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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: Monomoy Regional School 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 03/06/2014.

**Mandatory One-Year Compliance Date:** **03/06/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| CR 7B | Structured learning time | 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 |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the student records indicated that within 45 school working days of receipt of the parent's written consent for an evaluation, the district does not always determine whether the student is eligible for special education and provide the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. | | |
| **Description of Corrective Action:**  Training and tracking of sheets for evaluation and convening of IEP meeting | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Joan Goggin | | **Expected Date of Completion:**  12/31/2014 |
| **Evidence of Completion of the Corrective Action:**  -Spread sheet of tracking of timelines for 45 days- form will show evaluation questions and timelines for 30 days and 45 day timelines  -Training for staff in first month of school related to timelines  sign in sheets and agendas for training | | |
| **Description of Internal Monitoring Procedures:**  random sample of records will be done in first three months of school related to eligible for special education and provision of proposed IEP or explanation of the finding of no eligibility (5 records per school) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 04/14/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By 9/15/14, please submit an agenda, signed attendance sheet including the role of all participants and training materials used for training all special education staff on the 30 day and 45 day requirements of this criterion.  By 12/15/14, please submit a report of the results of an internal review conducted after training the special education staff. Include the number of student records reviewed from each building, the number of student records in compliance, a description of the root causes for any noncompliance found, and specific actions taken by the district to remedy any noncompliance.  \*Please note when conducting internal monitoring that the district must maintain the  following documentation and make it available to the Department upon request: a) List of  the 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):**  09/15/2014  12/15/2014 | | |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the student records indicated that not all annual review IEP Team meetings are held prior to the expiration date of the previous IEP. | | |
| **Description of Corrective Action:**  Training in planning and time management for IEPs | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services and contact persons  Joan Goggin | | **Expected Date of Completion:**  10/31/2014 |
| **Evidence of Completion of the Corrective Action:**  By the end of September 2014, all staff will verify dates for annual reviews for students on their caseloads  By the end of October all staff will have established yearly calendars for scheduling team meetings on their caseloads.  They will be required to submit their calendars to the Director of Student Services. | | |
| **Description of Internal Monitoring Procedures:**  By the end of January, 2015. Contact persons will submit a status of all Team meetings that have been conducted and Team meetings that need to be scheduled between then and the end of the year. Staff will be assisted and provided with time to schedule out the remainder of the year for meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date**: 04/14/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By 9/15/14, please submit an agenda, signed attendance sheet including the role of all participants and training materials used for reviewing the requirements to conduct an IEP meeting prior to the expiration date of the current IEP. Please submit a copy of a tracking sheet that includes the dates for any scheduled Team meetings for students on an IEP.  By 12/15/2014, please conduct and submit a review of the tracking data at each building and report the following: the number of student records reviewed, the number that had IEPs developed prior to the expiration date of the current IEP, a description of the root causes for any noncompliance found, and specific actions taken by the district to remedy any noncompliance.  \*Please note when conducting internal monitoring that the district must maintain the  following documentation and make it available to the Department upon request: a) List of  the 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):**  09/15/2014  12/15/2014 | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the student records indicated that not all IEP Teams consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for those students identified with a disability on the autism spectrum. | | |
| **Description of Corrective Action:**  Training for development of program/goals objectives that specifically address skills and proficiencies needed to respond to bullying harassment or teasing for those students identified with a disability on the autism spectrum | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services and Team Chair persons  Joan Goggin, | | **Expected Date of Completion:**  02/28/2014 |
| **Evidence of Completion of the Corrective Action:**  Team Chair persons will work with teachers to develop a program/resources for students with ASD related to bullying harassment and teasing. They will provide training to teachers and also in the writing of goals and objectives for IEPs.  Agendas and attendance sheets will be submitted for evidence | | |
| **Description of Internal Monitoring Procedures:**  Random sample of records (10) that reviews IEPs and specifically reviewing and showing IEPs that have considered and address necessary skills and proficiencies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date**: 04/14/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By 9/15/14, please submit an agenda, signed attendance sheet including the role of all participants, and training materials used for training all special education staff on addressing the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing for those students identified with a disability on the autism spectrum.  In addition, for those students whose records were identified by the Department, the district must reconvene the IEP Teams to consider and address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing. Submit a copy of the IEP and the Special Education Team Meeting Attendance Sheet (N3A) to indicate that the IEP Teams have reconvened to discuss the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing.  By 12/15/14, please submit a report of the results of an internal review of records of students with a disability on the autism spectrum, conducted after the training. Include the number of student records reviewed from each building, the number of IEPs containing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing, a description of the root causes for any noncompliance found, and specific actions taken by the district to remedy any noncompliance.  \*Please note when conducting internal monitoring that the district must maintain the  following documentation and make it available to the Department upon request: a) List of  the 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):**  09/15/2014  12/15/2014 | | |

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the student records indicated that the information in the narrative description of the Notice of Proposed School District Action (N1) often lacked specificity and did not consistently address all of the federally required questions on page 2 of the N1 form. Specifically, the N1 form did not always include the school district's proposed actions, evaluations used as the basis for the proposed actions, or any options considered but rejected. This was evident in the N1 forms issued for evaluation proposals as well as for IEP proposals. | | |
| **Description of Corrective Action:**  Training on Notice of Action regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement or the provision of FAPE. Staff will be provided with models and discussion of content of this document. Team meeting notes will be used as a frame of reference. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Joan Goggin | | **Expected Date of Completion:**  03/06/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  Random samples in each building to be submitted as part of corrective action | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date**: 04/14/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By 9/15/14, please submit an agenda, signed attendance sheet including the role of all participants, and training materials used for training all special education staff on the specific information to be included in the Notice of Proposed School District Action (N1 form).  By 12/15/14, please submit a report of the results of an internal review conducted after training the special education staff. Include the number of student records reviewed from each building, the number of student records found to have specific information in the Notice of Proposed School District Action (N1 form), a description of the root causes for any noncompliance found, and specific actions taken by the district to remedy any noncompliance  \*Please note when conducting internal monitoring that the district must maintain the  following documentation and make it available to the Department upon request: a) List of  the 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):**  09/15/2014  12/15/2014 | | |

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the documentation and staff interviews indicated that physical education is not a requirement for students in the 11th and 12th grades at Harwich High School. | | |
| **Description of Corrective Action:**  It is now a requirement that all students at Monomoy Regional High School take physical education all four years while in high school | | |
| **Title/Role(s) of Responsible Persons:**  Building Principal and Director of Student Services  Kevin Turner and Joan Goggin | | **Expected Date of Completion:**  06/30/2014 |
| **Evidence of Completion of the Corrective Action:**  program of studies documents this requirement and handbooks | | |
| **Description of Internal Monitoring Procedures:**  program of studies and handbook documents requirement | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date**: 04/14/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit a copy of the Monomoy Regional High School 2014-2015 Student Handbook and Program of Studies indicating that physical education is now a requirement for all four grades. | | |
| **Progress Report Due Date(s):**  09/15/2014 | | |

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the documentation and interviews indicated that while Chatham High School and Harwich High School have notices that are sent to students 16 years of age and older who are leaving school without a high school diploma, certificate of attainment, or certificate of completion, neither notice contains all of the required information and neither notice is sent to both the student and the parent/guardian. The Chatham High School notice references that a meeting can be scheduled within ten days of receipt of the notice, but does not include a statement that the district may consent to an extension of the time for the meeting of not longer than fourteen days at the request of the parent/guardian. The Harwich High School letter only states that a meeting can be requested.  In addition, a review of the documentation and interviews indicated that the district is not sending a written notice to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  A letter will be written and sent out to students 16 years of age and older who are leaving school without a high school diploma, certificate of attainment, or certificate of completion. The notice will contain all of the required information and notice will be sent to both the student and the parent/guardian. The notice will reference that a meeting can be scheduled within ten days of receipt of the notice, and include a statement that the district may consent to an extension of the time for the meeting of not longer than fourteen days at the request of the parent/guardian. The district will document sending a written notice to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Guidance and Director of Student Services  Jon Bennett and Joan Goggin | | **Expected Date of Completion:**  03/06/2015 |
| **Evidence of Completion of the Corrective Action:**  Sample letter will be submitted. A list of students who have left school going back two years and a letter will be sent out to last known address. letters will be sent to parents and students | | |
| **Description of Internal Monitoring Procedures:**  Ongoing list will be kept and letters will be sent out in the summer. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date**: 04/14/2014 | |
| **Basis for Status Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By 9/15/14, please submit sample copies of letters sent out to students 16 years of age and older who are leaving school without a high school diploma, certificate of attainment, or certificate of completion, and their parent/guardian, that includes all required information. If there are no students meeting these criteria, please submit a sample letter that would be sent, if applicable.  By 9/15/14, please submit sample copies of the annual written notice sent to former students who have not yet earned their competency determination and who have not transferred to another school, informing them of the availability of publicly funded post-high school academic support programs and encouraging them to participate in those programs. | | |
| **Progress Report Due Date(s):**  09/15/2014 | | |

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

**Monomoy Regional School District**

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Joan Goggin

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: September 9, 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:** *SEI Program Description forms and one ESL teacher’s schedule submitted by the district indicated that the current hours of ESL instruction provided to ELL students at Level 1 and 2 are not consistent with the Department guidelines. It is also not clear how much direct ESL instruction is provided to the students who were not on the teacher’s schedule submitted by the district. 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:** Monomoy Regional School District has responded to this concern by hiring a 1.0 FTE certified ELL teacher to address the need for Level 1 and Level 2 ESL instruction. The district also has additional supports for student both in and out of classroom.  1. The district will keep a spreadsheet of all students Level for ELL and the required amount of hours. Teaching schedules will be provided to DESE to ensure we meet the required amount of hours per student. 2. The director will meet with staff every six weeks to ensure instructional hours are met and student needs are reviewed. 3. The Office of Student services will survey on a monthly basis on student information system to cross check for any new student found eligible for services. 4. ELL teachers will meet in Spring 2015 to make projections for the following school year for services and to plan for next academic year. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Joan Goggin Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** Activity 1- November 1, 2015.  Activity 2- November 2014-September 2015  Activity 3- November 2014- September 2015  Activity 4- May- June 2015 | |
| **Evidence of Completion of the Corrective Action:** Spreadsheet will be updated regularly. The Director will keep attendance and agenda of meetings | | | |
| **Description of Internal Monitoring Procedures:** Office of Student Services will do monthly checks with student information system to ensure all new students who are eligible for services are accounted and if appropriate reassess classroom placements and resources. | | | |
| 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:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  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): January 8, 2015** | | | |