dates for annual reviews. The Director of Student Services has a process in place with Team Facilitators to address students in out of district placements, as well, including students between the ages of 18 and 22. A calendar is provided with annual review dates for those students, and either Team Facilitators or the Director attend those meetings. Outreach to out of district placements is required to ensure timely completion of IEPs for those students. A data base has been developed for 18-22 year old students, which includes timelines for annual reviews.  NOTE REGARDING STUDENT RECORD ISSUES: JB "aged out" of the district in May. A Team meeting for MB has been reconvened. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Team Facilitators  Special Education liaisons | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Policies and Procedures Manual  School Working Days calendar  Calendar for out of district annual reviews  SEMS tracker management reports  Student IEPs  PD agendas, power points, and sign in sheets  Student data bases | | |
| **Description of Internal Monitoring Procedures:**  Student record review  Ongoing monitoring of IEP dates by Director when IEPs are provided for signature | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the relevant portion of the revised Policies and Procedures Manual ensuring that the district holds an IEP Team meeting to consider the student's progress and to review, revise or develop a new IEP or refer the student for a re-evaluation, as appropriate, on or before the anniversary date of the IEP, and that students in out of district placements have current IEPs in place. Also provide evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training along with copies of the calendars for district special education students and out of district special education students for the 2014-2015 school year by February 6, 2015.  Provide a copy of the IEP developed when the IEP Team was reconvened for MB along with the meeting invitation, attendance sheet, the N1, and signature and placement sheets by February 6, 2015.  Submit the results of a review of student records in which IEPs were reviewed, including students over the age of 18, after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015  05/01/2015 | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interview indicated that although the district has developed procedures and provided professional development regarding the requirement to consider and specifically address the skills and proficiencies needed to avoid and respond to bullying when IEP Team evaluations indicate a student's disability affects social skills development, or makes him or her vulnerable to bullying, or a student is identified with a disability on the autism spectrum, Teams are not, in all cases, considering or addressing the need for those skills and proficiencies in the IEPs of these students. | | |
| **Description of Corrective Action:**  Data was collected in the Spring of 2014 to see how many IEPs from a random sample contained the bullying statement. Professional development was held in the spring of 2014, where this requirement was discussed. Visual aides and supports were provided at the meeting, and a portion of the revised Policies and Procedures Manual also reviews this requirement. | | |
| **Title/Role(s) of Responsible Persons:**  All staff, Director of Student Services | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The revised Policies and Procedures manual has an amended section and also includes the power point from the March PD. Slides from the March PD address the need to include a bullying statement for all students for whom the concern is evident. All staff signed in prior to the PD and sign in sheets are available. NOTE: DW's Team leader has been consulted. She will reconvene the Team prior to the above date to include a statement about vulnerability to bullying. A date has been set in November, and a Mandarin translator will be present. | | |
| **Description of Internal Monitoring Procedures:**  The Director will monitor all current and future IEPs for students with an autism diagnosis, or who may be vulnerable to or prone to bullying, and will document that all required elements are present. If they are not, the liaison will be contacted to amend the IEP immediately. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the amended section of the revised Policies and Procedures Manual along with the power point slides presented in the March 2014 Professional Development and signed attendance logs by February 6, 2015. Also provide the requested documentation, including the completed IEP, for the two students (DW, AM) identified on the student issues worksheet by February 6, 2015.  Submit the results of a review of student records in which IEPs were developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that while the district is providing an appropriate summary to the parent(s) at the conclusion of the Team meeting, and is providing 2 copies of the IEP to the parent, the district does not consistently provide the proposed IEP and required notice to the parent within 10 working days of the conclusion of the Team meeting. | | |
| **Description of Corrective Action:**  All special education staff and building principals are provided with visual supports in the form of a SWD calendar to ensure that IEPs are received in Student Services for processing in a timely fashion. Administrative staff in Student Services are aware of time constraints and process most IEPs within a day of receipt. The process for writing IEPs for students who are transitioning to new schools has been streamlined in the hopes that staff can more easily collaborate and revise/amend IEPs and collect signatures in a timely fashion. This information is in the updated Policies and Procedures Manual. Professional development has occurred twice since the CPR to review mandated timelines | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Team Facilitators  Sped liaisons  Admin. Staff | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Policies and Procedures Manual  Student IEPs  School Working Days calendar  PD agendas, sign in sheets, power points | | |
| **Description of Internal Monitoring Procedures:**  Student record review | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the relevant portion of the revised Policies and Procedures Manual and the School Working Days calendar for re-evaluations and initial evaluations, ensuring that two (2) copies of the IEP are sent to the parent, along with the required notice, within 10 working days of the conclusion of the Team meeting, and evidence of the training of appropriate staff including signed attendance logs and agendas by February 6, 2015. Provide a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015.  Submit the results of a review of student records for IEPs developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews confirmed that the district does not consistently document, in the Nonparticipation Justification section of the IEP, the reasons why, when a student is removed from the general education setting at any time, the movement is considered critical to the student's program, and state why the education of the student in the less restrictive environment could not be satisfactorily achieved with the use of supplementary aids and services. | | |
| **Description of Corrective Action:**  Professional development was held for all staff and invited administrators in the spring of 2014. This preliminary finding, as discussed at the exit meeting for the CPR, was reviewed. Staff were instructed to individually address students' needs and placement when writing IEPs. | | |
| **Title/Role(s) of Responsible Persons:**  All staff, Director of Student Services | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Student IEPs are placed in the cumulative record. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will randomly review IEPs that have been written since the PD, to determine whether or not the "Nonparticipation" portion of the IEP is individualized. This information will be documented and reviewed at monthly building level special education staff meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence that relevant staff have been trained on the procedure for completing the Nonparticipation Justification section of the IEP, including agenda, signed attendance logs and any materials used in the training along with a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015.  Submit the results of a review of student records in which IEPs were developed or reviewed after training of appropriate staff. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that some students, in the population of students who are 18+ years old and who will be continuing on with the district until the age of 22, have not had IEPs in place for two years or more. See SE 14. | | |
| **Description of Corrective Action:**  The Director of Student Services attends the majority of annual reviews for students who are placed out of district. In some cases, Team Facilitators are assigned to attend the annual review or reevaluation meeting. A calendar has already been developed, and staff have been assigned for the 2014-2015 school year. Based upon a review of the roster of students placed out of district, the responsibility for developing IEPs lies with the placement. The Director of Student Services will conduct a review of all students placed out of district to determine the status of IEPs. A document will be created indicating the status of the student's IEP. If IEPs are outdated, Team meetings will be scheduled immediately, and the school will be contacted to have an IEP written. Otherwise, the Student Services Office will follow up with schools as soon as IEP meetings are held to ensure that IEPs are written. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Team Facilitators | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Student record review (current IEPs) | | |
| **Description of Internal Monitoring Procedures:**  The district will review out of district annual reviews and reevaluations at weekly Team Facilitators' meetings to ensure all appropriate documentation has been received. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district mistakenly states that the responsibility for developing IEPs lies with the placement. Under the student's right to full procedural protections (SE 37, [2]) it states that the school district retains full responsibility for ensuring that the student is receiving all special education and related services in the student's IEP, as well as all procedural protections of law and regulation and that any Team meetings conducted during the time that a student is enrolled in the out-of-district program are initiated by the school district in coordination with the out-of-district program. | | |
| **Department Order of Corrective Action:**  The district must provide a copy of a newly revised procedure reflecting the district's responsibility to ensure that students in out of district placements have current IEPs in place and that the district has complied with its responsibility to initiate the development of the IEP in coordination with the out of district placement. The district must provide evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training along with copies of the calendars for district special education students over the age of 18 and out of district special education students for the 2014-2015 school year. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of a newly revised procedure reflecting the district's responsibility to ensure that students over the age of 18 and students in out of district placements have current IEPs in place and that the district has complied with its responsibility to initiate the development of the IEP in coordination with the out of district placement, along with evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training including copies of the calendars for district special education students over the age of 18 and out of district special education students for the 2014-2015 school year by February 6, 2015.  Submit the results of a review of student records for students over the age of 18 and students in out of district placements, in which IEPs were developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews confirmed that the district's Notice of Proposed School District Action did not consistently include the following federally required elements: a) a description of the action proposed or refused by the agency; b) an explanation of why the district proposed or refused to take action; c) a description of any other options the district considered and the reasons why those options were rejected; d) a description of each evaluation procedure, test, record, or report the district used as a basis for the proposed action; and e) a description of any other relevant factors. | | |
| **Description of Corrective Action:**  The process for writing N1 and N2 documents has been transferred from administrative staff to special education liaisons. Support in the form of Professional Development was provided to the staff in March of 2014, and at monthly building level special education staff meetings in September and October of 2014. Staff were provided with visual aides in the form of guidelines as well as revisions to the Policies and Procedures Manual regarding the generation of student-centered N1 and N2 documents. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Team Facilitators  Special Education liaisons | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  September/October staff meeting agendas and sign in sheets  Policy and Procedures Manual | | |
| **Description of Internal Monitoring Procedures:**  Student record review | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's new procedures, and evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training along with a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015.  Submit the results of a review of student records in which IEPs were developed or reviewed after training of appropriate staff and implementation of the revised procedures. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 1, 2015.  \*Please note when conducting internal 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):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 36 IEP implementation, accountability and financial responsibility | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 14. | | |
| **Description of Corrective Action:**  Weekly Team Facilitators meetings and monthly building level special education department meetings are held to review current issues, mandated procedures, and student-specific concerns. These communications provide staff with opportunities to discuss the development, implementation, and review of student IEPs. All programs and services are provided to students at no cost to their families. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  All special education staff | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Meeting agendas  Sign in sheets  Student IEPs | | |
| **Description of Internal Monitoring Procedures:**  Record review | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See SE14. | | |
| **Progress Report Due Date(s):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 14. | | |
| **Description of Corrective Action:**  The district maintains appropriate documentation for all students who are in unapproved out of district placements. Please see response to SE 14 for information relative to approved placements.  NOTE REGARDING STUDENT RECORD ISSUES: Two of the 3 students mentioned (GK and JD) are attending programs in the East Longmeadow Public Schools. JB "aged out" in May of 2014. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  See SE 14 | | |
| **Description of Internal Monitoring Procedures:**  See SE 14 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See SE 14. | | |
| **Progress Report Due Date(s):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 39A Procedures used to provide services to eligible students enrolled in private schools at private expense whose parents reside in the district | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that district procedures do not address the location of service provision when funded by state or local funds, or when using only federal funds. Procedures do not address the requirement to ensure an expedited special education evaluation, which is limited to a student's physician statement unless there is a clear indication of the need, or unless the parents request an additional evaluation. In addition, procedures do not include the provision of services to eligible students whose parents reside in the district within 15 calendar days of the district's receipt of a physician statement. | | |
| **Description of Corrective Action:**  The memorandum, originally developed for staff, has been amended, providing clearer guidelines for service provision for students placed in private school at their parents' expense. In particular, the memorandum addresses the location of service provision. A second memorandum was developed to address procedures arising from the provision of a physician's statement and subsequent action relative to the IEP process. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Team Facilitators | | **Expected Date of Completion:**  12/01/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised memorandum, addressing students attending private schools, which also incorporates new staff  Memorandum addressing services arising from the physician's statement  Agenda for Team Facilitators' meeting | | |
| **Description of Internal Monitoring Procedures:**  Team Facilitators' meetings where individual cases are presented and discussed  Review of documents relative to specific cases to ensure all required elements are included | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 39A Procedures used to provide services to eligible students enrolled in private schools at private expense whose parents reside in the district | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the revised memoranda, a description of how this information was shared with relevant staff and a detailed description of the district's monitoring and oversight system identifying the responsible personnel by role by February 6, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and observations indicated that while the spaces assigned to special education students are at least equal in all physical respects to the average standards of general education facilities and classrooms, they don't, in all cases, maximize the inclusion of such students into the life of the school. Special education students in the Autism program at the High School are in a classroom (Room B2) that is across from the cafeteria and surrounded by the auditorium and gym, and is separated from peers in the general education classrooms. Students in the ASD and LC programs at Birchland Park Middle School are clustered in rooms 107, 108, and 109, and are isolated from their peers in a hallway across from the gym and boiler room. Students with IEPs in the Transition II (room 33) and ASD (room 31) programs at Mountain View School are separated from their peers in an area of the school that houses the gym, an art/music room, and a room sometimes used for the gifted and talented program. | | |
| **Description of Corrective Action:**  Please see district response, dated July 2014. Classrooms have been moved into the mainstream, or general education classes have been moved, so as to be proximal to identified classes. All classrooms have been selected specifically to address needs stated in student IEPs. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals | | **Expected Date of Completion:**  08/27/2014 |
| **Evidence of Completion of the Corrective Action:**  There will be a site visit, as stated in the ESE Response. | | |
| **Description of Internal Monitoring Procedures:**  As building needs change annually, building principals will continue to address this standard through the assignment of general and special education classrooms. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit floor plans for East Longmeadow High School, Birchland Park Middle School and Mountain View School with the new classroom placements highlighted to go along with the written description of the changes made by the district that was submitted in the July Response to the Draft, by February 6, 2015. Submit the date of the site visit arranged with the Department by February 6, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews demonstrated that the letter provided to students 16 or over within ten days from a student's fifteenth consecutive unexcused absence, does not state that the student and the parent or guardian may meet with a representative of the district within ten days from the date the notice was sent, and that at the request of the parent or guardian, the district may consent to an extension of the time for the meeting of not longer than fourteen days. Additionally, the district does not send annual written notice for two years to students who have not yet earned their competency determination or transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs, and encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  The number of students who exit high school without a diploma or competency determination is minimal. In the event that a student withdraws from high school, or is withdrawn, a letter is sent from high school administration. Additionally, the Director sends a letter, notifying them of their right to receive support services through special education. The letter sent by high school administration was revised in July of 2014 to contain recommended required elements. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  08/27/2014 |
| **Evidence of Completion of the Corrective Action:**  Copies of letters sent to students | | |
| **Description of Internal Monitoring Procedures:**  High School administration provides the Director with copies of all letters sent to students who are in jeopardy of losing their status. These are reviewed, and serve as impetus for the Director to follow up with a letter offering support. These are filed in Student Services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The notice to students with fifteen consecutive unexcused absences and the annual written notice sent to students for two years who have not yet earned their competency determination or transferred to another school, is not specifically related to special education students or special education support services. It refers to the entire student body and all available publicly funded post-high school academic support programs. | | |
| **Department Order of Corrective Action:**  Provide a sample of the revised letters for students with fifteen consecutive unexcused absences, and the annual notice for students who have not yet earned their competency determination or transferred to another school. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the revised letter provided to students 16 or over within ten days from a student's fifteenth consecutive unexcused absence along with a copy of the annual written notice to be sent for two years to students who have not yet earned their competency determination or transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs, and encourage them to participate in those programs by February 6, 2015. Also provide evidence that relevant staff have been trained on the new procedure including agenda, signed attendance logs and any materials used in the training by February 6, 2015.  Submit copies of any actual letters sent to students 16 or over within ten days from a student's fifteenth consecutive unexcused absence, and copies of the annual written notice sent for two years to students who have not yet earned their competency determination or transferred to another school along with a list of the names of those students who were sent letters and notices by May 1, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015  05/01/2015 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district does not have a procedure in place to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  At the time of the CPR, the district Policy Handbook was in the process of revision. Language specific to the review of educational materials and curricula was added to policy IJ, "Instructional Materials." This amended language was presented to the school committee at a meeting on 2/24/14, and the amended policy was adopted. The revised language is in the staff Policy and Procedures Handbook at present. All staff are required to review the manual annually, and to sign a receipt, saying they have done so. Revised language was also presented to building leadership and the Director of Curriculum at a meeting on 2/27/14. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Superintendent  School Committee  Leadership Team | | **Expected Date of Completion:**  02/24/2014 |
| **Evidence of Completion of the Corrective Action:**  School Committee and Leadership Team agenda  Revised Policy IJ in Policy and Procedures Handbook | | |
| **Description of Internal Monitoring Procedures:**  Policy will remain in effect until language in the law is changed | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the relevant portion of the staff Policy and Procedures Handbook containing the amended policy IJ that ensures individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials by February 6, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015 | | |
| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that while the district does work with its Leadership Team to review all aspects of its K-12 program to ensure that all students have access to all programs, it has not documented recent findings or described how follow-up would be conducted. | | |
| **Description of Corrective Action:**  For the past 3 years, the district has participated in a data collection project through the Office for Civil Rights, where programs and services for students in all 5 schools were examined to ensure that all students have equal access to participate. Data has been collected through this process and is available upon request. Additionally, the Director of Student Services meets monthly in each building to review current issues regarding services to students. As individual issues arise, they are addressed. The Director will meet with all building level principals on an annual basis to review this mandate and to provide examples of the types of assistance that will be provided to students. There is also an opportunity for building principals to meet bi-weekly with the Director to address specific concerns. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent  Leadership Team | | **Expected Date of Completion:**  09/18/2015 |
| **Evidence of Completion of the Corrective Action:**  Meeting minutes  Meeting agendas | | |
| **Description of Internal Monitoring Procedures:**  The meeting schedule through Leadership, Student Services, and individual staff will allow for ongoing monitoring of this mandate. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 12/16/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the data collected through the data collection project along with the district's conclusions based on this data, examples of the types of assistance that can be provided to students, and a description any follow up or changes made based on those conclusions by February 6, 2015. | | |
| **Progress Report Due Date(s):**  02/06/2015 | | |