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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: Chesterfield-Goshen

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 09/27/2014.

**Mandatory One-Year Compliance Date:** **09/27/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 13 | Progress Reports and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |

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| **Criterion & Topic:** SE 13 Progress Reports and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review, interviews and documents indicate that reports on the student's progress toward reaching the goals set forth in his or her IEP were not consistently included as part of the student record. |
| **Description of Corrective Action:** Professional development with Special Education Staff to ensure they have data and can report student progress in a meaningful way on the progress report. PD to also include getting hard copy of the progress report mailed home with the general education report cards and making sure a hard copy is in the student record.PD with Special Education Secretary to ensure a double check for the hard copy in the file. |
| **Title/Role(s) of Responsible Persons:**Irene Ryan, Pupil Services Director and Rosemary Larkin, Principal | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Internal record review to look at content and presence of progress reports when the first report card goes home. January, 2015 |
| **Description of Internal Monitoring Procedures:** Ongoing internal record review to look at content and presence of progress reports-each time report cards go home. June, 2015 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 13 Progress Reports and content | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district indicated professional development will be provided to ensure student progress can be reported in a meaningful way on the progress report and will be included in the student record. The district needs to develop procedures for ensuring that progress reports are issued for students with IEPs and to ensure they are a part of the student record. In addition, the district needs to provide a monitoring plan to outline who is responsible for continued compliance. |
| **Department Order of Corrective Action:**Submit detailed procedures for ensuring that reports on the student's progress toward reaching the goals set forth in his or her IEP are included as part of the student's record. |
| **Required Elements of Progress Report(s):** The district must submit to the Department a copy of a detailed set of procedures developed to ensure that parents receive reports on the student's progress toward reaching the goals set in the IEP at least as often as parents are informed of the progress of non-disabled students, and will be documented in the student record, by February 13, 2015.Submit to the Department a copy of the internal tracking and oversight system with periodic review by designated person(s) responsible to ensure compliance exists, by February 13, 2015.Submit to the Department the results of an administrative review of records for students' second reporting period progress reports, subsequent to corrective actions, to ensure written information on the student's progress toward the annual goals in the IEP are included in the student record and sent to the parents as often as parents are informed of the progress of non-disabled students, by May 18, 2015.\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 02/13/201505/18/2015 |

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| **Criterion & Topic:** SE 18B Determination of placement; provision of IEP to parent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review, interviews and documents indicate that following the development of the IEP, the district does not consistently provide the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice, within 3-5 days; or as an alternative, a summary of the key agreements of the meeting which must, at a minimum, include a completed service delivery grid describing the types and amounts of special education and/or related services proposed by the district and a statement of the major goal areas associated with these services, with the district's completed proposed IEP provided to the parent within 10 school days. |
| **Description of Corrective Action:** Professional Development will be done with staff to ensure the following will be in place:PD will include special education liaisons, special education secretary and principal. Agenda for PD:Parents will be sent two copies of the proposed IEP within 10 working days of the IEP Team meeting. The date the IEP was sent home will be noted on the copy filed in the special education record. Liaisons will send a meeting summary to included: a list of goals and service delivery grid-- home with the parent at each Team meeting and will note this was done in additional information section of the IEP. |
| **Title/Role(s) of Responsible Persons:**Irene Ryan, Pupil Services Director and Rosemary Larkin, Principal. | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Internal record review. |
| **Description of Internal Monitoring Procedures:** Internal record review in January and June. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district indicated professional development and internal record review will occur to ensure two copies of the proposed IEP and placement along with the required notice (Notice of Proposed School District Action, N1) will be sent within ten working days of the Team meeting when the parent is provided with a summary at the end of the meeting. The professional development should include the use of the N1 to document sending two copies of the IEP and information regarding a statement of the major goal areas associated with proposed services rather than a list of goals at the conclusion of the IEP meeting. |
| **Department Order of Corrective Action:**Submit detailed procedures for ensuring the parent is issued two copies of the proposed IEP and proposed placement, along with the required notice, Notice of Proposed School District Action (N1), and a description of an internal tracking and oversight system with individuals designated responsible for compliance monitoring and a date by which these staff members are trained on the new procedures. |
| **Required Elements of Progress Report(s):** The district must submit to the Department a copy of a detailed set of procedures outlining the process to ensure parents are provided two copies of the proposed IEP and proposed placement along with the required notice (N1), within ten school working days of the provision of the summary, by February 13, 2015.Submit copies of the agenda, dated attendance sheet with staff role and signature and copies of materials presented to responsible staff members to specifically address the use of the N1 to document sending two copies of the IEP to the parent within ten working school days of the provision of the summary, and that the summary includes a statement of the major goals areas associated with the services identified on the service delivery grid, by February 13, 2015.Submit to the Department a copy of the internal tracking and oversight system with periodic review by designated person(s) responsible to ensure compliance exists, by February 13, 2015.Submit to the Department the results of an administrative review of records for students who had Team meetings conducted after March 1, 2015, subsequent to correction actions to ensure the district is issuing the parent two copies of the proposed IEP and proposed placement, along with the required notice within ten school working day of the provision of the summary and ensure the summary includes the statement of major goals areas associated with the services identified on the service delivery grid. Indicate the number of student records reviewed, the number found to be compliant, an explanation of the root cause of any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance, by May 18, 2015.\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of the person (s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 02/13/201505/18/2015 |

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| **Criterion & Topic:** SE 32 Parent advisory council for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Documents and interviews indicate that Chesterfield-Goshen Public Schools has not established its own Parent Advisory Council (PAC), but participates as a member of the larger Hampshire Regional School District PAC, approved by waiver by the Department for the 2012-2013 school year. That waiver has now expired and must be resubmitted for approval for the 2014-2015 school year. |
| **Description of Corrective Action:** Pupil Services Director must file an annual waiver to meet the requirements for having a Regional PAC. The Principal will assist in getting flyers out for Open Houses, to give out at team meetings and will try to recruit several parents to serve on the PAC to represent Chesterfield-Goshen School District on the regional PAC. |
| **Title/Role(s) of Responsible Persons:**Irene Ryan, Pupil Services Director and Rosemary Larkin, Principal | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Submission of the waiver form annually and confirmation from PQA that the regional PAC continues to meet the regulatory standard. |
| **Description of Internal Monitoring Procedures:** Keep waiver and response from waiver on file for mid-term progress reports and next CPR. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** The district must provide a copy of a letter from the Department approving a waiver for the 2014-2015 school year from the regulation requiring the district to establish a parent advisory council on special education by February 13, 2015. |
| **Progress Report Due Date(s):** 02/13/2015 |

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| **Criterion & Topic:** SE 54 Professional development | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Interviews and documents indicate that the district does not provide training for staff members on analyzing and accommodating the diverse learning styles of all students in order to achieve an inclusive environment in the general education classroom. Training also does not include methods of collaboration among teachers, paraprofessionals, and teacher assistants to accommodate the diverse learning styles of all students in the general education classroom. |
| **Description of Corrective Action:** Pupil Services Director and Principal will work together to provide professional development to teachers on differentiating instruction and meeting the needs of diverse learners. 2014-2015 school year PD is focused on the new Math curriculum, which included differentiating instruction for diverse learners. Additional PD will focus on differentiating instruction in the general education classroom to meet the needs of all learners. Ongoing PD at monthly faculty meetings will focus on pre-referral process and improving the existing RTI model in place. The pre-referral process itself is PD on differentiating instruction in that teachers meet to needs of diverse learners. Teachers and specialists share ideas to meet students' needs in the general education setting. |
| **Title/Role(s) of Responsible Persons:**Irene Ryan, Pupil Services Director and Rosemary Larkin, Principal | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Agendas and sign-ins from Student Assistance (pre-referral process) meetings, as well as from all PD. |
| **Description of Internal Monitoring Procedures:** Principal and Pupil Services Director meet monthly and will work together to see if PD is effective and or what else is needed to meet the criteria for meeting the needs of diverse learners in the general education setting. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district indicated professional development will focus on differentiating instruction to meet the needs of all learners and will be provided to teachers. However, training to include methods of collaboration among teachers, paraprofessionals, and teacher assistants was not addressed. |
| **Department Order of Corrective Action:**Provide training on all identified areas, including methods of collaboration among teachers, paraprofessionals, and teacher assistants to accommodate the diverse learning styles of all students in the general education classroom. |
| **Required Elements of Progress Report(s):** The district must submit to the Department a copy of the internal tracking and oversight system with periodic review by designated person (s) responsible to ensure compliance exists, by February 13, 2015.Submit agendas and copies of materials presented for both special education and general education staff at the Student Assistance meetings, monthly faculty meetings and other professional development offered to staff, to include dated attendance sheet with staff role and signature, that specifically addressed analyzing and accommodating the diverse learning styles of all students in order to achieve an inclusive environment in the general education classroom and methods of collaboration among teachers, paraprofessionals, and teacher assistants to accommodate the diverse learning styles of all students in the general education classroom, by May 18, 2015. |
| **Progress Report Due Date(s):** 02/13/201505/18/2015 |

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| **Criterion & Topic:** CR 3 Access to a full range of education programs | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Interviews and documents indicate that the access to a full range of education programs statement is missing the protected categories of homelessness and gender identity. |
| **Description of Corrective Action:** Add the two protected classes to handbook. |
| **Title/Role(s) of Responsible Persons:**Rosemary Larkin, Principal | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Copy of the handbook with proposed changes included. |
| **Description of Internal Monitoring Procedures:** Keep the protected classes included in the handbook. Handbook is posted on website. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** The district must submit to the Department a copy of the section of the student handbook that includes the access to a full range of education programs statement with the proposed language to include the protected categories of homelessness and gender identity, by February 13, 2015.The district will submit to the Department evidence that the updated statement that includes the protected categories of homelessness and gender identify have been disseminated to staff, students and parents for the 2014-2015 school year, by February 13, 2015. |
| **Progress Report Due Date(s):** 02/13/2015 |

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Interviews and documents indicate that the student handbook does not include procedures for the discipline of students with Section 504 Accommodation Plans and the nondiscrimination policy is missing the protected category of gender identity. |
| **Description of Corrective Action:** Include procedures for discipline for students with 504 and IEP's in the nondiscrimination policy. Add gender as a protected category. |
| **Title/Role(s) of Responsible Persons:**Rosemary Larkin, Principal | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Updated handbook has changes. |
| **Description of Internal Monitoring Procedures:** Continue to keep these updated in the handbook. Handbook is also posted on the website. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's description indicated it would include procedures for discipline for students with Section 504 Accommodation Plans in the nondiscrimination policy and the updated handbook will provide the evidence of completion of corrective action. However, the finding consists of two separate components that need to be addressed in the student handbook. The nondiscrimination policy needs to include the protected category of gender identity, and the procedures for the discipline of students with Section 504 Accommodation Plans need to be added to the student handbook. |
| **Department Order of Corrective Action:**Submit the procedures for discipline for students with 504 Accommodation Plans and a copy of the nondiscrimination policy that includes gender identity as evidenced in the sections of the student handbook. |
| **Required Elements of Progress Report(s):** The district will submit to the Department a copy of the section of the student handbook that includes the procedures for the discipline of students with Section 504 Accommodation Plans and a copy of the section that includes the nondiscrimination policy with the protected category of gender identity added, by February 13, 2015.The district will submit to the Department evidence that the updated procedures have been disseminated to staff, students and parents for the 2014-2015 school year, by February 13, 2015. |
| **Progress Report Due Date(s):** 02/13/2015 |
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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:** Interviews and documents indicate that the district does not annually train staff on the use of physical restraint and has not developed written procedures regarding appropriate responses to student behavior that may require immediate intervention. |
| **Description of Corrective Action:** Initial Crisis Prevention Intervention training will be done for staff in November, 2014. Annual recertification will take place next school year. |
| **Title/Role(s) of Responsible Persons:**Irene Ryan, Pupil Services Director and Rosemary Larkin, Principal | **Expected Date of Completion:**09/27/2015 |
| **Evidence of Completion of the Corrective Action:**Rosters from trainings will be submitted as evidence the initial trainings have taken place. |
| **Description of Internal Monitoring Procedures:** Rosters for initial certification and recertification will be submitted and kept on file as proof that staff have been trained. |
| 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:** Partially Approved **Status Date:** 12/31/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district indicated Crisis Prevention Intervention training would be conducted for staff in November 2014. The legal requirement is to conduct the annual training on the use of physical restraint within the first month of each school year, and for employees hired after the school year begins, within a month of their employment. The district also needs to develop written procedures regarding appropriate responses to student behavior that may require immediate intervention. In addition, the district needs to provide a monitoring plan to outline who is responsible to ensure continued compliance with district development and implementation of staff training within the first month of each school year and, for employees hired after the school year begins, within a month of their employment. |
| **Department Order of Corrective Action:**Submit detailed written procedures regarding appropriate responses to student behavior that may require immediate intervention, a description of an internal tracking and oversight system with individuals clearly designated responsible for compliance monitoring for ensuring staff are trained annually, and on hire, on the use of physical restraint. |
| **Required Elements of Progress Report(s):** The district will submit to the Department a copy of a detailed set of written procedures developed regarding appropriate responses to student behavior that may require immediate intervention and evidence that the updated procedures have been provided to staff and made available to parents for the 2014-2015 school year, by February 13, 2015.Submit to the Department the names, roles and dates of training on the initial Crisis Prevention Intervention provided for staff in November 2014, by February 13, 2015. Submit to the Department a copy of the internal tracking and oversight system with periodic review by designated person(s) to ensure compliance exists by, February 13, 2015.The district will submit to the Department copies of scheduled training for school staff planned for within the first month of the 2015-2016 school year on the use of physical restraint, by May 18, 2015. |
| **Progress Report Due Date(s):** 02/13/201505/18/2015 |