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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: Ludlow

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 08/20/2014.

**Mandatory One-Year Compliance Date:** **08/19/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 4 | Reports of assessment results | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | 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 55 | Special education facilities and classrooms | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | 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 4 Reports of assessment results | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and staff interviews indicated that summaries of assessments are not always completed prior to discussions by the Team and, upon request, are not made available to the parent at least two days in advance of the Team meeting. Additionally, a review of student records revealed that some assessments are date stamped as being received by the district on the same day as the Team meeting or after the IEP meeting has been conducted. |
| **Description of Corrective Action:** All evaluations will be given to the ETLs 5 days before the meeting to be mailed home to the parent, so that they have the report 2 days before the Team meeting. The ETL will date stamp when they received the report and date stamp when they mailed it to the parent. |
| **Title/Role(s) of Responsible Persons:**ETLs - Phillip Rainey, Linda Perlmutter, Tanya Crisostomo & Teresa | **Expected Date of Completion:**10/31/2014 |
| **Evidence of Completion of the Corrective Action:**At our bi-monthly SPED department meetings in September 2014 and October 2014, a power point will be shared with staff on the steps we need to take to correct this criterion. Evidence will be the power point and the attendance sheet of the participants. |
| **Description of Internal Monitoring Procedures:** At our monthly ETL meetings, the special education director will follow up with the ETLs on how the process is going and we will review student files to ensure parents are receiving the IEPs two days before the Team meeting. ETLs have been instructed to notify the Director of Student Support Services if they are not receiving the evaluations 5 days before the Team meeting, so that the Director of Student Support Services can notify the evaluator. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 4 Reports of assessment results | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please provide evidence of staff training of the updated procedures to ensure that summaries of assessments are completed prior to discussions by the Team and, upon request, are made available to parents at least two days in advance of the Team meeting. Include memos, a training agenda, staff attendance sheets with names/roles and copies of the training materials presented. Please submit this to ESE by November 14, 2014. Subsequent to training, submit the results of an administrative review of a sample of student records from each school level with the most recent IEP activity. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to ESE by April 15, 2015 \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to ESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 11/14/201404/15/2015 |

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| **Criterion & Topic:** SE 9 Timeline for determination of eligibility and provision of documentation to parent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and staff interviews indicated that the district does not always provide parents with either a written explanation of a finding of no eligibility or a proposed IEP and proposed placement within forty-five (45) school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. |
| **Description of Corrective Action:** Parents receive a draft IEP at the end of an eligibility meeting. ETLs have been instructed to also give the parents a draft PL1 at the end of the eligibility meeting. If a student is found not eligible at the meeting, the ETLs have been instructed to provide the parents with a draft of the Eligibility Determination Workflow with an explanation as to why the student has not been found eligible. |
| **Title/Role(s) of Responsible Persons:**ETLs - Phillip Rainey, Linda Perlmutter, Tanya Crisostomo & Teresa Poteat | **Expected Date of Completion:**10/31/2014 |
| **Evidence of Completion of the Corrective Action:**At our bi-monthly SPED department meetings in September 2014 and October 2014, a power point will be shared with staff on the steps we need to take to correct this criterion. Evidence will be the power point and the attendance sheet of the participants. |
| **Description of Internal Monitoring Procedures:** At our monthly ETL meetings, the Director of Student Support Services will follow up with the ETLs on how the process is going and we will review student files to ensure parents are receiving the draft Eligibility Determination Workflow. |
| 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**: 10/06/2014 |
| **Basis for Decision:** The district has not addressed procedures for tracking timelines. |
| **Department Order of Corrective Action:**Develop procedures with internal oversight and tracking for the meeting of 45 day timelines for eligibility determinations. |
| **Required Elements of Progress Report(s):** Please provide a narrative description of new procedures with an internal oversight and tracking system that identifies the person(s) responsible for monitoring to ensure consistently convening IEP Team meetings within 45 school working days after receipt of parents' written consent to an initial evaluation or re-evaluation to determine student eligibility and either propose an IEP and placement or provide a written explanation of the finding of no eligibility. Submit evidence of staff training on these procedures, including memos, a training agenda, attendance sheets with signatures/roles and copies of the materials presented to ESE by November 14, 2014. Subsequent to the training, please conduct a review of student records for eligibility timelines. Select a sample of student records from each school level (2 per level), with the most recent IEP activity. Review the records to determine whether the 45 day timelines has been met. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the district to remedy any identified noncompliance with this criterion by April 15, 2015.\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to ESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 11/14/201404/15/2015 |

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| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and staff interviews indicated that at the elementary and high school levels, upon determining that a student is eligible for special education, the Team, including the parent(s), does not always fully develop an IEP at the Team meeting because the Team does not develop goals for the student at the meeting. In addition, although parents leave the meeting with a document that outlines service delivery times, sometimes the amount of related service delivery time is changed outside the Team meeting without parental input. |
| **Description of Corrective Action:** This criterion has been corrected. All staff were directed during the 2013 - 2014 school year, that all goals and objectives that they are responsible for need to be in the draft IEP the day before the Team meeting. All SPED staff is responsible for putting in the updated information in the draft IEP before the Team meeting. Parent (s) have to leave the Team meeting with a full draft IEP, with updated Current Performance Level, Goal(s) and Objectives(s). Related services (Speech, OT, PT, APE, etc.) should not and will not be changed on the Service Delivery Grid after the Team meeting by the related service provider (SLPs, OTs, PTs APEs, etc). When the Service Delivery Grid is developed at the Team meeting and the parent(s) leave with the draft IEP, the services on the grid cannot be changed outside of the Team meeting. |
| **Title/Role(s) of Responsible Persons:**ETLs: Phillip Rainey, Linda Permutter Tanya Crisostomo, Teresa Poteat and SPED staff. | **Expected Date of Completion:**10/31/2014 |
| **Evidence of Completion of the Corrective Action:**At our bi-monthly SPED department meetings in September 2014 and October 2014, a power point will be shared with staff on the steps we need to take to correct this criterion. Evidence will be the power point and the attendance sheet of the participants. |
| **Description of Internal Monitoring Procedures:** ETLs have been directed to notify the Director of Student Support Services if staff has not up dated the information they are responsible for in the draft IEPs. Director of Student Support Services will randomly check 1 Final draft IEP from each school once a month to make sure the Final draft IEP matches the service grid services on the draft IEP that was developed at the Team meeting. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on new procedures to ensure that at the IEP meeting, the Team develops goals for the student, as indicated. In addition, ensure parents receive, if providing summary notes, a service delivery grid with the amount of related service delivery times and not changed later without parental input. Include memos, a training agenda, attendance sheets with signed names and roles and copies of the materials presented by November 14, 2014. Subsequent to the training, please conduct a review of student records. Select a sample of student records from the elementary and high school level, with the most recent IEP activity. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) of any continued noncompliance and a description of additional corrective actions taken by the district to remedy any identified noncompliance with this criterion by April 15, 2015. \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s). |
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| **Criterion & Topic:** SE 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 copies of the proposed IEP and proposed placement along with the required notice. The district provides only one copy of the IEP and two signature pages. |
| **Description of Corrective Action:** This criterion has been corrected. Wendy has been directed to send two full copies of the IEP and two copies of the PL1 page to the parents for signature.The ETLs have been directed to note in the N1 in the Enclosures section that 2 IEPs and 2 PL1s are enclosed in the mailing. |
| **Title/Role(s) of Responsible Persons:**Wendy Simmons - Secretary in responsible for mailing all IEPs home to parents. | **Expected Date of Completion:**10/31/2014 |
| **Evidence of Completion of the Corrective Action:**As soon as our Final Copy of the CPR was received by the district, I directed Wendy to mail two copies of the IEP and PL1 home to the parents for signature.At our bi-monthly SPED department meetings in September 2014 and October 2014, a power point will be shared with staff on the steps we need to take to correct this criterion. Evidence will be the power point and the attendance sheet of the participants. |
| **Description of Internal Monitoring Procedures:** The Director of Student Support Services and/or the special education supervisors will make sure that N1 contains the notation in the Enclosure section before we sign the IEPs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on procedures to ensure that immediately following the development of the IEP, the district provides the parent with two copies of the proposed IEP and proposed placement along with the required notice. Include memos, a training agenda, attendance sheets with signatures and roles and copies of the materials presented by November 14, 2014. Subsequent to the training, please conduct a review of student records with the most recent IEP activity. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) of any continued noncompliance and a description of additional corrective actions taken by the district to remedy any identified noncompliance with this criterion by April 15, 2015. \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to ESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s). |
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| **Criterion & Topic:** SE 20 Least restrictive program selected | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and staff interviews indicated that if the student is removed from the general education classroom at any time, the Nonparticipation Justification statement provided in the IEP is general in nature and does not address the specific needs of the individual student as to why removal from the general education classroom is critical to the student's program and could not be achieved in a less restrictive environment. |
| **Description of Corrective Action:** The ETLs have been directed that during Team meetings when it's time to discuss the Nonparticipation Justification section of the IEP, that the Team has to provide detailed information as to why the student has to be removed from the general education setting to receive their special education services. |
| **Title/Role(s) of Responsible Persons:**ETLs: Phillip Rainey, Linda Perlmutter, Tanya Crisostomo and Teresa Poteat | **Expected Date of Completion:**10/31/2014 |
| **Evidence of Completion of the Corrective Action:**At our bi-monthly SPED department meetings in September 2014 and October 2014, a power point will be shared with staff on the steps we need to take to correct this criterion. Evidence will be the power point and the attendance sheet of the participants. |
| **Description of Internal Monitoring Procedures:** As the SPED supervisors read and sign the IEPs before they are mailed home to parents, they will check the Nonparticipation Justification section of the IEP to make sure detailed information has been provided as to why the student has to be removed from the general education setting. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on the Nonparticipation Justification statement provided in the IEP to ensure that it addresses the specific needs of the individual student as to why removal from the general education classroom is critical to the student's program and could not be achieved in a less restrictive environment. Include memos, a training agenda, attendance sheets with signatures and roles and copies of the materials presented by November 14, 2014. Subsequent to the training, please conduct a review of a sample of student records from all levels. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) of any continued noncompliance and a description of additional corrective actions taken by the district to remedy any identified noncompliance with this criterion by April 15, 2015.\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the ESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s). |
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| **Criterion & Topic:** SE 55 Special education facilities and classrooms | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Observations and staff interviews revealed that at both the Chapin Street School and Veteran's Park School, there is concurrent special education instruction being delivered in numerous classrooms. This includes rooms 15, 16, and 23 at Chapin Street School and rooms B10, R3, C12 and 114 at Veteran's Park School. In these classrooms, the rooms are separated only by half partitions (bookshelves and dividers) leading to visual and auditory distractions. Additionally, in Room C12 at Veteran's Park School, Occupational Therapy services share space with both English language learner instruction and the Athletic Director's office. At both Chapin Street School and Veteran's Park Schools, the related services of Speech and Language and Occupational Therapy are provided in small storage closets that are not intended for instruction. The spaces are poorly lit, lack adequate ventilation and thus are inadequate for service delivery. |
| **Description of Corrective Action:** The space issues at Chapin Street Elementary School and Veterans Park Elementary School have been on-going discussions between the principals and the Director of Student Support Services. Some of the space issues have been corrected, others won't be corrected until 8/19/15. |
| **Title/Role(s) of Responsible Persons:**Todd Gazda, Eva Tillotson, Susan Pease and Melissa Knowles -Administrative Team | **Expected Date of Completion:**08/19/2015 |
| **Evidence of Completion of the Corrective Action:**At Chapin Street Elementary School, OT and speech have never been in small storage closets, as stated in the CPR Draft and Final Reports. Speech and OT are in small storage closets only at Veterans Park Elementary School. The following changes have been made at Chapin: Rm. 15 - The LLD teacher, the SLP and the SLPA are still sharing this space. We have arranged their schedules so that they are not in the classroom together as much as they were in the past. The SLP spends 90 minutes of her day in the LLD room at Veterans Park School, because speech is embedded in the LLD classrooms for part of the day on a daily basis. The LLD teacher at Chapin spends part of her day in inclusion with the students. At that time, that is when the SLP or SLPA is in Rm. 15 working with students.Rm. 16 - This is only a special education classroom now. The Title 1 reading teacher has been moved from this classroom and is in another room.Rm. 23 - was the ELL room and the interventionists room. The ELL teacher has been moved out of Rm. 23 and is in Rm. 21 now. Rm. 21 is now an ELL room only.The following changes have been made at Veterans:Rm. B10 - This room is still shared by the LLD program and tutors providing tiered instruction. The tutors are in that space only half the day now. We have tried to schedule their time when the LLD students and staff are in their inclusion classrooms. For the 2015 - 2016 school year, the LLD program will be the only program in Rm. B10.Rm. R3 - There has been no change yet. This is where speech is held. This will be changed by 8/19/15. Our plan is to move the tiered instruction tutor in this space.Rm. C12 - There has been no change yet. This space is still for the OT. ELL has been moved to Rm. 114.Rm. 114 - This is our Structured Individualized Program (SIP) classroom for our substantially separate program for our social, emotionally, behaviorally involved students. This year, all the students in this program are all in inclusion classes with the support of the SIP staff due to the students being ready for a least restrictive environment. The SIP classroom is used b the students if and when they need to have on opportunity for quiet time.Due to the projected decrease in enrollment for the 2015 - 2016 school year, two classrooms should be available. Speech and OT will share a regular size classroom together. The schedule will be set up so that these services are not taking place during the same time to the best of our abilities. |
| **Description of Internal Monitoring Procedures:** The superintendent, Director of Student Support Services and the principal will continue working on the space issues at Veterans Park Elementary School. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:** Please note that the district has one year from the issuance of the date of the Final Report to remedy noncompliance being 8-18-2015. |
| **Department Order of Corrective Action:**The Superintendent and principals of the Chapin Street School and Veteran's Park School must confirm the reassignment of these classrooms with letters of assurance along with the submission of updated floor plans.ESE will verify with an onsite visit to these schools. |
| **Required Elements of Progress Report(s):** Please submit the Superintendent’s and principals' letters of assurance as to the remedies completed at the Chapin Street and Veteran's Park Schools along with floor plans and a sample of service schedules to ESE by November 14, 2014. For R 3 and C 12 at the Veteran's Park Schools, please submit by April 15, 2015 the plan to remedy with a letter of assurance from the Superintendent and principal as to the completion of corrective action by August 18, 2015. ESE will schedule with the district and conduct an onsite visit to verify the location of classrooms. |
| **Progress Report Due Date(s):** 11/14/201404/15/2015 |

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| **Criterion & Topic:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district's notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion does not contain specific information about the student's right to return to school and is not always sent in the primary language of the family's home. |
| **Description of Corrective Action:** The Director of Curriculum will work with the high school principal to revise the letter serving as the district's notice to students 16 and over leaving school without a high school diploma or certificate of attainment, ensuring that it includes specific information about the student's right to return to school. We will also hold a meeting with high school guidance counselors, assistant principals, and the principal to train them in the legal requirements for these letters, along with an understanding that the letters must always be sent in the primary language of the family's home. |
| **Title/Role(s) of Responsible Persons:**High school principal, assistant principals, and guidance counselors | **Expected Date of Completion:**06/05/2015 |
| **Evidence of Completion of the Corrective Action:**1) The revised letter2) Outline of the training3) Signed participant attendance sheet |
| **Description of Internal Monitoring Procedures:** The high school will keep copies of all letters sent home to students who leave Ludlow High without a high school diploma, certificate of attainment, or certificate of completion. Procedures for ensuring compliance will include:1) The high school principal will receive a copy of every notification letter. She/He will check the student's home language to ensure that the letter has been sent home in a language the family can understand and that it contains the student's right to return to school.2) At least once a year, the Director of Curriculum will consult the student information system for a list of students who have left the Ludlow Public Schools without a diploma or certificate of completion. She/he will ask to see the copies of all letters sent home in the first year and a record sampling in the years after. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of staff training to ESE on the district's new procedures with planned internal oversight and tracking system for ensuring that the notice to students age 16 and over includes specific information about the student's right to return to school and is sent in the primary language of the family's home. Include memos, a training agenda, attendance sheets with signatures and roles and copies of the materials presented by November 14, 2014. Subsequent to the training, please conduct a review of student records for a copy of the notice to students age 16 and over that includes specific information about the student's right to return to school and is sent in the primary language of the family's home. Select a sample of high school student records, indicating the number of student records reviewed, the number of records that complied with the requirements and for any record found in continued noncompliance, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the identified noncompliance with this criterion by April 15, 2015.\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the ESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 11/14/201404/15/2015 |

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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:** A review of documents and staff interviews indicated that the district does not provide staff training on the use of physical restraint within the first month of each school year consistent with regulatory requirements or for employees hired after the school year begins, within a month of their employment. |
| **Description of Corrective Action:** Due to previously scheduled professional development, the physical restraint training will take place on 10/27/14 and 10/28/14 for staff that require the initial training and on 10/30/14 and 10/31/14 for staff that require re-certification for the 2014 - 2015 school year. For the 2015 - 2016 school year, all physical restraint training will take place the first month of school. |
| **Title/Role(s) of Responsible Persons:**Special Education Supervisors Nikki Reed and Sharon Goulet | **Expected Date of Completion:**08/19/2015 |
| **Evidence of Completion of the Corrective Action:**On September 26, 2014, the Director of Student Support Services will provide professional development to the special education supervisors about planning and providing this training within the first month of school in the 2015 - 2016 school year. |
| **Description of Internal Monitoring Procedures:** The Director of Student Support Services will meet with the special education supervisors in July 2015 to plan the physical restraint training for September 2015. |
| 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:** Disapproved **Status Date**: 10/06/2014 |
| **Basis for Decision:** 603 CMR 46.00 requires that staff training occur at least annually consistent with regulatory requirements. Such training must occur within the first month of each school year and within one month for new hires. |
| **Department Order of Corrective Action:**The district needs to comply with the regulations regarding trainings and have staff identified as school-wide resources to help ensure the proper administration of physical restraint. Additionally, the district needs to monitor new hires to ensure training within one month of hire on the use of physical restraint. |
| **Required Elements of Progress Report(s):** Please submit evidence of all staff training consistent with regulatory requirements on the use of physical restraint which will include memos, a training agenda, attendance sheets with signatures/roles and copies of the materials presented. Please refer to ESE Physical Restraint Power Point at doe.mass.edu. Include a list of the identified resource persons in each school. Also submit a narrative of the newly developed monitoring and tracking system and person(s) responsible to ensure the training within one month of employment of newly hired staff throughout the year on the use of physical restraint by November 14, 2014. By April 15, 2015, please submit the planned training dates for the upcoming year to be conducted within the first month of school, with a letter of assurance from the civil rights coordinator and Superintendent. |
| **Progress Report Due Date(s):** 11/14/201404/15/2015 |

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| **Criterion & Topic:** CR 23 Comparability of facilities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Observations and staff interviews revealed that English language learner services are provided in spaces that are not comparable to those offered to other students in the district. At both Chapin Street School (Room 23) and Veteran's Park School (Room C12), there is concurrent instruction being delivered as the English language learner classes share space with other services and the spaces are separated only by a partial partition (bookshelves and dividers) leading to visual and auditory distractions. See also SE 55. |
| **Description of Corrective Action:** The principals of the two elementary schools out of compliance have already re-assigned the students receiving ESL instruction to classrooms that are comparable to those offered to other students in the district and that are free of visual and auditory distractions. |
| **Title/Role(s) of Responsible Persons:**Elementary school principals; Superintendent; Director of ELL Program | **Expected Date of Completion:**10/01/2014 |
| **Evidence of Completion of the Corrective Action:**The ESL class at Chapin Street School is now in Room 21.The ESL class at Veterans Park School is now in Room A-1a.Both are separate rooms with windows, and no other classes are held in the rooms during the time ESL students are being instructed. |
| **Description of Internal Monitoring Procedures:** The Superintendent and the Director of the English Language Learner program will verify compliance with the law through visits to the ESL classroom during the first week of school each year and periodically thereafter. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 23 Comparability of facilities | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please submit a letter of assurance from the Superintendent and principals at both the Chapin Street and Veteran's Park School regarding the reassignment of these classrooms, e.g. Chapin Street School (Room 23) and Veteran's Park School (Room C12) by November 14, 2014. ESE will schedule and conduct an onsite visit to verify compliance by April 15, 2015. |
| **Progress Report Due Date(s):** 11/14/201404/15/2015 |

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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 indicated that the district has not annually evaluated all aspects of its K-12 program to ensure that all students in protected classes have equal access to all programs, including athletics and other extracurricular activities. |
| **Description of Corrective Action:** The district will first assemble the entire administrative team (superintendent, principals, special ed director, curriculum director, nurse leader, director of technology), the athletic director, and the legal compliance officer to create a review process for CR #25, Institutional Self-Evaluation. We will begin with our initial self-evaluation of all aspects of our K-12 program, and then we will create a process for obtaining input from students and parents. This will likely take the form of a survey and meetings with focus groups of students. |
| **Title/Role(s) of Responsible Persons:**Legal compliance officer, members of the administrative team, Superintendent of Schools | **Expected Date of Completion:**06/12/2015 |
| **Evidence of Completion of the Corrective Action:**1) Minutes and sign-in sheet from the administrator meeting2) Initial self-evaluation document from the administrator meeting3) The results of all surveys and/or feedback from focus groups, including signatures |
| **Description of Internal Monitoring Procedures:** The legal compliance officer will join the administrative team yearly to lead the institutional self-evaluation. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date**: 10/06/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please submit to ESE by April 15, 2015 the agenda, meeting dates and evaluation tool(s) with planned meeting date proposed to review outcome(s) for annually evaluating all aspects of K-12 programs to ensure that all students in protected classes have equal access to all programs, including athletics and other extracurricular activities. |
| **Progress Report Due Date(s):** 04/15/2015 |

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

District: Ludlow Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Diana Roy, Director of Curriculum

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: October 14, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic: ELE 16 Equitable Facilities** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Observations and staff interviews revealed that at Veteran's Park School, there is concurrent instruction in Room C12. The English Language Learners' class is sharing space with Occupational Therapy services and the Athletic Director's office in a room intended for storage. This room is separated only by a partial partition (bookshelves and dividers) leading to visual and auditory distractions. The room is windowless and lacks basic instructional supports such as a computer for student use and a whiteboard.* *Classroom observations and staff interviews revealed that at the Chapin Street School, there is concurrent instruction in Room 23. The English Language Learner Classroom is sharing space with Math tutoring services and the room is separated only by a partial partition (bookshelves and dividers) leading to visual and auditory distractions.* |
| **Narrative Description of Corrective Action:** *This space issue has already been corrected. At Veterans Park School, the ESL students are now instructed in room A-1A, a classroom with windows, and no other classes are held in that space while those students are receiving instruction. At Chapin Street School, the art teacher was moved to a cart, freeing up Room 21, a full size classroom, for ESL instruction, also delivered while no other classes are in that classroom.* |
| **Title/Role of Person(s) Responsible for Implementation:** *Melissa Knowles, Principal of Veterans Park Elementary School and Susan Pease, Principal of Chapin Street School.* | **Expected Date of Completion for Each Corrective Action Activity:** *September 2014* |
| **Evidence of Completion of the Corrective Action:** *Verification letters from the principals and the superintendent, as created for the Civil Rights CPR finding over equitable facilities. We also welcome a visit at any time.*  |
| **Description of Internal Monitoring Procedures:** *The Curriculum Director and the Superintendent of Schools will check on room assignments for each semester in each school, ensuring that students with disabilities and students who are English Learners are receiving instruction in equitable facilities, as defined in ELE 16.* |
| 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:**  The district reports it has relocated ELE spaces at both schools and submitted verification letters as evidence of compliance for this criterion. |
| **Department Order of Corrective Action:** N/A |
| **Required Elements of Progress Report(s):** A site visit from a representative of the DESE will be scheduled by the district by May 22, 2015. |
| **Progress Report Due Date(s): May 22, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic: ELE 17 Program Evaluation** | **Rating:** Not Implemented |
| **Department CPR Finding:** *Review of documents 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 evaluation of the ESL program will involve the following steps: 1) The Curriculum Director will meet with the entire administrative team on February 5th to describe the expectations and intent of Criteria 17, Program Evaluation. Together, the team will devise and agree upon a system of yearly program review intended to improve student outcomes for English Language Learners. This system will include at the very least an analysis of student performance data, surveys of all stakeholders—students, teachers, parents, and administrators—and a yearly action report. 2) The Curriculum Director and Principals will gather assessment data for each ELL student from the most recent ACCESS and MCAS exams, local benchmarks such as BAS and District Math Assessments, and report card data in the spring, as soon as the ACCESS scores are released. This data will be used in meetings with the teachers and administrators who are reviewing student progress. 3) Surveys of parents, teachers, and students will be administered by the end of May 2015. 4) The administrative team will use the assessment data, survey data, and data from student focus groups to create a Program Evaluation Report, which will be completed by June 5, 2015. This report will be posted on the Curriculum Office website and shared with the School Committee at its June meeting.* |
| **Title/Role of Person(s) Responsible for Implementation:** Diana Roy, Director of Curriculum | **Expected Date of Completion for Each Corrective Action Activity:** June 2015 |
| **Evidence of Completion of the Corrective Action*:*** *Evidence will include the following: 1) Sign in sheets from meetings with administrators, teachers, parents, and students, 2) Copies of surveys, 3) Data analysis sheets, Program Evaluation Report, School Committee agenda and notes*.  |
| **Description of Internal Monitoring Procedures:**      *The Curriculum Director, who also oversees the ESL Program, will include an annual review of the program on her list of duties. Additional monitoring will come from the district’s Legal Compliance Officer.* |
| 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:**  Please provide a copy of the district’s format that will be used to evaluate the ELE program and improve its services. An optional form may be accessed at: http://www.doe.mass.edu/ell/resources.html. |
| **Required Elements of Progress Report(s):** Please providea copy of the district’s completed evaluation procedures and meeting minutes and attendance sheets where these procedures were discussed by **May 22, 2015**. Submit a narrative description of the results of the evaluation by **August 7, 2015**. |
| **Progress Report Due Date(s): May 22, 2015, August 7, 2015** |