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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: Harvard

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 10/04/2014.

**Mandatory One-Year Compliance Date:** **10/04/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not 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 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when conducting initial evaluations, the district does not consistently complete an educational assessment by a representative of the school district, including a history of the student's educational progress in the general curriculum. | | |
| **Description of Corrective Action:**  Training for all special education teachers, related services providers, and coordinators to occur fall 2014. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Handouts, agenda, and sign-in from fall trainings. | | |
| **Description of Internal Monitoring Procedures:**  File audit of 2 students at each level-- elementary, middle school, and high school | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date:** 01/09/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By March 1, 2015, please submit a narrative description of the new procedures related to the completion of educational assessments by a representative of the school district, including a history of the student's educational progress in the general curriculum along with evidence of staff training on the requirements for these procedures. Include the training dates, agendas, training materials, and signed attendance sheets indicating the title/role of attendees and the name and title of the presenter. Submit the description of the internal oversight and tracking system and identify the person(s) responsible for oversight, including the date of the system's implementation. By May 15, 2015, please submit the results of an internal review of a sample of student records at all buildings conducted following the implementation of all corrective actions to ensure consistency and continued compliance for completion of educational assessments when conducting initial evaluations for students. Include the number of records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance. \*Please note that when monitoring the district must maintain the following documentation and make it available upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and signature(s). | | |
| **Progress Report Due Date(s):**  03/01/2015  05/15/2015 | | |

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews revealed that the district does not always have a representative who has the authority to commit resources at annual IEP Team meetings. If a special education liaison is chairing the meeting and resources must be committed, the meeting is adjourned and reconvened after the liaison has checked with a higher authority in the district. | | |
| **Description of Corrective Action:**  Training for all special education teachers, related services providers, and coordinators to occur fall 2014, which includes the following documents: Identification of Designated District Representative; Revision of Team Role Guidance. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Training sign-ins, agendas, and handouts. | | |
| **Description of Internal Monitoring Procedures:**  Spring audit of Attendance Sheets from Team meetings-- 2 elementary, 2 middle school, 2 high school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 01/09/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By March 1, 2015, please provide a narrative of the revised IEP Team meeting procedures along with evidence of training including agenda and signed attendance sheet with name(s)/role(s) for all special education Team Chairs ensuring that they have the authority to commit the resources of the district. | | |
| **Progress Report Due Date(s):**  03/01/2015 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that immediately following the development of the IEP, the district does not provide the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice. The parents leave the meeting with a copy of the meeting summary notes, service delivery grid and goals. The district then sends only one copy of the IEP with two signature pages. | | |
| **Description of Corrective Action:**  Correction of this error had been made in 2013, prior to the site visit. All involved staff and secretaries were informed. To document compliance, we began to list the 2 copies as enclosures with the N2 letters. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  01/09/2015 |
| **Evidence of Completion of the Corrective Action:**  N1 Guidance given to staff (Handout)  Audit results from random sample of 10 IEPs/Amendments from Fall 2014. | | |
| **Description of Internal Monitoring Procedures:**  The Director reviews each amendment and IEP and N1 letter prior to mailing. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 01/09/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By March 1, 2015, please submit a narrative description of the updated revised procedures related to providing parents with two (2) copies of the proposed IEP and proposed placement along with the required notice. Also submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. By May 15, 2015, please submit the results of an internal review of a sample of student records at all buildings conducted after the implementation of all corrective actions to ensure consistency and continued compliance for presentation of two (2) copies of the IEP to parents immediately following the development of the IEP. Include the number of records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance. \*Please note that when monitoring the district must maintain the following documentation and make it available upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and signature(s). | | |
| **Progress Report Due Date(s):**  03/01/2015  05/15/2015 | | |
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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that special education programs and services are not regularly evaluated. The last known evaluation of the program was in 2005. | | |
| **Description of Corrective Action:**  A program review of all District Special Education services is scheduled to occur in the spring. Areas to be analyzed will include: staff to student ratios, staff caseloads, curriculum utilized, transition assessment for students age 14 and above, and evidence of student progress. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  08/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of the Program Review | | |
| **Description of Internal Monitoring Procedures:**  Administrators and Coordinators will assist in the data collection. The final program review will be presented to the Leadership Team and SEPAC officer(s). | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 01/09/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a narrative to ESE of the newly developed procedures along with the name(s)/role(s) of the person(s) responsible for ensuring that special education programs and services are evaluated on a regular basis. Include in submissions materials and surveys, meeting dates, conclusions reached on the basis of the evaluation(s), and any steps planned to resolve identified issues by May 15, 2015. | | |
| **Progress Report Due Date(s):**  05/15/2015 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews revealed 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, including athletics and other extracurricular activities. The last known program evaluation was conducted in 2005. | | |
| **Description of Corrective Action:**  The District will collect the information utilizing the areas and elements delineated by the U.S. Department of Education, Office for Civil Rights (CRDC). The Leadership Team will review the results and address issues if any are revealed. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  - Verification of submission of data to CRDC  - agenda from Leadership Staff meeting | | |
| **Description of Internal Monitoring Procedures:**  Handbook information is reviewed by the Principals and Director of Pupil Services each year. Application forms for activities are reviewed by the Principals annually. In addition, the District proposes to repeat the data collection process every 2-3 years. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 01/09/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a narrative to ESE of the newly developed procedures along with the name(s)/role(s) of the person(s) responsible for ensuring that all aspects of the district's K-12 programs are evaluated on an annual basis for equal access to all students and documentation of the 2014-15 evaluation activities. Include in submissions materials and surveys, meeting dates, conclusions reached on the basis of the evaluation, and any steps planned to resolve identified issues by May 15, 2015. | | |
| **Progress Report Due Date(s):**  05/15/2015 | | |