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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: Topsfield

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 05/14/2014.

**Mandatory One-Year Compliance Date:** **05/14/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 19 | Extended evaluation | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| CR 6 | Availability of in-school programs for pregnant students | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that annual IEP Team meetings are not consistently held on or before the anniversary date of the IEP to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. Record review also indicated that the district extends the anniversary date of an IEP beyond one year by using the amendment process. | | |
| **Description of Corrective Action:**  Activity 1: Special Education Administrator and Coordinator will retain all special education staff on IEP development expectations and timelines. (by end of Oct 2014)  Activity 2: Special Education Coordinator will plan the 3-year Re-Evaluation schedule for the entire school year by the end of September 2014; the dates by which the Liaison must complete the record review to determine which assessments must be conducted will also be clearly identified; the consent to conduct the evaluation will continue to be sent from the Central Special Education office so that we may track the evaluation process and a new practice will be to inform both the Special Education Coordinator and Liaison the date the consent to conduct an evaluation is mailed to the parents so that follow-up with the parent can occur if the consent is not returned within 10 days.  Activity 3: Special Education Coordinator will communicate with individual special education staff/liaisons at the start of each month as to what IEP-related activities are expected for the following month and capture key dates in a written form.  Activity 4: Should a re-evaluation consent form not be returned in a timely fashion, and the IEP is due to expire, the Team will reconvene and use informal and other student progress monitoring data to rewrite the IEP. When the re-evaluation is completed, the Team will reconvene to determine if the student remains IDEA eligible and if the student remains eligible, rewrite or amend the IEP to reflect the updated evaluation data. If the re-evaluation does not have evidence to support continued IDEA eligibility, then a thorough N2 will be written that includes the end date for any services that were contained in the annual review IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Special Education Coordinator, Special Education Staff/ Liaisons | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Training information (agendas) including dates of training and attendees.  Special Education Coordinator's master calendar of Re-Evaluation dates and notes from meetings with staff regarding upcoming responsibilities for the next month.  Phone logs or email communication with parents if needed, to answer any questions parents may have about a proposed re-evaluation in order to facilitate return of consent forms in a timely manner. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator will track IEP expiration dates and compare with Special Education Coordinator's master calendars to ensure new IEP development occurs before a current IEP expires. Special Education Administrator will track the return of 'consent to re-evaluate forms' and notify coordinator and liaisons if consent forms are not returned within 7-10 days of mailing so they can personally follow up with parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:**  The substance of the finding relates to annual IEP meetings being held before the anniversary date of the IEP; the district's proposed corrective action does not specifically address this issue. | | |
| **Department Order of Corrective Action:**  Using a sample of student records with annual reviews conducted between September & December 2013, conduct a root cause analysis to determine why IEP Team meetings were not held on or before the anniversary date of the IEP. Provide training for Team Chairs & other relevant special education staff on convening the annual review before the anniversary date of the IEP. Describe the internal oversight and tracking system to ensure IEP meetings are held before the anniversary date of the IEP and the person(s) responsible. Conduct an internal review of student records to determine whether IEP Team meetings are held before the anniversary date of the IEP. | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, provide a detailed narrative description of the root cause analysis for annual reviews held between September & December 2013, including the results of the record review & analysis of factors preventing the timely convening of annual reviews.  Submit evidence of training to Team Chairs & other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the present by October 27, 2014.  Submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person by October 27, 2014.  Submit the results of the review of student records with annual reviews convened following implementation of corrective actions to determine whether IEP Team meetings are held before the anniversary date of the IEP. This report must include 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. This progress report is due February 16, 2015.  \*Please note when conduction 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):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that following the development of the IEP, the district provides a Team meeting summary, but does not send two copies of the proposed IEP and placement within 10 days to the parent. | | |
| **Description of Corrective Action:**  Activity 1: Special Education Administrator and Coordinator will provide training for all special education staff regarding IEP development and the related timeline requirements. (Fall 2014)  Activity 2: Special Education Coordinator will meet with each special education liaison within 2 days of an IEP development meeting if the coordinator has not been notified that the IEP is complete and ready for mailing to the parents; the purpose of this meeting will be to solve any obstacles impeding the completion of the final document so the IEP can be mailed to the parent(s) within 10 school working days. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Special Education Coordinator, Special Education Staff / Liaisons | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Special Education Administrator to develop and record all IEP related dates on a spreadsheet and track each IEP developed and sent to parents in the district; she will meet with coordinator at least once monthly to discuss any patterns/trends that may emerge from the data analysis and develop targeted support plans to expedite IEP completion. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator to develop and record all IEP related dates on a spreadsheet and track each IEP developed and sent to parents in the district; she will meet with coordinator at least once monthly to discuss any patterns/trends that may emerge from the data analysis and develop targeted support plans to expedite IEP completion. This monitoring plan will continue through subsequent school years to ensure any new staff are properly trained and supported in timely IEP completion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:**  The district's proposed corrective action does not specifically address immediately sending two copies of the proposed IEP/placement to parents, e.g. within 10 days if parents receive a Team meeting summary following the IEP development meeting. | | |
| **Department Order of Corrective Action:**  Please review the Department's Memorandum on the Implementation of 603 CMR 28.05(7): Parent response to proposed IEP and proposed placement at http://www.doe.mass.edu/news/news.aspx?id=3180 as the basis of the district's corrective action.  Provide staff training to Team Chairs and all other relevant special education staff regarding the immediate provision of two (2) copies of the proposed IEP/placement. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014.  Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP development conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that the district sends 2 copies of the proposed IEP/placement within 3-5 days (without a Team summary) or within 10 school working days (with a Team summary) to parents. This report must include 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. This progress report is due February 16, 2015.  Please note that 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 level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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| **Criterion & Topic:**  SE 19 Extended evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that the district does not use the extended evaluation consent form when proposing additional assessments, but instead issues a second consent form. | | |
| **Description of Corrective Action:**  Activity 1: Special Education Administrator and Special Education Coordinator will include in the Special Education/ Evaluation/ IEP training program a segment about how/when/why to use an Extended Evaluation to further clarify potential need areas for students. (Fall training)  Activity 2: Special Education Administrator to ensure that following an IDEA eligibility meeting, that if there are additional evaluations requested that the Teams use the Extended Evaluation process; Administrator to use a spreadsheet to track all Extended Evaluations and will not approve the use of a second 'consent to evaluate' form in those situations where an IDEA Eligibility Team Meeting requires additional information. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Special Education Coordinator, Special Education Evaluators | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Special Education Administrator will develop and use a spreadsheet to track all Extended Evaluations. | | |
| **Description of Internal Monitoring Procedures:**  Ongoing tracking of Extended Evaluations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 19 Extended evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014.  Conduct internal monitoring of approximately 5-6 records, representing a cross-section of the district's schools/grades, with IEP development conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that Teams use the extended evaluation form when proposing additional evaluations following an evaluation. This report must include 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. This progress report is due February 16, 2015.  Please note that 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 level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that IEP Teams do not consistently and appropriately justify the student's removal from the general education classroom and state why the removal is considered critical to the student's program or the basis for its 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:**  Special Education Administrator and Special Education Coordinator to provide training in the fall of 2014 to all special education staff regarding this section of the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator and Special Education Coordinator | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of training agenda, date(s), and attendees.  Special Education Administrator to randomly select IEPs from different grade levels to check the non participation justification (NPJ) statements to ensure they align with criterion requirements. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator to review the randomly selected IEPs from different grade levels to check the NPJ statements and to further review both exemplars and those that need improvement with Special Education Coordinator so that she may continue to provide targeted assistance, if needed, to any staff members whose NPJ statements remain less than satisfactory. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014.  Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP development conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that Teams consistently & appropriately justify a student's removal from the general education classroom & state why the removal is considered critical to the student's program. This report must include 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. This progress report is due February 16, 2015.  Please note that 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 level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the Notice of Proposed School District Action (N1) to propose the IEP and summarize the Team's decisions and considerations is not consistently found in records. Additionally, the district has developed its own version of the N1 form which does not consistently explain why the district proposed or refused to take action, any rejected options and the reason for the rejection, descriptions of evaluation procedures used as the basis of the district's decision, and other relevant factors for the school district's decisions. | | |
| **Description of Corrective Action:**  Special Education Administrator will request exemplar N1s and N2s from colleagues in other districts (redacted) and will then review with the Special Education Coordinator during summer training to develop a new template for our district that meets the criterion. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator and Special Education Coordinator | | **Expected Date of Completion:**  11/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised sample N1 and N2 letters | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator reads N1 and N2 letters and will use a checklist to ensure that required statements/ information are included in each letter; this will continue all school year and again next year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, provide the district's revised template for the Notice of District Proposed Action (N1) & Notice of District's Refusal to Act, which includes the required information on page one and the six guiding questions on page two.  Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014.  Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP activities conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that Teams are using the revised Notice template and all six guiding questions are addressed. This report must include 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. This progress report is due February 16, 2015.  Please note that 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 level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicated that the district does not have monitoring plans to document individual student program oversight for students in out-of-district placements. | | |
| **Description of Corrective Action:**  Activity 1: Special Education Administrator to provide training to Special Education Coordinator regarding the expectations related to monitoring students placed into out of district programs/ placements; this training will include review of criterion standards as well as forms/templates to use for documentation purposes.  Activity 2: Special Education Administrator to develop spreadsheet with each out of district student's name, program/placement, IEP dates, and Monitoring/ Observation date(s) and to record for each student when each monitoring observation occurs. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator and Special Education Coordinator | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of monitoring / observation forms to be included in each student's special education record.  Special Education Administrator to read those monitoring/ observation forms prior to them being placed into the student record.  Special Education Administrator to develop spreadsheet with each out of district student's name, program/placement, IEP dates, and Monitoring/ Observation date(s) and to record for each student when each monitoring observation occurs. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator to develop spreadsheet with each out of district student's name, program/placement, IEP dates, and Monitoring/ Observation date(s) and to record for each student when each monitoring observation occurs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Department's Administrative Advisory on district monitoring of out-of-district placements at http://www.doe.mass.edu/sped/advisories/02\_5.html prior to developing the district's training and other corrective actions.  By October 27, 2014, provide the district's revised procedures and template/form for the monitoring out-of-district placements.  Submit evidence of training to IEP Team chairpersons and other relevant special education staff on these prevised procedures and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014.  Conduct internal monitoring of approximately 6-10 records, representing a cross-section of the district's out-of-district placements. Develop a report of the results of the internal review of records to ensure that the district is monitoring students placed out-of-district & documenting this monitoring on the district's form. This report must include 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. In addition, the district will submit completed monitoring forms as evidence of compliance for this criterion along with the results of the internal review.  This progress report is due February 16, 2015.  Please note that 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 level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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| **Criterion & Topic:**  CR 6 Availability of in-school programs for pregnant students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that pregnant students are required to obtain the certification of a physician to remain in regular classes and participate in extracurricular activities throughout their pregnancy. | | |
| **Description of Corrective Action:**  The Superintendent will review the regulatory requirements related to this criterion with the Topsfield School Committee so that the TSC may revise the current school policy to ensure compliance with this criterion. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent and Topsfield School Committee | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised policy. | | |
| **Description of Internal Monitoring Procedures:**  Revised policy. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 6 Availability of in-school programs for pregnant students | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By February 16, 2014, provide the updated policy for pregnant students to remain in regular classes and participate in extracurricular activities along with a narrative description of the district's dissemination and training to relevant staff (principals, nurses, guidance counselors). | | |
| **Progress Report Due Date(s):**  02/16/2015 | | |

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district does not have a system for documenting oral interpretation. Document review also demonstrated that the district has not translated important information and documents into the major languages spoken by parents or guardians whose home language is not English. | | |
| **Description of Corrective Action:**  Activity 1: Revise the Home Language Survey to ensure that parents whose primary language is not English have a clear opportunity to indicate their language of preference for both oral and written communication.  Activity 2: Translate handbook and other important documents for parents who indicate a desire to have documents translated from English. | | |
| **Title/Role(s) of Responsible Persons:**  ELL Coordinator, Assistant Superintendent of Student Support Services, Principals. | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised Home Language Survey  Translated documents, as may be needed, according to parental preference. | | |
| **Description of Internal Monitoring Procedures:**  Review of Home Language Surveys by Assistant Superintendent of Student Support Services and discussion with ELL Coordinator and Principal(s) to ensure action related to parent preferences are understood and implemented. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, submit a copy of the new Home Language Survey that allows parents whose primary language is not English to indicate whether translation and interpretation are needed.  Submit a narrative description of the district's system to document oral interpretation, along with evidence of its implementation by October 27, 2014. | | |
| **Progress Report Due Date(s):**  10/27/2014 | | |

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district's code of conduct does not contain a reference to M.G.L. Chapter 76, Section 5, procedures assuring due process in disciplinary proceedings, and appropriate procedures for the discipline of students with Section 504 Accommodation Plans. | | |
| **Description of Corrective Action:**  The Superintendent and Principals will review the regulatory requirements related to this criterion with the Topsfield School Committee so that the TSC may revise the current school policy to ensure compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Principals and Topsfield School Committee | | **Expected Date of Completion:**  11/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised Handbook for 2014-2015 | | |
| **Description of Internal Monitoring Procedures:**  Review and revise handbook, annually, to reflect any regulatory changes. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 submit the Topsfield Public Schools' student/family handbook for 2014-2015 year. The district may upload the document or provide a link to its website where the revised handbook has been posted. | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district's employee recruitment materials do not contain a nondiscrimination statement. | | |
| **Description of Corrective Action:**  The Superintendent and Human Resources (HR) Director will review legal requirements related to this criterion and update all recruitment materials to reflect the requirements of this standard. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Human Resources Director | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Sample recruitment materials with appropriate nondiscrimination statements. | | |
| **Description of Internal Monitoring Procedures:**  Review of recruitment information by HR Director and periodic checking by the Superintendent to ensure new recruitment information contains accurate information. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit documents/samples to demonstrate that the district's employee recruitment materials contain a nondiscrimination statement by October 27, 2014. | | |
| **Progress Report Due Date(s):**  10/27/2014 | | |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district does not have a process for reviewing educational materials for simplistic and demeaning generalizations. Teachers are unfamiliar with the requirements for curriculum review and do not participate in a review of materials for stereotypes related to the protected categories. | | |
| **Description of Corrective Action:**  The Director of Curriculum will develop and train Principals and Curriculum Specialists to use a checklist when evaluating educational materials for use in the classroom; this checklist will specifically include information related to simplistic and demeaning generalizations.  Principals will provide and review this checklist with all staff and will also require these checklists accompany any request for educational materials purchase.  The Director of Curriculum does require explicit information from publishers regarding their process for review related to this criterion when a large curriculum adoption is under consideration. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Curriculum, Principals | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Spot-checking materials orders by the Director of Curriculum to ensure compliance with this revised need; checklists to be attached to all purchase order requests.  Random curriculum checklists. | | |
| **Description of Internal Monitoring Procedures:**  Spot-checking materials orders by the Director of Curriculum to ensure compliance with this revised need; checklists to be attached to all purchase order requests. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, submit a copy of the checklist used to evaluate educational materials used by district staff.  Submit evidence of training to principals, curriculum specialists and other relevant education staff on the district's process to review all educational materials for simplistic and demeaning generalizations, and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. | | |
| **Progress Report Due Date(s):**  10/27/2014 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district does not annually evaluate all aspects of its preK-6 programs 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:**  The Superintendent and Principals will review the regulatory requirements related to this criterion and will develop a self-evaluation plan; such plan will be reviewed with the school committee. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Principals | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Written description of the annual Self-Evaluation Plan | | |
| **Description of Internal Monitoring Procedures:**  Inclusion of the Self-Evaluation plan/ results in at least one school committee meeting each year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the district's plan to annually review all aspects of the district's prek-6 programming to ensure equal access to all programming for all students by October 27, 2014, including a timeline of activities, personnel & designated tasks,.  By February 16, 2015, submit evidence of the implementation of the institutional self-evaluation, including data reports, presentations, survey results, etc. | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |