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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: Montachusett Regional Vocational Technical

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 08/28/2014.

**Mandatory One-Year Compliance Date:** **08/29/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |

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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 and staff interviews indicated that immediately following the development of the IEP, the school sends one copy of the proposed IEP and two copies of the proposed placement to the parent. | | |
| **Description of Corrective Action:**  The district remedied sending home two full copies of the IEP when alerted during the CPR site visit in March 2014. Current practice is the district sends home two copies of the IEP. Attached is the N1 noting this change for your review. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support Services | | **Expected Date of Completion:**  07/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The Director of Student Support Services has updated the "enclosures" section of the IEP to reflect the following language: "Two signature pages, Two copies of the IEP". When two copies have been included in the mailing, the box is checked, indicating the mailing is complete. The District uploaded a copy of the updated N1 form for your review. | | |
| **Description of Internal Monitoring Procedures:**  Periodically the Director of Student Support Services will pull student files to ensure that practices remains in place, and that two full copies of the IEP have been sent home for parent/guardian review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 10/03/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews demonstrated that Notices of Proposed School District Action (N1) do not consistently contain all required content, including description of the action proposed by the agency; why the agency proposed the action; rejected options that the agency considered and why the options were rejected; and evaluation procedures, tests, records, or reports used as a basis for the proposed action. | | |
| **Description of Corrective Action:**  The district formally used a narrative style of writing when completing the N1. As noted during the CPR, it appeared inconsistent and difficult to locate every required element. As a result, beginning April 2014, the district revised and reorganized the N1 form, ensuring every element was clearly noted. All required content, including the description of the action taken by the District and the rationale for such action, other actions considered and the rationale for rejecting other actions, and finally evaluation procedures, tests, records and reports, are all clearly indicated. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support Services | | **Expected Date of Completion:**  04/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The Director of Student Support Services has updated the N1 form to reflect the necessary changes as noted above. The District uploaded a copy of the updated N1 form for your review. | | |
| **Description of Internal Monitoring Procedures:**  Periodically the Director of Student Support Services will pull student files to ensure that all completed N1 forms contain all required content, and are organized in a manner that is clear to the reader. | | |
| 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**: 10/03/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review a sample of student records from each grade to demonstrate that the Notice of Proposed School District Action (N1) to propose an evaluation or an IEP consistently summarizes the Team's decisions and considerations, including a description of the action proposed by the agency; why the agency proposed the action; rejected options that the agency considered and why the options were rejected; and evaluation procedures, tests, records, or reports used as a basis for the proposed action. Indicate the number of records reviewed at each grade level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  Please submit this to the Department on or before by January 16, 2015.  \*Please note when conducting administrative 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):**  01/16/2015 | | |

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews with special education administration demonstrated that the school has not developed a process to respond when a parent revokes his/her consent in writing to the student's special education services. | | |
| **Description of Corrective Action:**  At Montachusett Regional Vocational Technical School, when a parent and/or guardian would like to revoke special education services and programs for their child, a written request must be submitted to the special education department requesting this action. Once this request is received, the special education department will respond by generating the following forms and mailing to the parent: N2 ? School District Refusal To Act Revocation of Consent and Termination of All Special Education Services (Rev. 1) Confirmation of Revocation of Consent and Termination of All Special Education Services (Rev.1) Parent’s Notice of Procedural Safeguards All special education services will continue until the signed and dated forms are received back from the parent. Upon receipt of the signed and dated forms, the special education department will discontinue any and all services being provided to the student. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support Services | | **Expected Date of Completion:**  04/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The District has uploaded three forms that indicate the district's comprehensive approach to responding to a parent/guardian who revokes his/her consent to the student's special education services. Those descriptive forms are Titled: 1) Confirmation of Revocation; 2) Revocation of IEP Services, and 3) Revocation Process. | | |
| **Description of Internal Monitoring Procedures:**  Periodically the Director of Student Support Services will review the district's process/procedure regarding parental revocation to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/03/2014 | |
| **Basis for Decision:**  The school submitted a narrative that included a process to respond when a parent revokes his/her consent in writing to the student's special education services. This process included a document requiring parents/guardians to submit a second written request to revoke his/her consent for special education services. In accordance with federal law, schools may not impose procedures to delay or deny discontinuation of special education services. | | |
| **Department Order of Corrective Action:**  Please submit a written process to respond when a parent revokes his/her consent in writing to the student's special education services based on the Department's guidance at http://www.doe.mass.edu/sped/advisories/10\_1.html. | | |
| **Required Elements of Progress Report(s):**  Using the Department's technical advisory, revise and submit a process to respond when a parent revokes his/her consent in writing to the student's special education services, ensuring that no additional steps are required of the parents/guardians that delay or deny discontinuation of special education services.  Please submit this progress report on or before December 1, 2014. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that the school does not hire translators who are familiar with special education procedures, programs, and services to provide interpretation services during IEP meetings for families who speak low-incidence languages. Student record review demonstrated that the school relies on family members and friends to interpret. | | |
| **Description of Corrective Action:**  Montachusett Regional Vocational Technical School employs individuals who are able to assist when oral translation is required. The list shall be reviewed and updated on an annual basis, and kept for quick reference in the following locations:  ? Principal's Office  ? Nurse's Office  ? Student Support Services Office  To provide interpretation services during IEP meetings for families who speak low-incidence language, the district may rely on community resources such as churches, hospitals, and other community-based agencies who may provide referrals to individuals capable of providing translation/interpretation services. Agencies that the District has developed a strong working relationship follow:  Leominster HealthAlliance, Interpreter Services  60 Hospital Road  Leominster, MA 01453  Luk, Inc.  545 Westminster Street  Fitchburg, MA 01420 | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support Services | | **Expected Date of Completion:**  07/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The Director of Student Support Services will monitor all IEP meetings that involve students and families who speak low incidence languages to ensure translation services are provided by a trusted community agency/resource. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Support Services will monitor all IEP meetings that involve students and families who speak low incidence languages to ensure translation services are provided by a trusted community agency/resource. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date**: 10/03/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The district may use its own education staff members or use a contracted provider such as the Leominster Health Alliance, provided that these interpreters are familiar with special education procedures.  Please submit evidence of the training provided to special education staff on the revised procedures for the provision of interpretation to families who speak low-incidence languages, including signed attendance sheets, training agendas, and examples of training materials.  Please submit this progress report on or before December 1, 2014.  Review a sample of student records to demonstrate that families who speak low-incidence languages & who require oral interpretation at IEP meetings are provided with trained interpreters familiar with special education procedures. Indicate the number of records reviewed at each grade level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  Please submit this to the Department on or before by January 16, 2015.  \*Please note when conducting administrative 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):**  12/01/2014  01/16/2015 | | |

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the school has not established a system of oral interpretation to assist parents/guardians with limited English skills who speak low-incidence languages. | | |
| **Description of Corrective Action:**  Montachusett Regional Vocational Technical School employs individuals who are able to assist when oral translation is required. The list shall be reviewed and updated on an annual basis, and kept for quick reference in the following locations: Principal's Office, Nurse's Office, and Student Support Services Office.  To provide interpretation services and support to students/families who speak low-incidence languages, the district may rely on community resources such as churches, hospitals, and other community-based agencies who may provide referrals to individuals capable of providing translation/interpretation services. Agencies that the District has developed a strong working relationship follow:  Leominster HealthAlliance, Interpreter Services  60 Hospital Road  Leominster, MA 01453  Luk, Inc.  545 Westminster Street  Fitchburg, MA 01420 | | |
| **Title/Role(s) of Responsible Persons:**  Principal | | **Expected Date of Completion:**  09/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The Principal will consistently communicate with the school's leadership team to ensure every administrator is aware of the community agencies available to provide translation services. The administrators, then, will ensure that every educator is provided with this critical information. The Principal will continue to monitor the need for, and the acquisition of, appropriate translation services from trusted community agencies/resources. | | |
| **Description of Internal Monitoring Procedures:**  The Principal will consistently communicate with the school's leadership team to ensure every administrator is aware of the community agencies available to provide translation services. The administrators, then, will ensure that every educator is provided with this critical information. The Principal will continue to monitor the need for, and the acquisition of, appropriate translation services from trusted community agencies/resources. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date**: 10/03/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The district may use its own education staff members or use a contracted provider such as the Leominster Health Alliance.  Please submit evidence of the training provided to all relevant staff on the revised procedures for the provision of interpretation to families who speak low-incidence languages, including signed attendance sheets, training agendas, and examples of training materials.  Please submit this progress report on or before December 1, 2014. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  According to document review, the school's staff training regarding civil rights responsibilities does not include gender identity as a protected category. | | |
| **Description of Corrective Action:**  On 9/21/2014, the School Principal provided every staff member with the DESE Guidance for Massachusetts Public Schools on Creating a Safe and Supportive School Environment, specifically regarding Nondiscrimination on the Basis of Gender Identity. Every staff member was provided with this resource, in an effort to highlight important civil rights responsibilities, including gender identity as a protected category. | | |
| **Title/Role(s) of Responsible Persons:**  Principal | | **Expected Date of Completion:**  09/19/2014 |
| **Evidence of Completion of the Corrective Action:**  A copy of the email, verifying that it was sent to all staff on 9/21/2014 has been uploaded. | | |
| **Description of Internal Monitoring Procedures:**  The Principal will incorporate gender identity as a protected category in the annual staff training regarding civil rights responsibilities. The Principal will provide every district staff member with the DESE Guidance for Massachusetts Public Schools on Creating a Safe and Supportive School Environment, specifically regarding Nondiscrimination on the Basis of Gender Identity. Further, the School Principal will provide opportunities for discussion and ongoing professional development to ensure that staffs remain informed on topics related to gender identity and gender nonconformity. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date**: 10/03/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

**Montachusett Regional Vocational Technical School**

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Katy Whitaker

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 7, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion**: ELE 8 Declining Entry to a Program | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *According to document review, the school’s procedures propose placing opted-out students into another English Language program (transitional bilingual), have a provision to approve or deny the parent’s opt-out request, and contain an appeal process for parents to contest the denial of an opt-out request.* | | | |
| **Narrative Description of Corrective Action:** *Previously, Montachusett Regional Vocational Technical School provided parents/ guardians with an Opt-Out Request form that outlined the District’s provision to approve or deny the opt-out request. The form also outlined an (optional) appeal process to contest the denial of the opt-out request. Finally, District procedures contained language that enabled students whose parent/ guardians opted out of an English Language Program to still be placed into another similar program.*  *This procedure and the Opt-Out Request form have been changed. Beginning December 1, 2014, students who Opt-Out of the ELL Program will be offered ESL support, but will receive instruction in the General Course of Studies with appropriate language and academic support from educators who may have Sheltered English Immersion endorsements.*  *It is the parent’s/ guardian’s right to decline placement in an English Language Program, and as such, there is no appeals process, and the district will honor the parent’s/ guardian’s request.*  *As long as the student remains limited English proficient, the parent/ guardian may exercise the right to re-enroll the student in the English Language program in the future.* | | | |
| **Title/Role of Person(s) Responsible for Implementation:** *Christina Favreau, Director of Academic Programs* | | **Expected Date of Completion for Each Corrective Action Activity:** *December 1, 2014* | |
| **Evidence of Completion of the Corrective Action:**  *Evidence of completion will include:*   1. *The removal of the Opt-Out Request form from circulation* 2. *The creation of an updated Parent/ Guardian Informed Consent Form, which no longer includes references to a “determination regarding opt-out request” whereby the School Principal may override the parent’s guardian’s request, or an “appeals process”.* 3. *An updated description of the means by which the district provides for the education of students whose parents/ guardians have opted out of ELL education.* 4. *Communication(s) to teaching staff that outline the updated opt-out procedure.* | | | |
| **Description of Internal Monitoring Procedures:** *The district will exercise internal monitoring procedures to ensure continued compliance. Such procedures will include: student record review, ongoing oversight by the Director of Academic Programs, School Principal, and Director of Student Support Services, and communication to the district’s administrative team regarding progress made and continued compliance.* | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 8 Declining Entry to a Program | **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 February 13, 2015,** submittheupdated Parent/Guardian Informed Consent Form, the revised description of educational support for opted-out students provided to the parents/ guardians, and copies of communication(s) to teaching staff informing them of changes in the updated opt-out procedure.  **By April 27, 2015,** using the district’s database (e.g., Power School, Aspen, etc.), select a sample of students whose parents have opted out of English language education. Report on the review of this sample for evidence of the updated documents and procedures, citing the number of records found in compliance, the number of records found to be non-compliant, and the immediate steps taken by the district to correct the non-compliance by student. For schools with systemic records issues, determine the root cause(s) of the noncompliance and provide the district’s plan to remedy the 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 person(s) who conducted the review, their roles(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): February 13, 2015; April 27, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion:** ELE 10 Parent Notification | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *According to document review and record review, the initial and annual parents’ notices do not include the student’s English proficiency assessment scores or specific exit criteria. Document and record review also demonstrated that the notices do not include a program description with the two program components required by Ch.71A, sheltered English immersion (SEI) and English as a Second Language (ESL) instruction.* | | | |
| **Narrative Description of Corrective Action:** *Previously, the District’s Initial/ Annual Parental Notification of English Language Education (ELE) Placement form did not include the student’s English proficiency assessment scores. The form also failed to outline a program description and/or exit criteria.*  *District officials have successfully updated the Initial/ Annual Parental Notification of English Language Education (ELE) Placement form to include assessment information, including: Assessment Tool, Domain, Results, and Date of Assessment. The updated form also includes a program description of both SEI and ESL instruction, as well as specific exit criteria.* | | | |
| **Title/Role of Person(s) Responsible for Implementation:** *Christina Favreau, Director of Academic Programs* | | **Expected Date of Completion for Each Corrective Action Activity:** *December 1, 2014* | |
| **Evidence of Completion of the Corrective Action:** *Evidence of completion will include:*   1. *The creation of an updated Initial/ Annual Parental Notification of English Language Education (ELE) Placement form* 2. *Communication(s) to appropriate faculty and staff regarding the change in the form* 3. *Student Records that reflect copies of the completed Initial/ Annual Parental Notification of English Language Education (ELE) Placement form* | | | |
| **Description of Internal Monitoring Procedures:** *The district will exercise internal monitoring procedures to ensure continued compliance. Such procedures will include: student record review, ongoing oversight by the Director of Academic Programs, School Principal, and Director of Student Support Services, and communication to the district’s administrative team regarding progress made and continued compliance.* | | | |
| 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 February 13, 2015,** submit the revised initial and annual parent notices that will include English proficiency assessment scores, specific exit criteria, and a description of the district’s ELE programming (e.g., both program components required by Ch.71A, sheltered English immersion (SEI) and English as a Second Language (ESL) instruction), along with copies of communication(s) sent to faculty and staff on the revised notices. Please note that the district may use the Department’s parent notice template, available at <http://www.doe.mass.edu/ell/resources.html> in a variety of languages.  **By April 27, 2015,** review a sample of students whose parents have received notification letters following the implementation of all corrective actions. Report on the review of this sample for evidence of the updated documents, citing the number of records found in compliance, the number of records found to be non-compliant, and the immediate steps taken by the district to correct the non-compliance by student. For schools with systemic records issues, determine the root cause(s) of the noncompliance and provide the district’s plan to remedy the 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 person(s) who conducted the review, their roles(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): February 13, 2015; April 27, 2015** | | | |