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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: Foxborough Regional Charter (District)

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 10/16/2014.

**Mandatory One-Year Compliance Date:** **10/16/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| CR 26A | Confidentiality and student records | Partially Implemented |

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

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter does not consistently discuss student transition needs. The Team does not always review the Transition Planning Form and students ages 14 and older are not always invited and encouraged to attend part or all of Team meetings at which transition services are discussed or proposed. | | |
| **Description of Corrective Action:**  The Foxborough Regional Charter School will consistently discuss transition needs for students that are 14 and older by inviting and encouraging them to attend part of all of their annual/3 yr reevaluation Team meetings. The student's name will appear on meeting attendance forms. The student will initial next to his/his name that he/she attended the meeting. The Team chairperson and parents will determine the length of time the student will attend the meeting. The student's input will appear on the vision statement of the IEP, the transition plan developed with the student will reflect his/her vision and the transition plan will be reviewed at the IEP meeting with the Team. The Special Education Instructional Leader will provide professional development to all special education staff on transition planning regulations. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Instructional Leader (IL)  Special Education Team Chairperson | | **Expected Date of Completion:**  06/17/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of Completion:  1. Names of students ages 14 and older will appear on the attendance forms for Team meetings at which transition services will be discussed.  2. Students will initial next to their name to indicate that they attended part or all of the Team meeting.  3. Transition plans developed by student, guidance counselor, and special education liaison will reflect the vision statement and be attached to the proposed IEP.  4. PD attendance sheet and power point slides will reflect staff training on transition planning regulations (see uploaded documents). | | |
| **Description of Internal Monitoring Procedures:**  The Special Education IL and/or Team chairperson will review files prior to signing IEP documents to ensure the student's name was on the attendance sheet, the student's initials appear next to his/her name to indicate that he/she attended the meeting, and that the attached transition plan reflects the his/her vision. Additional PD will be provided to staff as file reviews deem necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 11/17/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 9, 2015 submit evidence of training for appropriate special education staff on the requirements of determination of Transition Services that includes an agenda, training materials, and signed attendance sheets including names/roles and presenter. Also submit a narrative description of planned periodic reviews with names/roles of the designated persons conducting internal oversight and tracking to ensure that Transition plans are developed by the student and Team that reflect vision of the student and that Transition Planning Forms are reviewed by the Team annually. See http://www.doe.mass.edu/sped/cspd/transition.pps  By April 24, 2015 submit the results of an administrative review of student records after all corrective actions have been implemented to ensure students are invited and encouraged to attend part or all of Team meetings at which transition services are discussed or proposed, the Team consistently discusses student transition needs and completes the Transition Planning Form annually. Include number of student records reviewed; the number of records in compliance; the root cause for any identified non-compliance and the charter's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the charter must maintain the following documentation and make it available to the Department upon request: a) List of student names, grade level and age for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s), and their  signature(s). | | |
| **Progress Report Due Date(s):**  01/09/2015 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when required members of the Team are not able to attend an IEP meeting, the charter school is not documenting that the parents are in agreement with their excusal. There is no evidence of use of an excusal form for required Team members and excused required team members are not providing written input to the parents prior to the meeting when unable to attend. | | |
| **Description of Corrective Action:**  The Foxborough Regional Charter School Special Education Instructional Leader (IL) will create and utilize a "Waiver of Attendance" Form to document parent agreement of excusal of required Team members from part or all of IEP meetings. Excused Team members who are unable to attend the IEP meeting will provide written input to parents and the Special Education Team Chairperson prior to the Team meeting. The Special Education IL will create the "Waiver of Attendance" Form and provide PD for special education staff on required attendance at team meeting regulations, excusal procedures and waiver form. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Instructional Leader (IL)  Special Education Team Chairperson | | **Expected Date of Completion:**  06/17/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of Corrective Action:  1. Special Education IL will create a "Waiver of Attendance" form to be used for parent excusal of required team members at IEP meetings (see uploaded documents).  2. The "Waiver of Attendance" form will be completed by the Special Education Team Chairperson at IEP meetings to document parent agreement of Team member excusal. This form will then be placed in the student's special education file.  3. Required Team members who are unable to attend the IEP meetings will provide a written statement to parents and Team Chairperson prior to the IEP meeting so that their input can be used in the development of the IEP. The Team Chairperson will review this statement at the IEP meeting.  4. Attendance sheet and power point slides will reflect staff PD on required team members at IEP meetings, excusal procedures and waiver form (see uploaded documents). | | |
| **Description of Internal Monitoring Procedures:**  Special Educational IL and/or Team Chairperson will conduct monthly review of files selected at random to ensure that documentation of parent excusal of required team members is on attendance waiver forms and that written input from excused members is contained in files when applicable. A log will be kept to document this monthly review. Additional PD will be provided to staff as file reviews deem necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 11/17/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 9, 2015 submit evidence of training for appropriate special education staff on the requirements of IEP Team composition and attendance and the use of the excusal form and written input to parents prior to the Team meeting of that member who cannot attend. Include an agenda, training materials, and signed attendance sheets with names/roles and presenter.  By April 24, 2015 submit results of an administrative review of student records after the implementation of all corrective actions to ensure parents agree, in writing, to excuse a required Team member from the Team meeting and written input is provided to the parents prior to the Team meeting and that input can be used in the development of the IEP. Include the number of student records reviewed; the number of records in compliance; the root cause for any identified non-compliance and the charter's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the charter must maintain the following documentation and make it available to the Department upon request: a) List of student names, grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/09/2015 | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that whenever the IEP Team evaluation indicates that a student's disability affects social skills development or when the disability makes the student vulnerable to bullying, harassment, or teasing, and for the students identified with a disability on the autism spectrum, the IEP Team is not considering and specifically addressing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. While the charter school includes a general bullying statement under the Additional Information section of the IEP, the specific skills and proficiencies for avoiding and responding to bullying, harassment or teasing are not addressed within the IEP or the Notice of Proposed School District Action (N1). | | |
| **Description of Corrective Action:**  The Foxborough Regional Charter School remains committed to teaching students with disabilities the specific skills and proficiencies needed to avoid and respond to bullying, harassment, and teasing. Information pertaining to the students social skills will appear under the student strengths summary when Team discussion and evaluation data (if applicable) indicate that there are no concerns with the student's ability to avoid and respond to bullying, harassment, and teasing. If the Team discussion and/or evaluation data indicates these concerns are present, the team will document these concerns on the Plep B page of the IEP and specific goals and objectives will be written to improve the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. These skills and proficiencies can include but are not limited to social pragmatics, problem-solving, and self-advocacy. A brief statement of the Team's findings related to social skill development and proficiencies will appear after the general blurb on the additional information page as well. Information on the student's social skills will appear in N1 letter that corresponds to the proposed IEP. The Special Education Instructional Leader will provide professional development to all special education staff on regulations and district procedures to address social skills development and consideration of the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students with disabilities. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Instructional Leader (IL)  Special Education Team Chairperson | | **Expected Date of Completion:**  06/17/2015 |
| **Evidence of Completion of the Corrective Action:**  1. Teams will discuss the student's social skills at all IEP meetings. If the Team determines there are no concerns, information about the student's social skills will be documented in the student strengths section of the IEP. If the Team determines that there are concerns about the student's social skills, these concerns will be documented on the Plep B page of the IEP and goals and objectives will be developed to reflect the specific skills and proficiencies need to improve his/her social skills and avoid and respond to bullying, harassment, or teasing.  2. A brief statement of the Team's findings related to social skill development and proficiencies will appear after the general blurb on the additional information page as well.  3. N1 letters will include information related to Team's findings on the student's social skills and proficiencies  4. Attendance sheet and power point slides will reflect staff PD on regulations and district procedures to address social skills development and consideration of the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students with disabilities (see uploaded documents). | | |
| **Description of Internal Monitoring Procedures:**  Special Education IL and/or Team Chairperson will review IEP documents to ensure evidence of student's social skills development including the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing prior to proposing the IEP to the parents. Additional PD will be provided to staff as file reviews deem necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 11/17/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 9, 2015 submit evidence of training for appropriate special education staff on the requirements of IEP development and content when the IEP Team evaluation indicates that a student's disability affects social skills development or when the disability makes the student vulnerable to bullying, harassment, or teasing, and for the students identified with a disability on the autism spectrum, the IEP Team considers and specifically addresses in the IEP the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. Include an agenda, training materials, and signed attendance sheets with names/roles and presenter. Please refer to Technical Assistance Advisory SPED 2011-2: Bullying Prevention and Intervention for more information (http://www.doe.mass.edu/sped/advisories/11\_2ta.html).  By April 24, 2015 submit the results after the implementation of all corrective actions of an administrative review of student records for students with ASD or social skills needs across all grade levels to ensure Teams consider and document the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. Include the number of student records reviewed; the number of records in compliance; for any identified noncompliance determine the root cause of the non-compliance; and the charter's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the charter must maintain the following documentation and make it available to the Department upon request: a) List of student names, grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/09/2015 | | |

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

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| **Criterion & Topic:**  CR 26A Confidentiality and student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that student records did not always contain a log of access to ensure confidentiality. | | |
| **Description of Corrective Action:**  FRCS will create a access log for all SPED files to ensure confidentiality and tracking of file location for hard copy files. All other file access is done digitally with a digital tracking system already in place. The log will be kept with the SPED files in the SPED office. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Instructional Leader  Administrative Assistant to SPED IL | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  A log will exist for the sign in/out of hard copy SPED files and be used with fidelity by all staff. | | |
| **Description of Internal Monitoring Procedures:**  SPED administrative assistant will review the access log monthly for accuracy and fidelity in use. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 26A Confidentiality and student records | **Corrective Action Plan Status:** Approved  **Status Date:** 11/14/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 9, 2015 submit evidence of training/dissemination for appropriate staff on the charter's newly developed process for ensuring confidentiality and use of logs of access to student records that includes an agenda, training materials, and signed attendance sheets with names/roles and presenter.  By April 24, 2015 submit results after the implementation of all corrective actions of an administrative review of a sample of student records across all grade levels to ensure that logs of access are employed for the sign in/out of all hard copy student files. Please include number of student records reviewed; the number of records in compliance; for any identified continuing noncompliance determine the root cause of the non-compliance and the charter's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the charter must maintain the following documentation and make it available to the Department upon request: a) List of student names, grade level and age for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s), and their  signature(s). | | |
| **Progress Report Due Date(s):**  01/09/2015  04/24/2015 | | |

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

**Charter: Foxborough Regional Charter School**

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Amanda Turcotte

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: January 13, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 4 Waiver Procedures** | | | **Rating: Not Implemented** |
| **Department CPR Finding:**  *Review of documents and staff interviews revealed that the charter has no English language learner waiver procedures; therefore, this information has not been made available to parents of students receiving ELE instruction.* | | | |
| **Narrative Description of Corrective Action:** FRCS will adapt one of the DESE templates for Waiver Procedures, which will be included with all identification letters going forward. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amanda Turcotte (ELA Instructional Leader)  Merites Abelard, Amanda Goddard, Michael McGown (ESL teachers) | | **Expected Date of Completion for Each Corrective Action Activity:** Implemented as of August, 2014. | |
| **Evidence of Completion of the Corrective Action:** All Identification letters will include a copy of waiver procedures. | | | |
| **Description of Internal Monitoring Procedures:** Before sending letters to indicate ESL program placement, appropriate staff member will confirm that waiver is attached. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 4 Waiver Procedures** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** By **May 27, 2015** submit evidence, e.g. sample letter, that the parental notice letter has been revised and now includes English language learner waiver procedures along with evidence of appropriate staff dissemination that English language learner waiver procedures must be provided to parent. This evidence may include email correspondence, staff training, signed attendance sheet(s) with name(s) and role(s). | | | |
| **Progress Report Due Date(s): May 27, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 5 Program Placement and Structure** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:**  *Interviews and a review of district documentation indicated that at the time of the review, not all of the ELLs were provided sufficient English as a Second Language (ESL) instruction as per Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013”document as found at* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html). | | | |
| **Narrative Description of Corrective Action:** ELL Program Director to propose creation of a new, full-time ESL Instructor, in order to meet DESE guidance in service delivery hours. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amanda Turcotte (ELA IL) | | **Expected Date of Completion for Each Corrective Action Activity:** August 2015 | |
| **Evidence of Completion of the Corrective Action:** A new, full-time ESL instructor will be hired. All student service delivery schedules will reflect hours and WIDA levels. | | | |
| **Description of Internal Monitoring Procedures:** As students progress toward proficiency, the ESL team will periodically reconvene to reorganize service-delivery schedules. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 5 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  It is not possible to approve this proposed corrective action given the lack of detail. The district should provide the following information:   * Analysis of staffing needs * How the addition of another teacher will affect ESL instructional time provided to ELLs * Details regarding the hiring process * Current practice versus projected practice * Scheduling details * Instructional grouping * Instructional model (push-in, pull-out) * A thorough description of internal monitoring process   + responsible person for hiring   + responsible person for scheduling | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   1. Please provide a detailed plan (including all the information requested above) that shows that the district is providing sufficient ESL instruction to all ELL students during the 2014-2015 school year based on the Department's Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners found at http://www.doe.mass.edu/ell/TransitionalGuidance.pdf 2. Please complete district information in the attached spreadsheet labeled ELL List by school for each ELL student in the district. | | | |
| **Progress Report Due Date(s): May 27, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 10 Parent Notification** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Review of documents and staff interviews indicated that Foxborough Regional Charter School does not include waiver information or exit requirements in their notification letter to parents upon identification of a student as an English language learner.* | | | |
| **Narrative Description of Corrective Action:** See narrative for ELE 4. In addition to including waiver procedures in notification letters to families, the ESL team will include exit requirements as the final page of attachments in the correspondence. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amanda Turcotte (ELA Instructional Leader)  Merites Abelard, Amanda Goddard, Michael McGown (ESL teachers) | | **Expected Date of Completion for Each Corrective Action Activity:** Implemented as of August 2014 | |
| **Evidence of Completion of the Corrective Action:** All parent notification letters will include a copy of exit criteria. | | | |
| **Description of Internal Monitoring Procedures:** Before sending letters to indicate ESL program placement, appropriate staff member will confirm that exit criteria is attached. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 10 Parent Notification** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** By **May 27, 2015** submit evidence, e.g. sample letter, that the parental notice letter has been revised and now includes exit requirements in their notification letter to parents upon identification of a student as an English language learner, along with evidence of appropriate staff dissemination that exit requirements must be provided to parent in their notification letter to parents. This evidence may include email correspondence, staff training, signed attendance sheet(s) with name(s) and role(s). | | | |
| **Progress Report Due Date(s): May 27, 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 Foxborough Regional Charter School does not have a program evaluation process to conduct periodic evaluations of the effectiveness of their ELE program.* | | | |
| **Narrative Description of Corrective Action:** Program director conducts regular program evaluation, and areas of need are addressed in the annual ELA Strategic Plan. To satisfy the corrective action, ELA Instructional Leader will work with Director of Teaching and Learning to create a formal, standardized document to concretely reflect this evaluation and reflection process. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amanda Turcotte (ELA Instructional Leader) | | **Expected Date of Completion for Each Corrective Action Activity:** August 2015 | |
| **Evidence of Completion of the Corrective Action:** ESL team will create and utilize a formal self-evaluation document to guide programming decisions at least three times per school year (once per term). | | | |
| **Description of Internal Monitoring Procedures:** ELA Instructional Leader to begin drafting evaluation tool to be reviewed and revised by the Director of Teaching and Learning. The tool will be presented to the ESL team in August of 2015, for use in the 2015-2016 school year. | | | |
| 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:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** Please see optional program evaluation form at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf. By **August 31, 2015** submit evidence of a program evaluation process to conduct periodic evaluations of the effectiveness of ELE program, along with evidence of appropriate staff dissemination that may include email correspondence, staff training, signed attendance sheet(s) with name(s) and role(s). | | | |
| **Progress Report Due Date(s): August 31, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 18 Records of ELL Students** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Review of student records indicated that there were no separate ELE individual student folders and although the charter did have the required documents in the cumulative record, screening assessments, although administered, were missing.* | | | |
| **Narrative Description of Corrective Action:** FRCS already maintains separate ELE student files, which are housed in the ESL office, in secure file cabinets. Going forward, all files will contain a copy of the screening test (W-APT) used to identify our ELLs. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amanda Turcotte (ELA Instructional Leader)  Merites Abelard, Amanda Goddard, Michael McGown (ESL team) | | **Expected Date of Completion for Each Corrective Action Activity:** Already complete | |
| **Evidence of Completion of the Corrective Action:** All ELE student files will contain a copy of the W-APT screening test in addition to other required documentation. | | | |
| **Description of Internal Monitoring Procedures:** FRCS will continue to keep files on individual ELLs. Going forward, all files will contain a copy of the W-APT assessment used to screen. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 18 Records of ELL Students** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** By **August 31, 2015** submit the results of an administrative record review of a representative sample of student records from all levels for evidence there are now separate ELE individual student records that contain all required documents (**see ELE 4** **& ELE 10**) inclusive of screening assessments. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \* **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 the person(s) who conducted the review, their role(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): August 31, 2015** | | | |