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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: Hanover

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 04/24/2014.

**Mandatory One-Year Compliance Date:** **04/24/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 13 | Progress Reports and content | 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 21 | School day and school year requirements | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 25A | Sending of copy of notice to Special Education Appeals | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 48 | Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 11A | Designation of coordinator(s); grievance procedures | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 20 | Staff training on confidentiality of student records | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 23 | Comparability of facilities | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and staff interviews set forth that whenever an evaluation indicates that a child has a disability on the autism spectrum, IEP Teams are not always considering and specifically addressing all of the following:  The child's verbal and nonverbal communication needs;  The need to develop social interaction skills and proficiencies;  The needs resulting from the child's unusual responses to sensory experiences;  The needs resulting from resistance to environmental change or change in daily routines;  The needs resulting from engagement in repetitive activities and stereotyped movements;  The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from the autism spectrum disorder; and  Other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  A checklist will be developed that includes each of the skill areas listed in this criterion. I will provide training to the Special Ed. Coordinators/Team Chairs in September, 2015, at which time we will identify ways in which to provide evidence that each of these areas has been considered, including but not limited to evaluations conducted in specific areas of need, such as O.T., P.T., Speech and Language, consultation from BCBA's etc. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  The checklist will be submitted along with an agenda and sign in sheet for the training. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews in each building to assess compliance with this criterion. I will keep a record of the files reviewed and the level of compliance will be recorded and submitted to DESE. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  The district indicated that it will develop a checklist for IEP Teams to address the seven areas of need for students on the autism spectrum and that training for Special Education Coordinators/Team chairs will be provided by the Pupil Personnel Services Administrator in September 2014. The district did not, however, indicate that it will reconvene Teams for students previously identified by the Department and provide evidence of Teams addressing the seven areas of need. | | |
| **Department Order of Corrective Action:**  For those students whose records were identified by the Department, the district must reconvene the IEP Teams in order to address the seven areas of need for students on the autism spectrum and revise and update the IEP, as appropriate. | | |
| **Required Elements of Progress Report(s):**  For those student records identified by the Department, submit a copy of the IEP and the Team Meeting Attendance Sheet (N3A) to indicate that the IEP Teams have reconvened. Submit this information by October 17, 2014.  Submit a copy of the checklist that will be used for addressing the seven areas of need for students on the autism spectrum and evidence of the Team chairpersons training, including the agenda, training date, sign-in sheets indicating the title/role of staff, and the name/title of the presenter by October 17, 2014.  Submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**    10/17/2014  01/09/2015 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review evidenced that regular education teachers are not consistently in attendance at IEP Team meetings for students involved in regular education programs. Interviews and parent surveys also indicated that a representative of the school district who has the authority to commit the resources of the district is not always present at IEP Team meetings. When a member of the Team does not attend an IEP Team meeting, the district does not follow appropriate excusal procedures, which include:  The district and the parent agreeing, in writing, that the attendance of the Team member is not necessary because the member´s area of the curriculum or related services is not being modified or discussed; or  The district and the parent agreeing, in writing, to excuse a required Team member´s participation and the excused member providing written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  Excusal forms have already been developed and are in use in the district. Additionally, we will continue to examine our staffing structure and assignment of individuals who chair team meetings. Our goal is to streamline this process, with one primary individual responsible for this role in each building, with back up from one or two individuals as needed, making it clear to parents and staff who has the authority to allocate resources for the district. It has been the practice in t his district, historically, that a variety of teachers run the annual review meetings in 3 of the 4 buildings. Our goal is to whittle the number down dramatically in each building to one or two people who share responsibility for chairing the team meetings, and who have authority to allocate resources. I will submit evidence of these changes with a narrative description of these staff assignments. WE will review the requirement for attendance at team meetings by gen. ed. teachers. Training will be provided in all of these areas. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  Excusal forms will be submitted as evidence along with an agenda and attendance sheet from the training session. I will submit evidence of the changes in our staffing patterns with respect to chairing team meetings with a narrative description. An agenda and attendance sheet from the training session will be submitted. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews to ensure that the excusal forms are being used, that there is evidence of attendance on the part of the gen. ed. teachers, and that an individual with the authority to allocate resources for the district is charging team meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district's Team member excusal form and evidence of the Team chairperson training on the requirements for general education teacher representation and a representative of the school district who has the authority to commit resources of the district at all Team meetings. Submit the agenda, sign-in sheets indicating the title/role of staff, and the name/title of the presenter by October 17, 2014.  Submit a narrative description of the reconfiguration of staff designated to serve as Team chairs and have the authority to allocate district resources by October 17, 2014.  Submit a report of the results of an internal review of records in which Teams convened subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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

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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:**  Record review, interviews and parent surveys indicated that within 45 school working days of receipt of the parent's written consent to an evaluation, the district does not consistently determine whether the student is eligible for special education and provide the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. | | |
| **Description of Corrective Action:**  We will develop a monitoring plan that will begin with me sitting down with each Sped. Coordinator/Team Chair to plan ahead for next year by mapping out the annual reviews and 3 year re evals. Training will be provided. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will submit an agenda and attendance sheet from the training session. Recorded information resulting from periodic on-site visits will be included as well. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews to monitor timelines of initial evaluations On-site monitoring check-ins will be recorded and submitted to DESE. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  The district indicated that it will develop a monitoring plan for Team chairs and that the Pupil Personnel Services Administrator is planning ahead for annual and three year re-evaluations; however, the district did not provide any information for initial evaluations and adhering to 45 day timelines for conducting evaluations, determining whether the student is eligible for special education, and providing the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. | | |
| **Department Order of Corrective Action:**  Develop a monitoring plan for ensuring that the district is adhering to 45 day timelines for conducting initial evaluations and re-evaluations, determining whether the student is or continues to be eligible for special education, and providing the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. | | |
| **Required Elements of Progress Report(s):**  Submit a description of the district's internal monitoring plan for ensuring that the district is adhering to 45- day timelines for conducting initial evaluations and re-evaluations, determining whether the student is or continues to be eligible for special education, and providing the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility by October 17, 2014.  Submit evidence of special education staff training on adhering to 45 day timelines for initial evaluations and re-evaluations, including the agenda, training date, sign-in sheets indicating the title/role of staff, and the name/title of the presenter by October 17, 2014.  Submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicated that parents are not consistently provided with reports on the student's progress towards reaching the IEP goals as often as parents are informed of the progress of non-disabled students. In addition, some student records did not evidence any progress reports while others contained progress reports that did not address the student's progress towards the annual IEP goals. | | |
| **Description of Corrective Action:**  Training will be provided. We will instruct teachers to make sure there are no empty sections on the progress reports-that each area is filled in and we will provide oversight via a monitoring system with respect to the distribution of progress reports at report card time. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  An agenda and attendance sheet from the training will be provided. Sample progress report will b submitted as well. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews to oversee compliance in this realm. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for all special education staff members involved in writing progress reports on thorough completion of all sections of progress reports and ensuring that parents are provided with reports on the student's progress towards reaching the IEP goals as often as parents are informed of the progress of non-disabled students. Include the agenda, training date, sign-in sheets indicating the name/role of staff, and the name/title of the presenter; submit all information by October 17, 2014.  Submit a report of the results of an internal review of student records and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, 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:**  Record review and staff interviews indicated that IEP Team meetings are not always held on or before the anniversary date of the previous IEP. | | |
| **Description of Corrective Action:** We will include this as part of an ongoing monitoring system which will include on-site file reviews, and preparation on the part of the Sped. Coordinators-mapping out due dates for these meetings at the beginning of the school year. Training will be provided. I will work closely with the sped. Coordinators to put a schedule together for annual reviews at the beginning of the school year. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  An agenda and attendance sheet from the training session will be provided. Information recorded at the on-site file reviews will be submitted as well. | | |
| **Description of Internal Monitoring Procedures:**  Periodic on-site file reviews will take place in order to monitor compliance in this realm. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of IEP Team chairperson training on the topic of adhering to one year anniversary dates for holding IEP Team meetings, including the agenda, training date, sign-in sheets indicating the name/role of staff, and the name/title of the presenter by October 17, 2014.  Submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and staff interviews indicated that IEP Teams do not always consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing when students are identified as having a disability that affects social skills development, or when the disability makes the students vulnerable to bullying, harassment or teasing, and for those students identified with a disability on the autism spectrum. | | |
| **Description of Corrective Action:**  We have a form specifically developed for this purpose which is being used regularly-this will be part of the internal monitoring system. I will provide training on this criterion. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/15/2015 |
| **Evidence of Completion of the Corrective Action:**  An agenda and attendance sheet will be submitted from the training session. Additionally, information gathered via the on-site file reviews will be submitted as well. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews to monitor compliance in this area. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  The district indicated that it now has a specific form it is using for considering and addressing the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing when students are identified as having a disability that affects social skills development, or when the disability makes the students vulnerable to bullying, harassment or teasing, and for those students identified with a disability on the autism spectrum. The district also noted that the Pupil Personnel Services Administrator will provide training for this criterion. The district did not, however, indicate that it will reconvene Teams for students previously identified by the Department and provide evidence of Teams having addressed bullying, harassment, or teasing. | | |
| **Department Order of Corrective Action:**  For those students whose records were identified by the Department, the district must reconvene the IEP Teams in order to address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing, and review, revise and update the IEP, as appropriate. | | |
| **Required Elements of Progress Report(s):**  For those student records identified by the Department, submit a copy of the updated IEP and the Team Meeting Attendance Sheet (N3A) to indicate that the IEP Teams have reconvened. Submit this information by October 17, 2014.  Submit a copy of the form that will be used for addressing the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing when students are identified as having a disability that affects social skills development, or when the disability makes the students vulnerable to bullying, harassment or teasing, and for those students identified with a disability on the autism spectrum along with evidence of the Team chairperson training, including the agenda, training date, sign-in sheets indicating the name/role of staff, and the name/title of the presenter by October 17, 2014.  Submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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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:** Record review and staff interviews indicated that the district is not providing parents with two copies of the proposed IEP and placement following development at the IEP Team meeting. | | |
| **Description of Corrective Action:** We have instituted a practice of sending two complete IEP's-it is done from my office so we can easily monitor it-I can include it in the internal oversight and submit evidence with examples for the CAP. I'll include it in my trainings and will submit an agenda and sign-in sheet. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will submit an agenda and sign-in sheet from the training session. I will include information from a periodic file review. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct a periodic on-site file review during which we will check for compliance in this area-documentation that two copies of the IEP went out to parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the district's provision of two copies of the proposed IEP and proposed placement to parents immediately following development at the Team meeting along with evidence of training to Team chairpersons on these procedures by October 17, 2014.  Submit a report of the results of an internal review of student records, in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicated that the Non-participation Justification statement does not consistently indicate why removal of the student from the general education classroom is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  Training will be provided to staff about the appropriate information required for this portion of the IEP-specifically that it is not enough simply to state that removal is due to the student's disability. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will submit an agenda and sign-in sheet from the training session. I will also submit results of on-site file reviews. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews in order to monitor this area of noncompliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for Team chairpersons and other staff responsible for writing IEPs regarding Non-participation Justification statements indicating why removal of students from the general education classrooms is considered critical to students' programs and the basis for Teams' conclusions that education of students in less restrictive environments, with the use of supplementary aids and services, could not be achieved satisfactorily. Submit this information by October 17, 2014.    Submit a report of the results of an internal review of student records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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| **Criterion & Topic:**  SE 21 School day and school year requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review, interviews and parent surveys indicated that the IEP Team does not always consider the need for extended school year educational programming. At IEP Team meetings, liaisons sometimes note in the IEP and meeting notes that extended school year programming will be revisited later in the year, but there is often no follow-up by the district. | | |
| **Description of Corrective Action:**  Training will be provided to the team chairs about this. They will be told to consider easy services at the time of the annual review/re-eval. Regardless of the time of year. An agenda and sign-in sheet will be provided, and samples of IEP's-this will be included in the on-site visits for review as well. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  An agenda and sign-in sheet will be submitted and samples of IEP's in addition to information gleaned from on-site file reviews. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews to monitor compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 21 School day and school year requirements | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for Team chairpersons and other staff responsible for writing IEPs on the consideration of the need for extended school year educational programming by October 17, 2014.    Submit a report of the results of an internal review of student records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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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:**  Staff interviews indicated that due to lack of personnel, some students at the Cedar Elementary School have not been receiving specialized reading instruction as noted on their IEPs and parents have not been provided with notification regarding the delay in services, the reasons for the delay, the actions the district is taking to address the lack of personnel or offered alternative methods to meet the goals on the IEP. | | |
| **Description of Corrective Action:**  This was an isolated, unique set of circumstances pertaining to confidential, legal issues involving a staff member. We were not at liberty to share information with parents or staff of a specific nature. The principal did communicate in person and by phone with the parents of impacted students, but we did not send out an official letter, which we can certainly do in the future, albeit discreetly. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I can provide evidence that I have discussed this process and our procedures related to this incident with the principal, by providing a summary of our discussion, and any recommendations that flow from that conversation in terms of informing our work in the future, should a similar situation occur. | | |
| **Description of Internal Monitoring Procedures:**  This really calls for a one time response, given the unique circumstances. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  The district acknowledged that students at the Cedar Elementary School were not receiving specialized reading instruction due to unique circumstances involving personnel and the situation was handled in a confidential manner with administration, in which parents were orally informed of the delay in services. The district did not, however, indicate how it will address situations such as this in the future and how all administrators will be informed of the district's protocols for ensuring compliance with immediately informing parents in writing of any delayed services, reasons for delay, actions that the school district is taking to address the lack of space or personnel and offering alternative methods to meet the goals on the accepted IEP. | | |
| **Department Order of Corrective Action:**  Develop procedures for IEP implementation when there is a lack of personnel; these procedures must be in accordance with 603 CMR 28.06(2)(d)2. Train all appropriate staff on these procedures. | | |
| **Required Elements of Progress Report(s):**  Provide a description of the district's procedures for addressing matters in which students are not receiving services noted on their IEPs and how parents will be immediately informed in writing of any delayed services, reasons for delay, actions that the school district is taking to address the lack of space or personnel and offering alternative methods to meet the goals on the accepted IEP. Also submit evidence of training on these procedures, including the agenda, training date, sign-in sheets indicating the title/role of staff, and the name/title of the presenter. Submit this information by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  SE 25A Sending of copy of notice to Special Education Appeals | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and staff interviews indicated that when the district receives notice that a parent has rejected an IEP, proposed placement, or a finding of no eligibility for special education, the district does not consistently send a copy of the notice to the Bureau of Special Education Appeals (BSEA) within five calendar days. | | |
| **Description of Corrective Action:**  We actually do send these in within the timeframe from my office. I will provide training. and submit a sign-in sheet, and include this in the monitoring process. | | |
| **Title/Role(s) of Responsible Persons:**  Director of PPS  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  An agenda and sign-in sheet will be submitted from the training session. Additionally, information gleaned from the periodic on-site file review will be shared as well. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site file reviews and collect the information regarding compliance for your review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25A Sending of copy of notice to Special Education Appeals | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  The district indicated that Pupil Personnel Services is responsible for sending notices of parental rejections of IEPs, proposed placements and findings of no eligibility for special education to the Bureau of Special Education Appeals (BSEA) within five calendar days and the Pupil Personnel Services Administrator will periodically review student records for compliance. The district did not, however, indicate a monitoring and tracking system for ensuring that rejection notices are shared with BSEA and documented in student records. | | |
| **Department Order of Corrective Action:**  Develop a monitoring and tracking system for ensuring that rejection notices are shared with BSEA and documented in student records. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for all special education and administrative staff, including the agenda, training date, sign-in sheets indicating the name/role of staff, and the name/title of the presenter, on the requirements of notifying BSEA within five days of parental rejections of IEPs, proposed placements and findings of no eligibility for special education, and the district's monitoring and tracking system for ensuring that rejection notices are shared with BSEA and documented in student records by October 17, 2014.  Submit a report of the results of an internal review of records and include the following:  -The number of student records reviewed;  -The number of records in compliance;  -For any records not in compliance, determine the root cause(s) of the non-compliance; and  -The district's plan to remedy the non-compliance.  Submit the above information by January 9, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/17/2014  01/09/2015 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews indicated that the parent advisory council (PAC) has not met regularly with school officials to participate in the planning, development, and evaluation of the district's special education programs. | | |
| **Description of Corrective Action:**  Actually, I have met with representative from the PAC throughout the year. This began in August of 2013, shortly after I arrived in the district, so my plan is simply to continue with that work../ | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will provide evidence of my meetings with PAC throughout the year and a summary of our collaborative work. | | |
| **Description of Internal Monitoring Procedures:**  I will continue to record and summarize my meetings with PAC representative for your review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of PAC meetings held with school officials subsequent to the Department's on-site visit in October 2013, in which parents participated in the planning, development, and evaluation of the district's special education programs. Submit this information by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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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 22. | | |
| **Description of Corrective Action:**  see SE 22 | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  see SE 22 | | |
| **Description of Internal Monitoring Procedures:**  see SE 22 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  See SE 22. | | |
| **Department Order of Corrective Action:**  See SE 22. | | |
| **Required Elements of Progress Report(s):**  See SE 22. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documentation and classroom observations evidenced that there is an age span of more than 48 months in the substantially separate Learning Center program at the Center Elementary School and the district did not submit a written request for approval of a wider age range to the Department of Elementary and Secondary Education. | | |
| **Description of Corrective Action:**  We have submitted a waiver. It was submitted in March, 2014. Once we have received approval, we will submit that as evidence. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  The waiver application and the resulting waiver approval will be submitted as evidence. | | |
| **Description of Internal Monitoring Procedures:**  Once the approval is in, I will conduct periodic on-site visits to ensure ongoing compliance with this regulation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the waiver approval by August 8, 2014. | | |
| **Progress Report Due Date(s):**  08/08/2014 | | |

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

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| **Criterion & Topic:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and classroom observations indicated that due to scheduling issues, students receiving special education services are not always able to participate in programs, services and activities with their general education peers. Specifically, students placed in substantially separate classes at Hanover Middle School, Center Elementary School and Sylvester Elementary School are unable to consistently take part in art and physical education with their non-disabled peers. | | |
| **Description of Corrective Action:**  We will take a close look at whether or not this practice is actually taking place at the present time in either setting. If so, we will provide training, and evidence of change with student schedules. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  Student schedules will be provided as evidence. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct periodic on-site visits to ensure compliance with this regulation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide sample student schedules representative of the district's substantially separate programs at Hanover Middle School, Center Elementary School and Sylvester Elementary School for the 2014-2015 school year evidencing that students are scheduled for and regularly participating in art and physical education by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documentation and interviews indicated that general education teachers and paraprofessionals are not regularly trained on the following:  State and federal special education requirements and related local special education policies and procedures;  Analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and  Methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom.  In addition, the district is not providing training for all locally hired and contracted transportation providers on the needs of the special education students they transport and how to appropriately meet those needs, including written information on any problems that may cause difficulties. | | |
| **Description of Corrective Action:**  I will work with the Director of Teaching and Learning who is in charge of much of the professional development for the district and collaborate with her to identify opportunities for training in all of the areas listed above. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will provide training descriptions, agenda and attendance sheets as evidence. | | |
| **Description of Internal Monitoring Procedures:**  I will meet regularly with the Director of Teaching and Learning to ensure completion of the training requirements. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of staff training on:  -State and federal special education requirements and related local special education policies and procedures;  -Analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and  -Methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom.  Also submit evidence of training for all locally hired and contracted transportation providers on the needs of the special education students they transport and how to appropriately meet those needs, including written information on any problems that may cause difficulties.  Submit the agendas, sign-in sheets indicating title and role of staff and name and title of the presenter by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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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:**  Observations and interviews indicated that special education classrooms are not equal in all physical respects to average standards of general education facilities and classrooms. Specifically, at the Center Elementary School the substantially separate special education classrooms are located in a separate wing and are not fully integrated into the life of the school. Occupational therapy services were also observed in the hallway. Occupational therapy, speech and language services, and physical therapy are also conducted in one small and overcrowded space simultaneously. There are up to seven students in the classroom at one time, creating many distractions.  At the high school, the small group instructional spaces are not physically equal to the average standards of general education classrooms. Given the very small size of the instructional spaces, the rooms are overcrowded with distractions when serving four or more students at one time. | | |
| **Description of Corrective Action:**  We will submit floor plans to DESE prior to redesigning anything. The goal is to relocate the related service providers and to change the markup of that hallway to have general ed. classes mixed in so that these students will be more a "part of the life of the school" at Center elementary. With respect to the high school, we plan to stop using these small spaces as classrooms. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  floor plans will be submitted for approval. | | |
| **Description of Internal Monitoring Procedures:**  I will work closely with the principals to ensure compliance and will visit the schools to observe the changes. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the district's plan for the relocation of special education instructional spaces/classrooms at the high school and Center Elementary School for the 2014-2015 school year and provide a floor plan by August 8, 2014.  On-site observations by the Department will be conducted prior to October 17, 2014. | | |
| **Progress Report Due Date(s):**  08/08/2014  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that gender identity is not included as a protected category in the district's policies regarding access to a full range of education programs. | | |
| **Description of Corrective Action:**  We will make the appropriate changes by adding this language to our policies, and will submit evidence of the change. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  We will submit the revised language. | | |
| **Description of Internal Monitoring Procedures:**  I will work with our attorneys to ensure proper language and placement of the new information, and I will oversee the process of revising and updating the policies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the addition of gender identity as a protected category in the district's policies regarding access to a full range of education programs by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews indicated that the district does not have an established system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages. | | |
| **Description of Corrective Action:**  We will develop a system of oral interpretation and submit it for your review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will provide evidence of the system/resources we will utilize to address this need. | | |
| **Description of Internal Monitoring Procedures:**  My office will oversee this work. I will reach out to the administrators and team chairs in each building to determine the nature and extent of the need in this area, and will provide documentation of our work to provide oral interpretation in the district. I will also work with our ESL tutor on this. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a description of the district's system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages by August 8, 2014.  Provide evidence of staff training on the district's protocols for provision of oral interpretation in assisting parents/guardians with limited English skills by October 17, 2014. | | |
| **Progress Report Due Date(s):**  08/08/2014  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that gender identity is not included as a protected category in the district's policies regarding accessibility of extracurricular activities. | | |
| **Description of Corrective Action:**  We will develop and add the necessary language to our policies. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  We will work with our attorneys on the new language and placement of these updates in our policies. We will submit the new language for your review. | | |
| **Description of Internal Monitoring Procedures:**  I will oversee the process of updating the policies to include this language. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the addition of gender identity as a protected category in the district's policies regarding accessibility of extracurricular activities by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that there is no written code of conduct for teachers. In addition, the district's non-discrimination policy does not include gender identity as a protected category. | | |
| **Description of Corrective Action:**  A written code of conduct will be developed for teachers and submitted as evidence. The district's non-discrimination policy will be changed to include gender identity and submitted as evidence. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  We will submit the newly developed code of conduct for teachers and we will submit the revised policy related to gender identity. | | |
| **Description of Internal Monitoring Procedures:**  I will oversee the process of revising the policy, and I will work with the superintendent to identify a means of developing a written code of conduct for the teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the written code of conduct for teachers and evidence of the addition of gender identity as a protected category in the district's non-discrimination policy by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district has not implemented comprehensive professional development for all staff on bullying intervention and prevention that includes the following:  Developmentally appropriate strategies to prevent bullying incidents;  Developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents;  Information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying;  Research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment;  Information on the incidence and nature of cyber-bullying; and  Internet safety issues as they relate to cyber-bullying.  In addition, employee handbooks do not contain relevant sections of the bullying and intervention plan relating to the duties of faculty and staff. | | |
| **Description of Corrective Action:**  We will conduct a comprehensive review of the professional development that has taken place in the district thus far with respect to bullying as outlined above-once a determination has been made as to the training that has taken place, we will put a plan in place to provide training where it is missing, and submit it for your review. There is no employee handbook at the present time. What you reviewed on-site were student handbooks that had information attached for staff, which they sign off on, pertaining to bullying prevention and intervention. We will submit that for your review, and an employee handbook will be developed that will include all of the required information. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  The employee handbook with all relevant information pertaining to bullying prevention and intervention will be submitted. Agendas and sign-in sheets from the professional development sessions will be submitted. | | |
| **Description of Internal Monitoring Procedures:**  I will consult with the superintendent regarding the development of an employee handbook with language pertaining to bullying etc. I will consult with the Director of Teaching and Learning regarding professional development in this realm and we will set a timeline for each endeavor. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:**  The district indicated that it will develop an employee handbook that contains relevant sections of the bullying and intervention plan relating to the duties of faculty and staff and it will conduct a review of previous professional development offered by the district and determine whether there is a need for more training around bullying. Based upon the Department's finding, the district's corrective action plan must include implementation of a more comprehensive professional development training for all staff on bullying intervention and prevention which includes the following: Developmentally appropriate strategies to prevent bullying incidents; Developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; Information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; Research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; Information on the incidence and nature of cyber-bullying; and Internet safety issues as they relate to cyber-bullying. | | |
| **Department Order of Corrective Action:**  Provide comprehensive training for all staff on bullying intervention and prevention that includes the following: Developmentally appropriate strategies to prevent bullying incidents; Developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; Information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; Research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; Information on the incidence and nature of cyber-bullying; and Internet safety issues as they relate to cyber-bullying.  Provide employees with relevant sections of the bullying and intervention plan relating to the duties of faculty and staff. | | |
| **Required Elements of Progress Report(s):**  Provide evidence of comprehensive staff training on bullying intervention and prevention. Evidence should include a dated meeting agenda, training materials, staff sign-in sheets indicating names and roles of staff members, and the name and title of the presenter and must be submitted by October 17, 2014.  Submit evidence that employees were presented with relevant sections of the bullying intervention and prevention plan relating to the duties of faculty and staff by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 11A Designation of coordinator(s); grievance procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district has not published grievance procedures for employees providing for prompt and equitable resolution of complaints alleging discrimination based on sex or disability. In addition, the district does not have a designated Title II Coordinator. | | |
| **Description of Corrective Action:**  We will identify a Title II Coordinator and publish grievance procedures for employees for your review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  We will submit the name of a Tile II Coordinator along with newly developed grievance procedures for employees. | | |
| **Description of Internal Monitoring Procedures:**  I will oversee these endeavors and set a timeline for their completion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 11A Designation of coordinator(s); grievance procedures | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the name of the staff member designated as the Title II Coordinator along with documentation of this information being published for employees by October 17, 2014.  Provide evidence of the newly developed grievance procedures that are published for employees and provide for prompt and equitable resolution of complaints alleging discrimination based on sex or disability by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews indicated that while the district conducts physical restraint training, the district does not provide staff with the written physical restraint procedures annually. | | |
| **Description of Corrective Action:**  We will provide staff with written physical restraint procedures and submit them for you review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  WE will submit evidence of this material and dates that it was distributed. | | |
| **Description of Internal Monitoring Procedures:**  I will include this in my monitoring plan and record the dates of distribution. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district's physical restraint procedures that were distributed to staff along with a staff sign-off sheet by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district does not currently have a district curriculum accommodation plan (DCAP) in place. The DCAP should assist regular classroom teachers in analyzing and accommodating diverse learning styles of all students in the regular classroom and in providing appropriate services and supports within the general education program. This support may include direct and systematic instruction in reading and the provision of services to address the needs of children whose behavior interferes with learning. The plan may also include provisions encouraging teacher mentoring and collaboration, as well as parental involvement. | | |
| **Description of Corrective Action:**  We have a DCAP. We will submit it as evidence. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  The approved DCAP will be submitted. | | |
| **Description of Internal Monitoring Procedures:**  I will oversee this submission and set a timeline for it. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date**: 06/04/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district's curriculum accommodation plan (DCAP) that is currently in place and provide a description as to how all staff will be informed of the district's new DCAP by August 8, 2014. | | |
| **Progress Report Due Date(s):**  08/08/2014 | | |

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

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| **Criterion & Topic:**  CR 20 Staff training on confidentiality of student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that not all staff are trained on the confidentiality of student records. | | |
| **Description of Corrective Action:**  We will provide staff training on confidentiality of student records and submit it for your review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  Agendas and sign-in sheets will be submitted from the training. | | |
| **Description of Internal Monitoring Procedures:**  I will include this in my compliance monitoring and gather documentation from each building following training at the building level. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of all staff training on the confidentiality of student records by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that not all staff are trained annually regarding civil rights responsibilities. | | |
| **Description of Corrective Action:**  Staff will be trained annually regarding their civil rights responsibilities and evidence will be submitted for your review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will gather documentation from building principals including agendas and sign-in sheets following training at the building level. | | |
| **Description of Internal Monitoring Procedures:**  I will include this as part of my compliance checklist. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date**: 06/04/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of staff training regarding civil rights responsibilities by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 23 Comparability of facilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations and staff interviews indicated that the district is not providing English language learner (ELL) students with facilities comparable to those provided to the overall student population. Specifically, there is no designated space for English language development instruction at the middle school with services provided in an open area in the library that is not free of distractions. At the Cedar Elementary School, the English language development instructional space is not comparable to the instructional spaces provided to other students. Unlike other instructional spaces in the building, it is a very small office located in an isolated hallway with no windows and students do not have materials and resources accessible to them.  See also SE 55. | | |
| **Description of Corrective Action:**  Appropriate spaces will be identified and descriptions and floor plans will be submitted for review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  Floor plans and room descriptions will be submitted. | | |
| **Description of Internal Monitoring Procedures:**  I will conduct on-site visits to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 23 Comparability of facilities | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the district's plan for the re-designation of ELL instructional spaces at the Hanover Middle School and Cedar Elementary School and provide a copy of the floor plans by August 8, 2014.  On-site observations of the instructional spaces at Hanover Middle School and Cedar Elementary School will be conducted by October 17, 2014. | | |
| **Progress Report Due Date(s):**  08/08/2014  10/17/2014 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs. | | |
| **Description of Corrective Action:**  An institutional self-evaluation will be conducted and submitted for review. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director  Beverly Shea | | **Expected Date of Completion:**  04/24/2015 |
| **Evidence of Completion of the Corrective Action:**  I will submit the completed institutional self-evaluation to you. | | |
| **Description of Internal Monitoring Procedures:**  I will include this on my compliance checklist. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/10/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the institutional self-evaluation by October 17, 2014. | | |
| **Progress Report Due Date(s):**  10/17/2014 | | |

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

Hanover Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Beverly Shea, Pupil Personnel Services Administrator

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: September 1, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 4 Waiver Procedures | | | **Rating:**  Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that the district is not consistently providing parents with the annual parent notification letter informing them of their right to apply for a waiver. See ELE 10.* | | | |
| **Narrative Description of Corrective Action:** By October 3, 2014 the district will mail annual parent notification letters to all parents of students with English as a second language, informing them of their right to apply for a waiver. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Beverly Shea PPS Director, Andrea Monteith, ESL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:**  Letters mailed by October 3, 2014, file reviewed by October 30, 2014. | |
| **Evidence of Completion of the Corrective Action:** The district will keep a log of when and to whom the letters were sent. A copy of the letter will be kept in the student files. We will submit a copy of the log and the results of an on-site file review. A sample letter will also be submitted. | | | |
| **Description of Internal Monitoring Procedures:** The PPS director will conduct periodic on site file review to ensure that all letters have been placed in student files in addition to checking the log. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 4 Waiver Procedures | **Status of Corrective Action:**  **X Approved** Partially Approved Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district’s annual parent notification letter by **January 12, 2015**.  Submit the results of an internal review of records to ensure the provision of annual parent notification letters and indicate:   * Number of records reviewed * Number of records in compliance * Root cause for any non-compliance found * Corrective actions taken to remedy each individual file   Submit this information by **March 12, 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).* | | | |
| **Progress Report Due Date(s):** January 12, 2015; March 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:**  ELE 5 Program Placement  and Structure | | | **Rating:**  Partially Implemented |
| **Department CPR Finding:** *A review of the documentation submitted by the district indicated that current hours of ESL instruction ELLs receive are insufficient at all levels of English proficiency and are, therefore, inconsistent with Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html).  *According to the documentation submitted the district does not have an ESL curriculum used for direct ESL instruction or a plan to develop one that is aligned to the Massachusetts Curriculum Frameworks and the WIDA ELD Standards. See the Department’s WIDA English Language Development Standards Implementation Guide (Part I) at* [*http://www.doe.mass.edu/ell/wida/Guidance-p1.pdf*](http://www.doe.mass.edu/ell/wida/Guidance-p1.pdf) | | | |
| **Narrative Description of Corrective Action:** We have reviewed instructional hours for all ELL's.  Using the recommended guidelines from the department, we have developed a new schedule which will be submitted. Regarding an ESL curriculum, while we do align our instruction with the Common Core Standards we do not currently have a complete ESL curriculum in place.  We will review established programs that are aligned with the Common Core, with plans to purchase a program by August 2015. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**   Bev Shea PPS Director and Andrea Monteith ESL instructor. | | **Expected Date of Completion for Each Corrective Action Activity:**   August 15,2015 | |
| **Evidence of Completion of the Corrective Action:** The PPS Director will review the student attendance logs with the ESL instructor.  By August 15, 2015 we will submit information pertaining to the ESL curriculum we have purchased. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will work closely with the ESL instructor on the selection, purchase, and implementation of the new program.  We will use other districts as resources during the selection process.  With respect to instructional hours for ELL's, the PPS Director will conduct periodic on-site visits to observe ESL instruction. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**   ELE 5 Program Placement  and Structure | **Status of Corrective Action:**  Approved **X Partially Approved** Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The district has not submitted a plan to develop an ESL curriculum that will reflect the content to be taught and address the instructional needs of the ELL population at all levels. Please note that purchased materials can be used as resources, but they cannot replace the curriculum districts are expected to develop based on WIDA standards. The district should provide the Department with information about the process of developing ESL/ELD curriculum that integrates the WIDA standards as well as the timeline for implementation. | | | |
| **Department Order of Corrective Action: N/A** | | | |
| **Required Elements of Progress Report(s):**   1. Please submit information such as WIDA training opportunities for the district staff, responsible district staff, meeting dates, minutes, sign-in sheets, timelines for implementation and completed parts of the curriculum to show evidence that the curriculum work is in progress in the district. 2. Please complete district information in the attached spreadsheet labeled *ELL List* **by school** for each ELL student in the district. | | | |
| **Progress Report Due Date(s):**  January 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 7 Parent Involvement | | | **Rating:**  Not Implemented |
| **Department CPR Finding:** *Review of documentation and staff interviews indicated that the district has not developed ways to include parents or guardians of ELL students in matters pertaining to their children’s education.* | | | |
| **Narrative Description of Corrective Action:** The ESL instructor will set up meetings with all parents of ELL's to review student progress, establish a relationship with the family, and to identify any barriers that might impede a parent's ability to fully engage in the life of the school community, particularly with respect to oral or written language | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ESL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** June 17, 2015 | |
| **Evidence of Completion of the Corrective Action:** The ESL Instructor will keep a log and written summary of each meeting she has held with parents, including any plans to follow up. This data will be submitted for review. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will meet periodically with the ESL instructor to review this outreach initiative and to help determine what if any additional outreach initiatives should be explored. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 7 Parent Involvement | **Status of Corrective Action:**  Approved **X Partially Approved** Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The district indicated that the ELL instructor will provide outreach to parents and arrange individual meetings to review student progress and establish family and school connections. The district did not, however, indicate how it will encourage parents to become more involved in school events and or become members of parent advisory councils. | | | |
| **Department Order of Corrective Action:** Develop multiple ways in which the district will encourage parent involvement in matters pertaining to their children’s education and ELE program. (Parent involvement may be through the development of an ELL parent advisory council, school council membership, etc.) | | | |
| **Required Elements of Progress Report(s):**  Submit a timeline for individual ELL parent/teacher meetings by **January 12, 2015**.  Provide a description of the multiple ways in which the district will encourage parent involvement in matters pertaining to their children’s education and ELE program by **January 12, 2015.**  As evidence of the district involving parents or guardians of ELL students in matters pertaining to their children’s education, submit ELL parent/teacher meeting logs and summaries maintained by the ELL teacher along with evidence of the PPS Director and ELL teacher’s periodic reviews by **March 12, 2015**.  As evidence of the district encouraging parents to become more involved in school events and/or become members of parent advisory councils, submit copies of event notices and parent advisory council and school council membership by **March 12, 2015**. | | | |
| **Progress Report Due Date(s):** January 12, 2015; March 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 8 Declining Entry to  a Program | | | **Rating:**   Not Implemented |
| **Department CPR Finding:** *Review of documentation, records, and staff interviews indicated that the district is not providing support, consultation, or monitoring for students whose parents have declined entry to the district’s ELE program.* | | | |
| **Narrative Description of Corrective Action:** In order to provide support, consultation, and monitoring of students whose parents have declined entry to the district's ELL Program, the ESL Instructor will arrange to meet with classroom teachers to monitor progress and to offer suggestions for effective instruction.  She will also visit classrooms and keep a log of each consultation session and classroom visits throughout the year. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ESL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** June 17, 2015 | |
| **Evidence of Completion of the Corrective Action:** A log will be kept of all consultation and classroom visits.  A copy of the log will be submitted for review. | | | |
| **Description of Internal Monitoring Procedures:**  The PPS Director will collect the log on a quarterly basis and review it with the   ESL Instructor. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 8 Declining Entry to  a Program | **Status of Corrective Action:**  Approved **X** **Partially Approved** Disapproved | | |
| **Basis for Partial Approval or Disapproval:** The district indicated that the ELL instructor will meet with classroom teachers and visit classrooms to monitor progress and offer suggestions for effective instruction for students whose parents have declined entry to the district's ELE program (opt-out students) and will maintain a consultation log. The district did not, however, indicate the types of supports that will be provided to students whose parents have declined entry to the ELE program. | | | |
| **Department Order of Corrective Action:** Develop procedures for opt-out students indicating the support to be provided. | | | |
| **Required Elements of Progress Report(s):**  Provide a detailed description of the district’s implementation support plan for opt-out students to include how and when support will be provided to students by **January 12, 2015**.  As evidence of the district providing support, consultation and monitoring of opt-out students, submit the support, consultation and classroom visit log maintained by the ELL instructor along with evidence of the ELL teacher and PPS Director’s quarterly review by **March 12, 2015**. | | | |
| **Progress Report Due Date(s):** January 12, 2015; March 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 10 Parental Notification | | | **Rating:**   Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that the district is not consistently providing parents with an annual parent notification letter. Some records did not evidence any parent notification letters, while other records evidenced notification letters omitting the following required information:*   1. *the reasons for identification of the student as ELL;* 2. *the child’s level of English proficiency;* 3. *program placement and/or the method of instruction used in the program;* 4. *how the program will meet the educational strengths and needs of the student;* 5. *how the program will specifically help the child learn English;* 6. *the specific exit requirements; and* 7. *the parents’ right to apply for a waiver, or to decline to enroll their child in the program.*   *Additionally, the district is not consistently providing parents with progress reports and report cards in the same manner and with the same frequency as general education reporting.* | | | |
| **Narrative Description of Corrective Action:** The district does provide parent with an annual notification letter and this letter is modeled after the template from DESE, including all of the elements listed in the CPR.  We were inconsistent with respect to placing a copy of the letter in the student files. With regard to distribution of progress reports, we do in fact provide these to parents with the same frequency as general education reporting.  We were inconsistent with our record keeping. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ESL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** June 17,2015 | |
| **Evidence of Completion of the Corrective Action:** Copies of all progress reports will be placed in student files.  The ESL Instructor will record the date of issue to parents.  That information will be submitted for review. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will conduct periodic on site file reviews to ensure compliance. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**   ELE 10 Parental Notification | **Status of Corrective Action:**  **X Approved** Partially Approved Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  *See ELE 4 in regard to the annual parent notification letter.* In addition, submit a copy of the district’s ELL progress report form and distribution schedule by **January 12, 2015**.  Submit the results of an internal review of records to ensure the provision of progress reports and report cards in the same manner and with the same frequency as general education reporting and indicate:   * Number of records reviewed * Number of records in compliance * Root cause for any non-compliance found * Corrective actions taken to remedy each individual file   Submit this information by **March 12, 2015.** | | | |
| **Progress Report Due Date(s):** January 12, 2015; March 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 11 Equal Access to Programs and Services | | | **Rating:**  Partially Implemented |
| **Department CPR Finding:** *Record review, staff interviews and documentation indicated that the district is not providing ELL students with informative notices about school activities, responsibilities, and academic standards* *provided to all students in a language and mode of communication that they understand.* | | | |
| **Narrative Description of Corrective Action:** The district has the capacity to produce notices for students in many languages. The ESL instructor, in collaboration with other school personnel, is able to determine the need for translation of notices and other important documents for each ELL.  We have produced notices in other languages.  We will continue to do so as needed. We will identify ways to formalize this process including sending out a request to building principals prior to the beginning of each school year pertaining to the need for document translation for any of their ELL students. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ESL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** August 28,2015 | |
| **Evidence of Completion of the Corrective Action:** Copies of translated documents will be submitted, as well as a sample of the letter that we will send to building principals by August 28, 2015. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will periodically consult with building administrators and the ESL Instructor to monitor the need for document translation.  The PPS Director will also review the protocol for requesting document translation with the building administrators and ESL Instructor. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 11 Equal Access to Programs and Services | **Status of Corrective Action:**  Approved **X**  **Partially Approved** Disapproved | | |
| **Basis for Partial Approval or Disapproval:** The district indicated that it has the capacity to translate student notices in many languages and that the ELL teacher has collaborated with other school personnel in order to determine the need for translations. The district also noted that it will work to formalize the translation process with requests sent to principals; however, a formalized plan must be developed as soon as possible and staff must be notified of the protocol. | | | |
| **Department Order of Corrective Action:**  Develop a formalized plan for the district’s translation process. The plan must include information as to how students will be identified as needing translations, how requests for translations are made, a list of staff involved, and the name/role of the person responsible for arranging and overseeing provision of translated documents. | | | |
| **Required Elements of Progress Report(s):**  Provide a description of the district’s formalized plan for translation of informative notices which includes information as to how students will be identified as needing translations, how requests for translations are made, a list of staff involved, and the name/role of the person responsible for arranging and overseeing provision of translated documents.  In addition, provide evidence of staff notification for the district’s protocol for provision of translated informative notices and samples of translated documents. | | | |
| **Progress Report Due Date(s):**January 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 12 Equal Access to Nonacademic and Extracurricular Programs | | | **Rating:**  Partially Implemented |
| **Department CPR Finding:** *Record review, staff interviews and documentation indicated that the district is not providing ELL students with information about extracurricular activities and school events in a language that they understand.* | | | |
| **Narrative Description of Corrective Action:** The district has the capacity to provide ELL students with information about extracurricular activities and school events in a language they understand.  The ESL instructor collaborates with other school personnel regarding the need to translate these documents for individual students. We will formalize this process by sending out a form to building principals prior to the beginning of each school year regarding the need for translated documents. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ELS Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** August 28, 2014 | |
| **Evidence of Completion of the Corrective Action:** Copies of translated documents will be submitted, as well as a sample of the letter that we will send to the building principals by August 28, 2015. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will periodically consult with building administrators and the ESL Instructor to monitor the need for document translation.  The PPS Director will also review the protocol for requesting document translation with the building administrators and ESL Instructor. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 12 Equal Access to Nonacademic and Extracurricular Programs | **Status of Corrective Action:**  Approved **X** **Partially Approved** Disapproved | | |
| **Basis for Partial Approval or Disapproval:** *See ELE 11 and note that this criterion is specific to notice of nonacademic programs and extracurricular activities.* | | | |
| **Department Order of Corrective Action:**  *See ELE 11.* | | | |
| **Required Elements of Progress Report(s):**  *See ELE 11.*  In addition, submit copies of translated notices for extracurricular activities and nonacademic programs along with completed translation logs. | | | |
| **Progress Report Due Date(s):** January 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 13 Follow-up Support | | | **Rating:**  Partially Implemented |
| **Department CPR Finding:** *Review of records and staff and parent interviews indicated that the district is not actively monitoring students who have exited the ELL program for two years and providing language support services if needed.* | | | |
| **Narrative Description of Corrective Action:** The district does have a monitoring plan in place, we use monitoring forms modeled from the template provided by the DESE to record this information.  We were inconsistent with respect to placing a copy of the monitoring forms in student files.  We will set up a system to ensure oversight of the monitoring process and improvement of our filing system. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ESL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** June 17, 2015 | |
| **Evidence of Completion of the Corrective Action:** The district will submit copies of the completed monitoring forms. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will conduct periodic on site file reviews to ensure compliance in this area. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 13 Follow-up Support | **Status of Corrective Action:**  **X Approved** Partially Approved Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district’s monitoring form for students who have exited the ELL program along with a timeline for the PPS Director’s periodic reviews by **January 12, 2015**.    Submit the results of an internal review of records to ensure two year monitoring of students who have exited the ELL program and indicate:   * Number of records reviewed * Number of records in compliance * Root cause for any non-compliance found * Corrective actions taken to remedy each individual file   Submit this information by **March 12, 2015.** | | | |
| **Progress Report Due Date(s):** January 12, 2015; March 12, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 16 Equitable Facilities | | | **Rating:**  Not Implemented |
| **Department CPR Finding:** *Observations and staff interviews indicated that the district is not providing ELL students with facilities and materials comparable to those provided to the overall student population. Specifically, there is no designated space for English language development instruction at the middle school with services provided in an open space in the library that does not allow for confidentiality or privacy. At the Cedar School, the English language development instructional space is not comparable to the instructional space provided to other students. Unlike other instructional spaces in the building, it is a very small office located in an isolated hallway with no windows and students do not have materials and resources accessible to them.* | | | |
| **Narrative Description of Corrective Action:** Corrective action has already been taken in this area.  The district was found to be out of compliance under CR 23 as part of the civil rights component of this coordinated program review.  The ESL Instructor has been given appropriate instructional space in both the Middle School and Cedar Elementary School.  DESE has visited both settings and has approved the relocation of these spaces; therefore no additional corrective action should be required. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director | | **Expected Date of Completion for Each Corrective Action Activity:** N/A Already completed | |
| **Evidence of Completion of the Corrective Action:** See Hanover's submission for CR 23. | | | |
| **Description of Internal Monitoring Procedures:** N/A Already completed | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 16  Equitable Facilities | **Status of Corrective Action:**  **X** **Approved** Partially Approved Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):** Progress reports have been submitted under CR 23 and follow-up DESE site visits took place on August 15, 2014. The district has designated a centrally located space for ELL instruction at the middle school and the ELL teacher now has a full size classroom located in the third/fourth grade wing at the Cedar Elementary School. | | | |
| **Progress Report Due Date(s):** No further action is required. | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 17 Program Evaluation | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Documentation and staff interviews indicated that the district has not conducted periodic evaluations of the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program.* | | | |
| **Narrative Description of Corrective Action:** The district plans to conduct an evaluation of the effectiveness of its ELE program by June 17,2015 | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director | | **Expected Date of Completion for Each Corrective Action Activity:** June 17, 2015 | |
| **Evidence of Completion of the Corrective Action:** A written report resulting from the evaluation process will be submitted. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will identify and hire a qualified evaluator to conduct this evaluation. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 17 Program Evaluation | **Status of Corrective Action:**  **X** **Approved** Partially Approved Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Specify how the district plans to conduct this year’s evaluation, including the evaluator to be used, when the evaluation will occur, and how the evaluation data will be used by **January 12, 2015**.  Submit the ELE program evaluation by **June 17, 2015**. | | | |
| **Progress Report Due Date(s):** January 12, 2015; June 17, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** | | | |
| **Criterion & Topic:** ELE 18 Records of ELL Students | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that records of ELL students do not consistently include copies of parent notification letters, progress reports and report cards, and evidence of follow-up monitoring.* | | | |
| **Narrative Description of Corrective Action:** The district recognizes the need to maintain complete files for all ELL students.  As described in previous areas of this report, on-site monitoring by the PPS Director will ensure that the files are properly maintained and up to date. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Bev Shea PPS Director and Andrea Monteith ELS Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** June 17, 2015. | |
| **Evidence of Completion of the Corrective Action:** We will submit data to demonstrate that parent notification letters were sent to all parents of ELL's in the district.  We will also submit data regarding the date of issue of progress reports for ELL's along with copies of monitoring forms. | | | |
| **Description of Internal Monitoring Procedures:** The PPS Director will conduct periodic on site file reviews. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:**  ELE 18 Records of ELL Students | **Status of Corrective Action:**  **X** **Approved** Partially Approved Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  *See ELE 4, ELE 8, ELE 10, and ELE 13.* | | | |
| **Progress Report Due Date(s):** January 12, 2015; March 12, 2015 | | | |