|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Concord-Carlisle

CPR Onsite Year: 2013-2014

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 08/22/2014.

**Mandatory One-Year Compliance Date:** **08/22/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 23 | Comparability of facilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 3A Special requirements for students on the autism spectrum | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicated that IEP Teams do not consistently consider and specifically address all areas that impact progress in the general curriculum for students identified on the autism spectrum, specifically unusual responses to sensory experiences, resistance to environmental change or change in daily routines, and engagement in repetitive activities and stereotyped movements. |
| **Description of Corrective Action:** All staff will be retrained in the special requirements for students on the autism spectrum by November 15, 2014. |
| **Title/Role(s) of Responsible Persons:**Jessica Murphy | **Expected Date of Completion:**08/22/2015 |
| **Evidence of Completion of the Corrective Action:**By June 2015 a record review of 10 randomly selected IEPs will demonstrate that each team has discussed the above considerations for each student. The Director of Special Education will complete the record review. Evidence of the record review, the results and any necessary follow-up will be submitted to DESE by 8/22/15. |
| **Description of Internal Monitoring Procedures:** A mid-year record review will be completed by the director of special education for progress toward 100% compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit evidence of staff training on the requirements of addressing all areas of concern for students identified with a disability on the autism spectrum, including meeting agenda and attendance. For those student records identified by the Department, submit a copy of the new IEP and the Team Meeting Attendance Sheet (N3A) to indicate that the IEP Teams have reconvened. By April 28, 2015, submit a report of the results of an internal review of records and include the following: 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.\*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, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 02/02/201504/28/2015 |

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

|  |  |
| --- | --- |
| **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 immediately send the proposed IEP and placement within 10 days to the parent. |
| **Description of Corrective Action:** All staff will be retrained on the requirement that Immediately following the development of the IEP, the district provides the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice, except that the proposal of placement may be delayed according to the provisions of 603 CMR 28.06(2)(e) in a limited number of cases.This training will occur by Dec 15, 2014 |
| **Title/Role(s) of Responsible Persons:**Jessica Murphy, Director of Special Education | **Expected Date of Completion:**08/22/2015 |
| **Evidence of Completion of the Corrective Action:** By August 22, 2015 a record review of 10 randomly selected IEPs will demonstrate the IEP was provided to the parent within 3-5 days if the parent did not receive a summary of the team meeting; or 10 days if parents were given a summary of the IEP/meeting at the meeting. The Director of Special Education will complete the record review. |
| **Description of Internal Monitoring Procedures:** A mid-year record review will be completed by the director of special education for progress toward 100% compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit evidence of training to special education staff on these requirements; include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter.By April 28, 2015, submit a report of the results of an internal review of records conducted after the training to determine compliance; include the number of student records reviewed, the number of records in compliance and 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.\*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, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 02/02/201504/28/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 20 Least restrictive program selected | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student records indicated that the district's IEP Teams do not consistently explain why the removal of a student from the general education classroom is critical to the student's program or provide 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:** Staff will be retrained in the writing of non-participation justification statements explaining why a student is removed from the general curriculum. 603 CMR 28.06(2). This training will occur by January 30, 2015. |
| **Title/Role(s) of Responsible Persons:**Jessica Murphy, Director of Special Education | **Expected Date of Completion:**08/22/2015 |
| **Evidence of Completion of the Corrective Action:** By June 30, 2015 a record review of 10 randomly selected IEPs will demonstrate that the team discussed why a student needs to be removed from the general curriculum and how they are being served in the LRE. The Director of Special Education will complete the record review. Evidence of the record review, the results and any necessary follow-up will submitted to the DESE by 8/22/15. |
| **Description of Internal Monitoring Procedures:** A mid-year record review will be completed by the director of special education for progress toward 100% compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit evidence of training to special education staff on developing Non-participation Justification statements and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter.By April 28, 2015, submit a report of the results of an internal review of records conducted after the training to determine compliance with appropriately developed Non-participation Justification statements. Include the number of student records reviewed, the number of records in compliance and 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.\*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, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 02/02/201504/28/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 32 Parent advisory council for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Interviews indicated that the district does not have a special education parent advisory council with officers. The district does not currently offer its own annual workshop on the rights of students and parents/guardians under state and federal special education law. |
| **Description of Corrective Action:** A PAC has been reestablished and monthly meetings have been scheduled. In addition the district and the PAC will be holding a basic rights workshop with a trainer from FCSN in the winter of 2015 (projected January 2015). |
| **Title/Role(s) of Responsible Persons:**Jessica Murphy, Director of Special Education | **Expected Date of Completion:**08/22/2015 |
| **Evidence of Completion of the Corrective Action:**The district and PAC will have held a basic rights workshop. The PAC board and the Director of Special education will meet regularly, throughout the school year. |
| **Description of Internal Monitoring Procedures:** Agendas and minutes from the meetings will be collected and a copy of the presentation as well as attendee sign in will be submitted to DESE |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit meeting agendas for PAC meetings held in the 2014-2015 school year. Submit a copy of the announcement, meeting agenda, and sign-in sheets for the Basic Rights Workshop. By April 28, 2015, submit evidence of meetings with the Director of Special Education relative to advising the district on matters that pertain to the education and safety of students with disabilities, and the planning, development, and evaluation of the school district's special education programs. |
| **Progress Report Due Date(s):** 02/02/201504/28/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the district's procedures for placing a student in an interim alternative educational setting do not address the use of the authority of a hearing officer when there is evidence that the student is substantially likely to injure him/herself or others. |
| **Description of Corrective Action:** The district's procedural manual will be updated to include the district's procedures for placing a student in an interim alternative educational settings and use of the authority of a hearing officer when there is evidence that the student is substantially likely to injure him/herself or others. |
| **Title/Role(s) of Responsible Persons:**Jessica Murphy, Director of Special Education | **Expected Date of Completion:**08/22/2015 |
| **Evidence of Completion of the Corrective Action:**The procedural manual will be updated and redistributed to staff. |
| **Description of Internal Monitoring Procedures:** The electronic dissemination of the procedural manual will include an electronic signature indicating each staff members receipt of it. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit evidence of the update to the district's procedural manual. Indicate the date that the manual was redistributed to staff with electronic signature list. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 55 Special education facilities and classrooms | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A facilities review demonstrated that the Speech/Language services room and the special education Pathways program are both located within a suite identified as the Special Education Office, thereby identifying and stigmatizing any student receiving these services. |
| **Description of Corrective Action:** The signage identifying the special education suite where services take place have been removed and will not be replaced. |
| **Title/Role(s) of Responsible Persons:**Jessica Murphy, Director of Special Education | **Expected Date of Completion:**08/22/2015 |
| **Evidence of Completion of the Corrective Action:**Onsite visit from DESE. |
| **Description of Internal Monitoring Procedures:** The opening of the new building in April 2015 will include a walk through by the director of special education to ensure no signage is evident. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved **Status Date**: 10/16/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, the Department will schedule and complete an on-site visit to confirm changes to signage. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 9 Hiring and employment practices of prospective employers of students | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the statement signed by employers recruiting at the high school does not include gender identity as a protected category. |
| **Description of Corrective Action:** The document review indicated that the statement signed by employers recruiting at the high school does not include gender identity as a protected category. |
| **Title/Role(s) of Responsible Persons:**Kristen Herbert/Director of Teaching and Learning | **Expected Date of Completion:**09/08/2014 |
| **Evidence of Completion of the Corrective Action:**The high school principal and I changed the letter so that it now reads, "I attest that this company does not discriminate in its hiring or business practices based on race, color, gender, gender identity, homelessness, disability, sexual orientation, religion or national origin and we abide by all laws and regulations governing the employment of minors." |
| **Description of Internal Monitoring Procedures:** This document has been replaced in every location that it exists in our school. All faculty have been notified. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit examples of the contractual paperwork used by employers when recruiting and hiring students at the high school that includes gender identity as a protected category. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the district's annual written notice to former students 16 or over who have not yet earned their competency determination and who have not transferred to another school refers students and families to GED programming as an alternative educational program, rather than publically funded post-high school academic support programs. |
| **Description of Corrective Action:** We have changed the letter that students, who have been absent more than 15 days, receive. It now warmly invites them back to school, notifies them of their right to return to school, and offers a meeting within ten days of receipt of this letter with school personnel to discuss plans moving forward. |
| **Title/Role(s) of Responsible Persons:**Kristen Herbert/Director of Teaching and Learning | **Expected Date of Completion:**09/08/2014 |
| **Evidence of Completion of the Corrective Action:**The letter goes on to say, "If you or your parents decide not to meet with the school and to withdraw from CCHS, we would like you to be aware of some alternative educational programs in our area that could help you earn your high school diploma." |
| **Description of Internal Monitoring Procedures:** This letter has been corrected in all the places that it exists. All school personnel were informed as to the changes. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:** In the corrective action described above, the district appears to have combined the two notices delineated in this criterion into one document. However, one letter should pertain to students who have 15 consecutive unexcused absences, while the other letter is sent to former students who have not yet earned their competency determination and who have not transferred to another school. |
| **Department Order of Corrective Action:**Develop a letter to be sent annually to students who have not earned their competency determination nor transferred to another district that informs them of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs.Provide evidence that the letter sent to students and parents after 15 days of unexcused absence states that the student and the parent or guardian may meet with a representative of the district within ten days from the date the notice was sent. At the request of the parent or guardian, the district may consent to an extension of the time for the meeting of not longer than fourteen days. |
| **Required Elements of Progress Report(s):** By February 2, 2015, provide copies of both letters. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **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:** Document review indicated that the district does not maintain a log for restraints lasting over five minutes or where injury to the staff or student occurs. |
| **Description of Corrective Action:** There was an absence of a log of restraints which lasted over five minutes. |
| **Title/Role(s) of Responsible Persons:**Peter Badalament/Concord Carlisle High School Principal | **Expected Date of Completion:**09/08/2014 |
| **Evidence of Completion of the Corrective Action:**A restraint log was created. Each description of a restraint asks for," Date/Time, Student name, Gender, Grade, Restraint Performed by Whom, Type of Restraint, Length of Restraint, Reason for Restraint, Injuries to Student, Injuries to Staff Members, Time of Call to Parent, and Date of Parent Letter." Also included in the log is the formal paper work that must be filed in the event that a restraint is done. |
| **Description of Internal Monitoring Procedures:** All faculty have been informed as to the placement of the log in the principal's office. |
| 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:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, the Department will schedule and complete an on-site visit, during which the examiner will verify the creation of the restraint log. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 23 Comparability of facilities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A facilities review demonstrated that English language learners' instruction is scheduled in the school library while the library is being accessed by other students, thereby leading to auditory and visual distractions. |
| **Description of Corrective Action:** During the Coordinated Program Review in the school year 2013-2014, English language learners were observed having class in the library. |
| **Title/Role(s) of Responsible Persons:**Peter Badalament/Concord Carlisle High School Principal | **Expected Date of Completion:**09/08/2014 |
| **Evidence of Completion of the Corrective Action:**This has been corrected for the 2014-2015 school year. ELL classes are only held in ELL classrooms, not in public areas such as the library.This issue will also be resolved when we move into our new school building which has more classrooms, so we won't have space crowding. |
| **Description of Internal Monitoring Procedures:** This correction has been made permanently in our scheduling software (Aspen X2). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 23 Comparability of facilities | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, the Department will schedule and complete an on-site visit confirming the relocation of ELL classes. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that individual teachers' process for reviewing all educational materials for simplistic and demeaning generalizations does not include gender identity as a protected category. |
| **Description of Corrective Action:** We have changed our, "Book/Publication Review Certification." |
| **Title/Role(s) of Responsible Persons:**Peter Badalament/ Concord Carlisle High School Principal | **Expected Date of Completion:**09/08/2014 |
| **Evidence of Completion of the Corrective Action:**Faculty now sign under the following statement, "I hereby certify that I have thoroughly reviewed the educational materials I plan to present this year in the above named activity/group in order to ensure the absence of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation. When areas of concern are identified, I will provide appropriate activities, discussions and/or supplementary materials to provide balance and context for any stereotypes depicted in the materials." |
| **Description of Internal Monitoring Procedures:** These letters and forms have been changed in all the places they exist. All faculty have been made aware of the changes. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 2, 2015, submit examples of the statement signed by faculty as part of the curriculum review process that includes "gender identity" in the list of protected categories identified when reviewing curriculum and supplementary materials. |
| **Progress Report Due Date(s):** 02/02/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the district's self-evaluation review of all aspects of its 9-12 programming annually to ensure equal access to all students to all programs, including athletics and other extracurricular activities, does not include gender identity as a protected category. |
| **Description of Corrective Action:** We have changed the form called, "Supervisor's Review for Program Access and Discrimination." |
| **Title/Role(s) of Responsible Persons:**Kristen Herbert/Director of Teaching and Learning | **Expected Date of Completion:**09/08/2014 |
| **Evidence of Completion of the Corrective Action:**Supervisors now sign under the following statement, "I hereby attest that I have thoroughly reviewed the program listed below, which are under my supervision, and have determined that no student has been denied access to participation in these programs due to race, color, gender, gender identity, religion, national origin, homelessness, limited English proficiency, sexual orientation or disability. " |
| **Description of Internal Monitoring Procedures:** These forms have been replaced in every location that they exist. All faculty have been informed. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date**: 10/15/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By April 28, 2015, submit a copy of the institutional self-evaluation that includes "gender identity" as a protected category. |
| **Progress Report Due Date(s):** 04/28/2015 |

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

Charter School or District: Concord Carlisle Regional High School

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Concord Carlisle High School, Kristen Herbert

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: November 9, 2015**

|  |
| --- |
| 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:** *Document review indicated that current hours of ESL instruction ELLs receive are insufficient at all levels of English proficiency and are, therefore, inconsistent with Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html). |
| **Narrative Description of Corrective Action:**      *Our schedule of services for our ELL students has been revised for 2014-2015. We are now in complete compliance with the Department guidelines.* *All of our students in the ELL program receive 4 hours in ESL English and 4 hours in ESL U.S. History. Tutorial support is also available. These 8 hours a week are in compliance with the Department guidelines.**For future years of scheduling, our ELL teachers will work with school guidance counselors to set up the appropriate scheduling.* |
| **Title/Role of Person(s) Responsible for Implementation:**      Neil Lynch, ELL Teacher and Department Chair | **Expected Date of Completion for Each Corrective Action Activity:**      **Was completed September 2014** |
| **Evidence of Completion of the Corrective Action:**      Students’ schedules  |
| **Description of Internal Monitoring Procedures:**      The Department Chairs Group (DCG) is the body in charge of all students’ schedules and our academic program. This group is made up of administrators, subject specific department chairs (math, English), the ELL department chair and teacher, and guidance and special education department chairs. This group will monitor students’ schedules to make sure that they are in compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 5 | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval: N/A** |
| **Department Order of Corrective Action: N/A** |
| **Required Elements of Progress Report(s):** 1- Please complete district information in the attached spreadsheet labeled ELL List by school for each ELL student in the district. 2- Provide a copy of the 2014-15 ESL teacher schedules for all grade levels district wide.All schedules should include the following for each block of time: * + Names of the ELL students
	+ Grade level for each student;
	+ English proficiency level for each student

 3- Please provide a detailed description of the ESL History class. The description will include answers to the questions below: * + - What is the curriculum used for the ESL History class?
		- How does the district ensure that the focus is ESL instruction rather than the content in this content-based ESL model?
		- What are the qualifications and areas of licensure of the teacher teaching the ESL History class?
 |
| **Progress Report Due Date(s):** May 12, 2015 |

|  |
| --- |
| 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 student records indicated that annual parent notification letters are not consistently documented in the student record.* |
| **Narrative Description of Corrective Action:**      *We are adding the parent notification letter regarding identification of a student as an ELL to the students’ records. (The records had only existed in the ESL office, but are now being transferred to the student record folder that is located in the guidance office.) All pertinent staffs have been informed of this procedure, including our registrar.* |
| **Title/Role of Person(s) Responsible for Implementation:**      Peter Badalament, principal | **Expected Date of Completion for Each Corrective Action Activity:**      Completed October 2014 |
| **Evidence of Completion of the Corrective Action:**      Letters are in students’ files  |
| **Description of Internal Monitoring Procedures:**      Student records have a period review to make sure that they are complete in general and, now, specifically with regard to ESL parent notification letters.  |
| 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:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** ByMay 12, 2015, submit the results of an internal review of the district’s English language learner student records to determine that the student records contain a copy of the parent notification letter. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance.  |
| **Progress Report Due Date(s):** May 12, 2015 |

|  |
| --- |
| 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:** *Interviews and document review indicated that the district does not conduct periodic evaluations of the effectiveness of its ELE program.* |
| **Narrative Description of Corrective Action:**      *Periodic evaluations of the effectiveness of the ELE program are important. We have chosen to implement an evaluation each fall moving forward. We will work collaboratively with the K – 8 district. We will also examine what changes need to occur to the program based on instructors having taken RETELL and the coming of SEI.* |
| **Title/Role of Person(s) Responsible for Implementation:**      Kristen Herbert, Director of Teaching & Learning | **Expected Date of Completion for Each Corrective Action Activity:**      September 2015 |
| **Evidence of Completion of the Corrective Action:**      We will create and submit our agendas for these reviews.  |
| **Description of Internal Monitoring Procedures:**      The Director of Teaching and Learning will call annual meetings to review our ELE program K – 12. The participants of this group will include all ELE teachers and tutors. The findings of this group will be reported to the Concord Public Schools and Concord-Carlisle High School Administrative team for action. This group consists of the Superintendent, Deputy Superintendent, Directors, and all Building-based Principals.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 17 | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** By October 1, 2015,submit a summary report/evaluation from the annual meeting conducted to review the effectiveness of the ELE program for Concord-Carlisle Regional High School.  |
| **Progress Report Due Date(s):** October 1, 2015 |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 18 Records of LEP students | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that annual parent notification letters are not consistently documented in the student record.* |
| **Narrative Description of Corrective Action:**      *We are adding the annual notification letters regarding records of ELL students to the students’ records. (The records had only existed in the ESL office, but are now being transferred to the student record folder which is located in the guidance office.) All pertinent staffs have been informed of this procedure.* |
| **Title/Role of Person(s) Responsible for Implementation:**      Peter Badalament, principal | **Expected Date of Completion for Each Corrective Action Activity:**      **Was completed September 2014** |
| **Evidence of Completion of the Corrective Action:**      Letters are in students’ files  |
| **Description of Internal Monitoring Procedures:**      Student records have a period review to make sure that they are complete in general and, now, specifically with regard to ESL parent notification letters. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 10 | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** See ELE 10 |
| **Progress Report Due Date(s):** May 12, 2015 |