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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: Boston

CPR Onsite Year: 2014-2015

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 08/19/2015.

**Mandatory One-Year Compliance Date:** **08/19/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 4 | Reports of assessment results | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 26 | Parent participation in meetings | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7A | School year schedules | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 20 | Staff training on confidentiality of student records | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that while IEP Teams create a written determination as to whether or not a student has a specific learning disability, not all Team members sign this document acknowledging agreement or disagreement with the determination. Additionally, student records indicated that the district does not consistently conduct observations as part of the specific learning disability determination process. | | |
| **Description of Corrective Action:**  Team chairpersons will receive training in the composition of a team, the importance of participation and signing off on team meetings and the determination. They will also be re-trained in the protocols for evaluating a student with a specific learning disability, with an emphasis on understanding the role a classroom observation plays in this process.  Team chairpersons will ensure that evaluations are conducted thoroughly and that student classroom observations are conducted consistently.  School psychologists and other Team members will receive training on conducting classrooms observations. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Special Education  Team Chairperson  Assistant Directors | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; district forms used to document meeting attendance/composition/determination; district checklists for evaluation/assessment protocols | | |
| **Description of Internal Monitoring Procedures:**  We will have a multi-layered, ongoing monitoring process.  Team chairpersons will bring one folder to their monthly training to share with the group as a case study.  - Assistant directors will implement a quarterly folder review whereby 25 folders will be randomly selected throughout the district for a comprehensive review every quarter beginning in January, 2016.  - The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review the Department's guidance on making an eligibility determination for a Specific Learning Disability at http://www.doe.mass.edu/sped/iep/sld/default.html.  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the development of the four required SLD components including the observation -- and the required written determination for SLD eligibility during initial and re-evaluations. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of approximately 25 records with SLD eligibility determinations subsequent to implementation of all corrective actions for evidence that all 4 components are completed, including the observation, and the Team has created a written determination designating the student's eligibility. Provide a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken 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):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that whenever an evaluation indicates that a student has a disability on the autism spectrum, IEP Teams at the high school and elementary levels do not always consider and specifically address the following: 1) the verbal and non-verbal communication needs of the student 2) the need to develop social interaction skills and proficiencies; 3) the needs resulting from the student's unusual responses to sensory experiences; 4) the needs resulting from the student's resistance to environmental change or change in daily routines; 5) the needs resulting from engagement in repetitive activities and stereotyped movements; 6) the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and 7) other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in the usage of the district’s Autism spectrum guidance document as a conversation tool during team meetings to address individual student needs. Team chairpersons will also receive training and information about both school-based and community supports and interventions available for students with autism spectrum disorders in order to inform team decisions and the development of an IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Asst. Supt. for Special Education  Asst. Dir. for Applied Behavioral Analysis  Team Chairpersons | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; data collected from January, 2016 and April, 2016 internal folder review documenting evidence that team chairs are using the district autism guidance document as part of the team process. | | |
| **Description of Internal Monitoring Procedures:**  We will have a multi-layered, ongoing monitoring process.  - During every quarterly folder review, assistant directors will also choose an additional 3-5 folders of students with autism spectrum disorder to review beginning in January, 2016.  - The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review the Department's guidance on IEP development for students on the autism spectrum (ASD) at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  By December 18, 2015, for those students identified by the Department, submit documentation as described in the Student Record Worksheet, mailed to the district via regular post.  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the 7 areas of IEP development for students with ASD. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.    By March 11, 2016, conduct an internal review of records for 15-20 ASD students with IEPs developed subsequent to implementation of all corrective actions, for evidence that all 7 areas of need are documented in IEPs. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken 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):**  12/18/2015  03/11/2016 | | |

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| **Criterion & Topic:**  SE 4 Reports of assessment results | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that assessment summaries do not always include the evaluator's diagnostic impressions of the student, a description of the student's needs in educationally relevant and common terms, or offer explicit means of meeting these needs. | | |
| **Description of Corrective Action:**  Professional Development will be held in the key components of evaluation writing, including the requirements of including diagnostic impressions and how to effectively provide information regarding student needs in language that is educationally relevant and accessible. Exemplars will be shared, and training will also include case studies in writing well articulated and accessible assessments. The PD will also provide recommendations to meet the needs as outlined by the assessment.  Meetings and Working Groups will be held with Team Chairs, Psychologists, Related Service Providers, Teachers and other assessors to re-establish timelines to ensure that assessments are available 2 days prior to a meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Spec Ed  Mgr of Compliance  Asst Dir-Behav Health; Related Svc,  Asst Directors | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, and memos. Copies of training materials including exemplars, case studies and exercises. Data collected from the January, 2016 and April, 2016 internal folder review documenting assessments are complete, and written in an accessible and educationally relevant manner. | | |
| **Description of Internal Monitoring Procedures:**  Assistant Directors will review exemplar assessments in their small group learning sessions during PDs for team chairpersons.  As part of the quarterly folder review, Assistant Directors will read evaluations and assessments to determine compliance for this indicator. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 4 Reports of assessment results | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson, special education and related service staff training on the development of assessment summaries that consistently include the evaluator's diagnostic impressions of the student, a description of the student's needs in educationally relevant and common terms, and offer explicit means of meeting these needs. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of approximately 25 records with assessments completed after the implementation of all corrective actions to ensure that assessment summaries include the evaluator's diagnostic impressions of the student, a description of the student's needs in educationally relevant and common terms, and offer explicit means of meeting these needs. Provide a detailed analysis of this review and include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that one year prior to the student reaching age 18, the district does not consistently inform the student and the parent/guardian of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday. In addition, a review of student records and interviews indicated that upon the student reaching the age of 18, the district does not consistently implement procedures to obtain consent from the student with sole or shared decision-making rights to continue the student's special education program. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in the timelines and process of transfer of student rights at the Age of Majority, including the safeguards built into the internal district Special Education student database (SEIMS) to ensure Age of Majority rights are implemented.  The BPS Office of Legal Advisors will lead a training on the compliance and legal issues pertaining to the Age of Majority process, and review the options available to students.  The district will revise its checklist for Team chairs to use at the conclusion of a Team meeting to ensure that all protocols are followed and appropriate copies are provided to parents. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Spec Ed  Asst Dir-High School; Out of District  Ofc of Legal Advisors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Revision of the SEIMS database to print out the safeguard page for Age of Majority to include in student folders as documentation. Data collected from the January, 2016 and April, 2016 internal folder review showing documentation that Age of Majority rights are covered with students. Copy of the revised protocol developed. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly folder review, Assistant Directors will review for Age of Majority compliance.  The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to submitting evidence of the district's corrective actions, review the Department's guidance on informing students and parents of the rights that will transfer from the parent/guardian to the student upon the student’s 18th birthday at http://www.doe.mass.edu/sped/advisories/11\_1.html.  By December 18, 2015, provide training to special education and other relevant staff members to ensure that 1) students and parents are notified at least one year prior to the student’s attainment of the age of majority regarding the transfer of educational decision-making rights and 2) students with shared or sole decision-making have signed the current IEP upon the student reaching 18 years of age.  Submit evidence of Team chairpersons training in timelines and process of transfer of student rights, including the safeguards built into the internal district Special Education student database (SEIMS) to ensure Age of Majority rights, AND evidence of the Legal Office's training on compliance and legal options regarding AOM. Submit for both a signed attendance sheet, agenda, and examples of training materials.  By March 11, 2016, conduct an internal review of two samples of records:  Conduct an internal review of approximately 10-15 records for students who turned 17 following the implementation of all corrective actions for evidence that the district has informed the student and parent of the change in decision-making rights upon attainment of AOM. The Team must note that students & parents have been informed of the transfer of decision-making rights in the Additional Information section of the IEP thereafter.  Conduct a second internal review of approximately 10-15 records for students who turned aged 18+ with shared and/or sole educational decision-making rights following the implementation of all corrective actions for evidence that these students have signed their current IEPs.  For each sample, provide a detailed analysis of each review and include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken 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). | | |
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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that required IEP Team members are not consistently excused with parental consent; in addition, record review demonstrated that the absent Team members do not provide written input to the parent and the IEP Team for the development of the IEP prior to the meeting. Required Team members without excusal included special educators and general educators. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in the protocols and process for Team member participation, with an emphasis on full participation. Team chairs will be re-trained in the timelines and protocols for excusing Team members from meetings and in finding substitutes. Additionally, the district will update the checklist for Team participation to include clear reasons for absences and to ensure that parents are provided written input from the absent Team member and notified prior to the meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Spec Ed  Mgr of Compliance  Asst Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Copy of the updated Team participation checklist. Data collected from the internal January, 2016 and April, 2016 student folder review. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review for Team attendance, and if there is an absence, assess whether the Team chair has documented the absence and followed protocol. This includes documentation that adequate substitutes were sought, parents were notified in advance, and written input was sent to parents.  The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the district’s required Team member excusal process, including the excused member’s submission of written information for IEP development prior to the meeting. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.    By March 11, 2016, conduct an internal review of 25 records for students with IEPs convened subsequent to implementation of all corrective actions, for evidence that 1) required Team members who cannot attend are excused in writing in advance of the meeting; and 2) the excused required member submits written information prior to the meeting.  Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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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 student records indicated that the district does not consistently convene an IEP Team meeting within 45 school working days after receiving parental consent for an initial evaluation or a re-evaluation to determine whether the student is eligible for special education and provide either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility to the parent. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in special education compliance and timelines. The Office of Legal Advisors will be available at the monthly Team chairpersons PD to provide support and training on compliance issues including timelines and the eligibility process.  The special education student database (SEIMS) will be modified to provide a flag notifying Team chairs 35 calendar days after a request for an initial or re-evaluation has been initiated in the system. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Special Education  Mgr of Compliance  Asst Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review.  A screen shot of SEIMS and the flag created to notify Team chairs that 35 calendar days has passed since the request for an initial or re-evaluation has been entered. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review for compliance to IEP timelines and process.  The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| 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:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the requirement to convene an IEP eligibility determination meeting within 45 days of receipt of parental consent. Please note that Teams must clearly document re-scheduling of eligibility determination meetings to ensure parental attendance in the student record. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of 25 records for students with IEP eligibility determination meetings convened subsequent to implementation of all corrective actions, for evidence that 1) the IEP meeting was convened within 45 days of receipt of parental consent; or 2) the Team clearly documented the meeting’s rescheduling to ensure parental attendance in the student record. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that progress reports are not consistently documented in the student records. In addition, student records demonstrated that progress reports do not always provide information on the student's progress toward the annual goals in the IEP. A review of student records also indicated that when a student has graduated from secondary school or has exceeded the age of eligibility, the district does not consistently provide the student with a summary of his or her academic achievement and functional performance, including recommendations on how to assist the student in meeting his or her postsecondary goals. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in goal setting and in the development of progress reports. The training will include exemplars and case studies, and an exercise in creating and writing an effective progress report that maps to student goals. The district will develop a new function in SEIMS (the internal special education database) to ensure that a copy of the progress report is printed for the student folder.  The district will develop a protocol and a new process in SEIMS for use by Team chairs at a student’s last IEP meeting prior to graduation or the age of eligibility to release student achievement and functional performance records within six months of graduation from Boston Public Schools. The protocol will include a letter that will be included in the student’s last IEP prior to graduation stating that records will be sent home within six months of graduation. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Special Education  Manager of Compliance  Team Chairpersons | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review.  Screen shots of the new functions in SEIMS to document progress report printing.  A copy of the protocol developed for releasing student records. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review for compliance to IEP timelines and adherence to the process.  Additionally, in October, 2017 as part of the quarterly student folder review, Assistant Directors will review for usage of the new protocol developed for releasing student records upon graduation or age of eligibility. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district’s corrective actions, review the Department’s guidance on the development of the summary of student performance at http://www.doe.mass.edu/sped/secondary-transition/resources-materials.html.  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the required content of progress reporting ; the documentation of all progress reports in the student record; and the development of summaries of student performance for graduating/aging out students with disabilities. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of two samples of records:  Conduct an internal review of approximately 25 records following the district’s marking period and subsequent to all corrective actions for evidence that progress reports consistently contain information on the student’s progress toward IEP annual goals and the progress report is documented in the student record.  Conduct a second internal review of approximately 10-15 records for students who have graduated or aged out since June 2015 and following the implementation of all corrective actions for evidence that a summary of student performance has been developed for each student.  For each sample, provide a detailed analysis of each review and include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken 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). | | |
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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and parent surveys indicated that annual IEP Team meetings are not consistently held on or before the anniversary date of the IEP to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in special education compliance and timelines. Training will include methods of documenting exceptions to the timeline.  The district will develop monthly reports to track upcoming meetings; team chairs will review their overdue and upcoming meeting load monthly with their Assistant Directors. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Special Education  Mgr of Compliance  Asst Directors  Team Chairpersons | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review. Copies of the monthly overdue and upcoming meeting reports. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review for compliance to IEP timelines and adherence to the process.  Assistant Directors will conduct monthly reviews of overdue and upcoming meeting reports with Team chairs beginning October, 2016  The department is developing Key Performance Indicators (KPIs), one of which will be the number of meetings held and overdue meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the requirement to re-convene the IEP Team on or before the anniversary date of the IEP to review and update the IEP. Please note that Teams must clearly document re-scheduling of annual review meetings to ensure parental attendance in the student record. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of 25 records for students with IEP annual review meetings convened subsequent to implementation of all corrective actions, for evidence that 1) the IEP meeting was convened on or before the anniversary date of the IEP; or 2) the Team clearly documented the meeting’s rescheduling to ensure parental attendance in the student record. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently document beginning and ending dates for special education and related services provided in other settings in the service delivery section of the IEP. In addition, a review of student records indicated that for students on the autism spectrum, students whose disability affects social skills development, and students whose disability makes him or her vulnerable to bullying, harassment, or teasing, IEP Teams do not consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment and teasing in the IEP. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in the policies and procedures for identifying and providing plans to address bullying, harassment and teasing, including usage of the MA DESE checklist. Team chairs will also be re-trained in the Bullying Guide for IEP Teams which provides detailed guidance and information on bullying, harassment and teasing.  The district will add an 'end date' function to the special education student database (SEIMS) service delivery section that maps to an IEP annual review or re-evaluation date for special education and related services. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Spec Ed  Mgr of Compliance  Asst Dir-Applied Behavioral Analysis  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review.  Screen shot of the 'end date' function created in SEIMS. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review for plans to address bullying, harassment and teasing for students with identified needs in social skills development and/or on the autism spectrum. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review the Department's guidance on IEP development and prevention of bullying, harassing, and teasing at http://www.doe.mass.edu/sped/advisories/11\_2ta.html.  By December 18, 2015, submit documentation for those students identified by the Department as described in the Student Record Worksheet, mailed to the district via regular post. Please note there are two sets of students with issues to remedy for SE 18A.  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the requirement that IEP Teams consistently document beginning and ending dates for related services in the service delivery grid section of the IEP. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By December 18, 2015, submit evidence of Team and special education staff training on IEP development for skills and proficiencies needed to address bullying, harassing, and teasing for students on the autism spectrum, students whose disability affects social skills development, and students whose disability makes him or her vulnerable to bullying, harassment, or teasing. Please note that Teams are looking at evaluation data and/or documented evidence of bullying events for students with social skills issues or who are otherwise vulnerable. For all students on the spectrum, IEPs must address proficiencies for bullying, harassing, and teasing. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review for 2 areas in one sample:  Conduct an internal review of approximately 25 records total for students within each category 1) on the autism spectrum, 2) whose disability affects social skills development, and 3) whose disability makes him or her vulnerable to bullying, harassment, or teasing with IEP development subsequent to all corrective actions for the following:  --evidence that Teams document the beginning and ending dates for special education and related services provided in other settings in the service delivery grid of the IEP; and  --evidence that skills and proficiencies to address bullying, harassing and teasing are addressed in IEPs for students identified with ASD or by evaluation data as needing support.  For each area, provide a detailed analysis of the review and include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken 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):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that, following the IEP Team meeting, the district provides the parent with a meeting summary that includes a completed IEP service delivery grid and a statement of the major goal areas associated with these services. However, the district sends two (2) copies of the proposed IEP and proposed placement along with the required notice to parents beyond two calendar weeks. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in special education compliance and timelines; including the provision of a draft IEP immediately after an IEP Team meeting for parents, and the provision of two copies of the N1 with a proposed placement within two calendar weeks of a Team meeting.  The district will revise its checklist for Team chairs to use at the conclusion of a Team meeting to ensure that all protocols are followed and appropriate copies are provided to parents.  The special education student database (SEIMS) will be modified to provide a flag to notify Team chairs that 9 calendar days have passed after a Team meeting, if a proposed placement and IEP have not been generated from the system. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Spec Ed  Mgr of Compliance  Asst Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review. Copy of the revised checklist to ensure protocols are followed. Screenshots of the flag from SIEMS notifying Team chairs that 12 days have passed since the conclusion of a Team meeting. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review to ensure that Team chairs have provided a draft IEP to parents after a Team meeting, and that two copies of the N1 have been sent out.  The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district’s corrective actions, review the Department’s guidance on immediate proposal of IEPs at http://www.doe.mass.edu/news/news.aspx?id=3182.  By December 18, 2015, submit evidence of Team chairperson and special education staff training on sending 2 copies of the proposed IEP and notice within no more than two calendar weeks of the IEP development meeting. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of 25 records in which two (2) copies of the proposed IEP are provided within 10 working school days to the parent/guardian following the IEP Team meeting. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the IEP Teams do not consistently state why the removal from the general education classroom is critical to the student's program and 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:**  Team chairpersons will be trained in the foundations of inclusionary practices including Universal Design for Learning (UDL), and student support services including Response to Intervention. Team chairs will also receive training in how to identify and support students with disability specific needs in order to better facilitate planning to include the student in the least restrictive environment in the Team process.  Team chairs will receive information about the inclusive options for students throughout the district.  Additionally, the district will develop a Least Restrictive Environment guidance document as a tool to promote best practices in the Team process. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Special Education  Assistant Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review.  Data illustrating increase in number of students in full and partial inclusive placements, and a decrease in substantially separate placements with data draws in the first year in October, 2015, March, 2016, and June, 2016. In subsequent years, we will draw and analyze data in October and June.  Copy of the Least Restrictive Environment guidance document. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review to ensure that Team chairs have provided a draft IEP to parents after a Team meeting, and that two copies of the N1 have been sent out.  Twice annual reports based on data draws and analysis on least restrictive placement.  A Team has been identified to work on the development of the Least Restrictive Environment guidance document. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the development of non-participation justification statements in IEPs, ensuring that these statements clearly state why the removal from the general education classroom is critical to the student's program and 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. Evidence of training should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of 25 records for students with IEP development subsequent to implementation of all corrective actions, for evidence that non-participation justification statements in IEPs clearly state why the removal from the general education classroom is critical to the student's program and 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. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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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 student records indicated that the Notices of School District Action (N1) do not consistently include the following components: 1) a description of the action proposed or refused by the agency; 2) an explanation of why the agency proposed or refused to take action; 3) a description of any other options that the agency considered and the reasons why those options were rejected; 4) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action and 5) a description of any other factors that were relevant to the agency's proposal or refusal. | | |
| **Description of Corrective Action:**  The district will develop a guidance document for Team chairs to use to ensure that all components are included in the development of an N1. Team chairpersons will be trained in the use of this document and re-trained in the composition and the components necessary in N1s. The training will include exemplars and case studies, and an exercise in writing an N1 and reviewing it with peers.  During the training, Assistant Directors will have opportunity to work with Team chairs in the composition of an N1 based on a case study. This will allow the Assistant Director to gather information about individual Team chair skills and provide appropriate, ongoing individual support. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Special Education  Asst Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials.  Copy of the guidance document to guide the development of N1s.  Data collected from the internal January, 2016 and April, 2016 student folder review. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review N1s to ensure that they include all components.  Assistant Directors will follow up with individual team chairs during monthly meetings to support ongoing skill development in the composition of N1s. | | |
| 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:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective action, review the Department's guidance on developing notices to parents at http://www.doe.mass.edu/sped/advisories/01\_4.html#sample. PLEASE NOTE: the example is for an N2, Notice of District Refusal to Act; however the sample N2 clearly demonstrates what the narrative for each component should include.  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the development of written notice of proposed district action (N1s), ensuring that the N1 addresses all 6 components of required notice. Evidence of training should include a dated meeting agenda, staff attendance sheet, and training materials.  By March 11, 2016, conduct an internal review of 25 records for students with IEP development subsequent to implementation of all corrective actions, for evidence that written notices accompanying the proposed IEPs address all 6 components. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that in instances where the district determines that the parent's failure or refusal to consent may result in a denial of a free appropriate public education, the district does not consistently seek resolution of the dispute through the Bureau of Special Education Appeals (BSEA). | | |
| **Description of Corrective Action:**  Team chairpersons will be trained on the protocol and process if a parent fails or refuses to consent to services proposed through an IEP, including documenting all attempts at communication with the family or caretaker. The district’s Office of Legal Advisors will provide training on the legal issues, and provide support for Team chairs. Team chairs will be trained in methods of documenting the events leading to a failure or refusal to consent. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt for Spec Ed  Mgr of Compliance  Ofc of Legal Advisors  Assistant Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review folders to ensure that they include all components.  The department is developing Key Performance Indicators (KPIs), and consistency of documentation in folder reviews will be a KPI. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the district's protocol when a parent fails or refuses to consent to services proposed through an IEP, including documenting all attempts at communication with the family or caretaker. Evidence of training should include a dated meeting agenda, staff attendance sheet, and training materials, including a description of the protocol.  By March 11, 2016, conduct an internal review of 10 records for students whose parents have failed to consent to the proposed IEP, for evidence that newly developed protocols have been utilized to reach resolution in instances where the district determines that the parent's failure or refusal to consent may result in a denial of FAPE. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 26 Parent participation in meetings | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently notify parents in writing of the Team meeting early enough to ensure that they have an opportunity to attend. In addition, a review of student records and interviews indicated that in cases where the district is unable to obtain the parents' participation in Team meeting discussions and decisions, the district conducts the Team meeting, but does not consistently document its attempts to facilitate the parents' participation. | | |
| **Description of Corrective Action:**  Team chairpersons will be re-trained in the process and timelines of conducting and holding a Team meeting, with an emphasis on the importance of maintaining the 'Log of Efforts' the special education department’s documentation template of communication with parents. The district will revise its protocol for Team chairs to use as a guide for holding Team meetings to ensure that all protocols are followed and timelines are adhered to. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt of Spec Ed  Mgr of Compliance  Assistant Directors  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review folders to ensure that parents are notified in writing of upcoming meetings, and that Team chairs are consistently documenting contact with parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 26 Parent participation in meetings | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the district's protocol to 1) invite parent/guardians to IEP meetings and 2) document the district's attempts to facilitate parent participation at Team meetings. Evidence of training should include a dated meeting agenda, staff attendance sheet, and training materials, including a description or copy of the protocol.  By March 11, 2016, conduct an internal review of 10 records for students with IEP Team meetings convened subsequent to the implementation of all corrective actions, for evidence that 1) parents have been invited early enough to attend the meeting and 2) the district has documented its attempts to facilitate the parent's attendance &/or participation. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that the district does not always provide communications with parents in the primary language of the home if such primary language is other than English. | | |
| **Description of Corrective Action:**  Team chairs will receive training in the intersection of identifying, servicing and supporting English Language Learners who are also students with disabilities from the district’s supervisor of English Language Learner Students with Disabilities. The training will include communication strategies, and resources to support students and families as well as information on the legal and compliance issues.  The district has implemented an online option for families to have virtual interpreted Team meetings, allowing for more flexible access to multiple language interpreters.  Team chairs will be re-trained in the functions created in SY2015-16 available in the special education database (SEIMS) to flag for ELL status, and in the translated documents housed in SEIMS. Team chairs will also be trained in the translation/interpretation procedures and options available to support their work.  Team chairs will have joint professional development at least twice annually with their school’s Language Acquisition Teacher Facilitator (LAT-F) and to plan for supporting this intersection of students and families. | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt of Spec Ed  Mgr of Compliance  Supv of ELLSWD  Coor of Translation  Team Chairs | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Records of training: agendas, sign-in sheets, memos; training documents and materials. Data collected from the internal January, 2016 and April, 2016 student folder review. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly student folder review, Assistant Directors will review folders to ensure that parents are receiving translated documents, and meetings are interpreted.  As part of the development of the department’s Key Performance Indicators (KPI), we will develop a KPI to track the number of requests for translations/interpretations and the provision of such. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of Team chairperson and special education staff training on the district's protocols to provide communications to parents in the primary language of the home when such primary language is other than English. Evidence of training should include a dated meeting agenda, staff attendance sheet, and training materials, including a description or copy of the protocols.  By March 11, 2016, conduct an internal review of 25 records for ELL or bilingual students with IEP Team meetings convened subsequent to the implementation of all corrective actions, for evidence that documents are translated and interpreters attending Team meetings are noted on the N3A. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that the district employs three special education teachers who do not have current licensure or approved waivers. | | |
| **Description of Corrective Action:**  The three special education teachers identified below will follow up with ELAR to rectify their licensure issues:  DESE ID: 343978 BPS ID: 046725 Maria Mendes  DESE ID: 433357 BPS ID: 106628 Addis Niambe Parris Summerhill  DESE ID: 266520 BPS ID: 029250 Jane Good | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt of Spec Ed  Mgr of Compliance  Ofc of Human Capital | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  All three special education teachers submitted necessary components for licensure to resolve their licensure issue, as evidenced by ELAR releasing their license. | | |
| **Description of Internal Monitoring Procedures:**  The Manager of Compliance and the Office of Human Capital will meet with the special education teacher in question to help each resolve their issue. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit updated licensure information demonstrating that the teachers identified in the Coordinated Program Review are now appropriately licensed. | | |
| **Progress Report Due Date(s):**  12/18/2015 | | |

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

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| **Criterion & Topic:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district employs two related service providers who do not have current licensure. | | |
| **Description of Corrective Action:**  The two related service providers below will follow up with ELAR to rectify their licensure issues.  DESE ID: 001481 BPS ID:120232 Sheila Garcia  DESE ID: 430676 BPS ID: 081300 Victoria Downes | | |
| **Title/Role(s) of Responsible Persons:**  Asst Supt of Spec Ed  Mgr of Compliance  Asst Dir-Behav Health  Ofc of Human Capital | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Both related service providers submitted necessary components for licensure to resolve their licensure issue, as evidenced by ELAR releasing their license. | | |
| **Description of Internal Monitoring Procedures:**  The Manager of Compliance and the Office of Human Capital will meet with the related service provider in question to help each resolve their issue. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit updated licensure information demonstrating that the related service providers identified in the Coordinated Program Review are now appropriately licensed. | | |
| **Progress Report Due Date(s):**  12/18/2015 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A facility review conducted at the Curtis Guild Elementary School confirmed several issues with a basement room used for the provision of speech-language therapy services. To access this room, students and staff must first walk through a room that contains a large Fire Department Alarm Panel and numerous building electrical boxes, posing serious safety concerns. Additionally, the space is not adequate in size for the speech-language services being conducted and the number of students served. Finally, this room has dim overhead lighting and no source of heat or ventilation. | | |
| **Description of Corrective Action:**  A temporary partition has been erected in an oversize classroom on the first floor. This will allow the school to use part of the classroom as the speech-language therapy room. Over winter break, the temporary wall will be removed and a permanent wall, door and egress will be built in the same classroom to house the speech-language therapy room. | | |
| **Title/Role(s) of Responsible Persons:**  Dir of Facilities Mgmt  Strategic Planning Dir  Principal, Guild School  Asst Director | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  A copy of the new floor plan and pictures of the room will be sent. | | |
| **Description of Internal Monitoring Procedures:**  The director of facilities management will ensure that the facilities project will stay on target; the assistant director will visit the school to ensure that students are being served in the newly partitioned room. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit a floor plan demonstrating that new space where speech-language service provision occurs at Curtis Guild Elementary School, effective January 2016.  The Department will conduct an onsite visit of the Curtis Guild Elementary School to verify that speech-language service provision has been moved to another space by March 11, 2016. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the district describes how it ensures equal access to a full range of education programs for all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, or disability, this description does not address the protected category of homelessness. | | |
| **Description of Corrective Action:**  Any policy or circular addressing equal access to educational programs in the district will be amended to include the protected class of homelessness. All amended policies and circulars will be made available to the district’s constituents and the public, generally, through the district’s customary methods of publishing amended policies and circulars. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Equity | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Any amended policy or circular addressing equal access will be provided to the Department of Education to demonstrate evidence of compliance with CR 3. | | |
| **Description of Internal Monitoring Procedures:**  Any amended policy or circular addressing equal access will be provided to the Department of Education to demonstrate evidence of compliance with CR 3. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit the revised non-discrimination policy along with evidence of its dissemination to families for the 2015-2016 SY. The district may upload relevant documents or provide a direct webpage link to the posted document(s). | | |
| **Progress Report Due Date(s):**  12/18/2015 | | |

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

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| **Criterion & Topic:**  CR 7A School year schedules | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the district's documents indicated that five (5) elementary schools (Jackson Mann, Lyon, O'Donnell, Taylor and Winship) do not provide at least 900 hours of structured learning time per school year; document review also indicated that three (3) secondary schools (Boston Latin, Fenway and Urban Science) do not provide the minimum of 990 hours of structured learning time per year. | | |
| **Description of Corrective Action:**  The Principal Leaders will:  1) be made aware of the need for compliance with CR 7A?s requirement for structured learning by the Office of Equity, which requires 900 hours of structured learning for the applicable elementary schools and 990 hours of structured learning for the applicable secondary schools, and the lack of compliance by the 8 schools designated by the Department of Education.  2) be required to reinforce the need for compliance with the principals and headmasters of the applicable schools.  3) require the principals and headmasters of the applicable schools to develop a revised schedule for the school year and school day as well as implementation measures to ensure that their respective schools are complying with the schedule, are accurately reporting hours, and are monitoring progress.  4) evaluate the plans and implementation measures submitted by the principals and headmasters of the applicable schools and suggest any necessary modifications and revisions.  5) evaluate the progress of the applicable schools throughout the year during their one-on-one check-in meetings and, if necessary, during special meetings specifically designated to review compliance with CR 7A and to provide guidance, as necessary, to ensure sustained compliance throughout the academic year. | | |
| **Title/Role(s) of Responsible Persons:**  Principal Leaders | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  A copy of the revised schedule and implementation measures for each of the applicable schools will be provided to the Department of Education. | | |
| **Description of Internal Monitoring Procedures:**  Principal Leaders will drive and monitor compliance and will ensure accountability by the applicable principals and headmasters as indicated above. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7A School year schedules | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit a detailed plan, including any proposed adjustments to scheduling, to ensure that each school identified by the Department will meet the required number of hours of structured learning time required by state law and regulations.  By May 13, 2016, submit a signed assurance from the Superintendent that the schools identified by the Department will meet the 900 hours or 990 hours of structured learning time for the 2016/2017 school year.  The district will be asked to submit Structured Learning Time Worksheets certifying the provision of required hours for each identified school in September 2016. | | |
| **Progress Report Due Date(s):**  12/18/2015  05/13/2016 | | |

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

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the district's documents indicated that, across all levels, the following 31 schools do not offer physical education to all grades:    Elementary Schools Middle Schools High Schools Beethoven Elementary School Edwards Middle School Another Course to College Bradley Elementary School McKinley Middle School Boston Adult Tech Henderson Elementary School Middle School Academy Boston Arts Academy Holland Elementary School Boston Community Leadership McKinley Elementary School Boston International Perkins Elementary School Boston Latin Academy Quincy Elementary School Boston Latin School Trotter Elementary School Brighton High School Community Academy Community Academy of  Science & Health Dearborn STEM Academy Fenway High School Greater Egleston High School Madison Park High School New Mission High School O'Bryant Math and Science Quincy Upper School Snowden International Tech Boston Urban Science | | |
| **Description of Corrective Action:**  The Principal Leaders will:  1) be made aware of the need for compliance with CR 7B's requirement that physical education is not being offered at the 31 indicated schools by the Office of Equity.  2) require that the principals and headmasters of the applicable schools identify impediments preventing current compliance, such as scheduling and lack of space for physical education activities, and will develop a plan and implementation measures to ensure that the schools become compliant.  3) evaluate the plans and implementation measures submitted by the principals and headmasters of the applicable schools and suggest any necessary revisions.  4) evaluate the progress of the applicable schools throughout the year during, their one-on-one check-in meetings and, if necessary, during special meetings specifically designated to review compliance with CR 7B. | | |
| **Title/Role(s) of Responsible Persons:**  Principal Leaders  Office of Equity  Health and Wellness | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  A representative sampling of the plan and implementation measures drafted by the applicable schools will be provided to the Department of Education. | | |
| **Description of Internal Monitoring Procedures:**  Principal Leaders will drive and monitor compliance and will ensure accountability as indicate above. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must ensure that all schools cited for failure to meet physical education requirements during both the 2008 and 2015 CPRs will provide physical education & health, required by M.G.L. c. 71, s. 3, during the current 2015/2016 school year.  Please see Commissioner Driscoll's memorandum on the PE/health requirement at http://www.doe.mass.edu/news/news.aspx?id=649. For curriculum frameworks on PE & health, please see http://www.doe.mass.edu/frameworks/current.html. | | |
| **Department Order of Corrective Action:**  Submit corrective action plans for the following schools to address the provision of physical education during 2015/2016:  Perkins Elementary School  Another Course to College  Boston International HS  Brighton High School  Community Academy  Madison Park High School | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit the detailed plans, including any adjustments made to scheduling and hiring of personnel, that demonstrates how the physical education requirement for the schools identified in 2008 and 2015 will be brought into compliance for the current school year.  By March 11, 2016, submit a Structured Learning Time Worksheet, signed by each school's Principal for each of the above identified schools, providing written assurance that these schools identified now offer physical education to all grades.  By May 13, 2016, submit a detailed plan, including any adjustments made to scheduling and hiring of personnel, that demonstrates how the physical education requirement for the remaining schools identified in 2015 will be brought into compliance for the 2016/2017 school year. This list includes 6 elementary schools, 3 middle schools, and 15 additional high schools.  The district will be asked to submit Structured Learning Time Worksheets certifying the provision of physical education & health for each of the identified 24 remaining schools in September 2016. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016  05/13/2016 | | |

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

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the district describes how it ensures accessibility of extracurricular activities for all students, regardless of race, sex, gender identity, color, religion, national origin, sexual orientation and disability, this description does not address the protected category of homelessness. | | |
| **Description of Corrective Action:**  Any policy or circular addressing equal access to extracurricular activities in the district will be amended to include the protected class of homelessness. All amended policies and circulars will be made available to the district’s constituents and the public, generally, through the district’s customary methods of publishing amended policies and circulars. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Equity | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Any policy addressing equal access, as amended, will be provided to the Department of Education to demonstrate evidence of compliance with CR 8. | | |
| **Description of Internal Monitoring Procedures:**  The Office of Equity and his/her designee will ensure that the applicable policies and circulars are revised consistent with this Corrective Action Plan. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit the revised policy regarding accessibility of extracurricular activities with evidence of its dissemination to families for the 2015-2016 SY. The district may upload relevant documents or provide a direct webpage link to the posted document(s). | | |
| **Progress Report Due Date(s):**  12/18/2015 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not always provide documentation on the use of instructional support services for students as part of the evaluation information reviewed by IEP Teams when determining eligibility. | | |
| **Description of Corrective Action:**  The Principal Leaders and the Assistant Superintendent for Special Education will be made aware of the need for coordination and minimization of efforts relating to instructional support and the IEP process consistent with the requirement in CR 18 and will construct a plan and implementation measures consistent with the following:  1) The Principal Leaders and the Assistant Superintendent for Special Education will meet with their respective teams to discuss and develop a plan and implementation measures to ensure compliance.  2) The Principal Leaders will instruct principals and headmasters to inform anyone responsible for providing or attempting any instructional support services to document any efforts made to assist students including: remedial instruction for students, consultative services for teachers, availability of reading instruction at the elementary level, appropriate services for linguistic minority students, and other services consistent with effective educational practices and the requirements of M.G.L. c. 71B, §2.  3) The Principal Leaders will instruct principals and headmasters to require anyone responsible for providing or attempting any instructional support services to include any attempted, but unsuccessful, efforts in the student’s file.  4) Should an IEP be necessary, Principal Leaders will instruct principals and headmasters to require anyone responsible for providing or attempting any instructional support services to ensure that all documentation of previously attempted efforts be provided to the applicable Special Education IEP Team.  5) The Assistant Superintendent for Special Education, or her designee, will instruct the Special Education IEP Teams to request and review documentation of previously attempted efforts prior to the development of an IEP to ensure that those efforts are not duplicated. | | |
| **Title/Role(s) of Responsible Persons:**  Principal Leaders  Assistant Superintendent for Special Education  Student Support Teams | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  The Principal Leaders and the Assistant Superintendent for Special Education will present their plan and implementation measures that they have created to the Department of Education.  For any newly identified special education students identified as part of the Special Education department’s quarterly internal January, 2016 and April, 2016 student folder review, data will be collected as evidence of documentation of previously attempted efforts to provide instructional support for students. | | |
| **Description of Internal Monitoring Procedures:**  The Principal Leaders and the Assistant Superintendent for Special Education or their designees will monitor compliance with the plan and implementation measures and will review a representative sample of the instruction support services documentation and IEPs to ensure that the schools and Special Education Teams are properly coordinating and to ensure that previously attempted efforts are not duplicated. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of principals and other relevant personnel training on the district's protocols to ensure that IEP Teams have access to data resulting from instructional supports when Teams convene to discuss students' initial eligibility for special education services. Evidence of training should include a dated meeting agenda, staff attendance sheet, and training materials, including a description or copy of the protocols.  By March 11, 2016, conduct an internal review of 25 files for students who received instructional support and subsequent evaluations for special education eligibility following the implementation of all corrective actions, for evidence that data on the students' instructional supports were available and considered during the Team eligibility determination. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note that when 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 record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | |

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

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's notices for job vacancies do not address the specific protected categories of race, color, national origin, sex, or disability. | | |
| **Description of Corrective Action:**  The Office of Human Capital will be made aware of the need for compliance with CR 18A?s requirement that the protected classes of the protected classes of race, color, national origin, sex, and disability be included in job descriptions by the Office of Equity. The Office of Human Capital will develop a statement that includes the missing protected classes and will ensure that the statement is included in all job descriptions going forward. | | |
| **Title/Role(s) of Responsible Persons:**  Office of Human Capital  Office of Equity | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  The revised non-discrimination statement and its inclusion in the job description template demonstrating the inclusion of race, color, national origin, sex, and/or disability will be provided to the Department of Education. | | |
| **Description of Internal Monitoring Procedures:**  The Office of Human Capital and those specifically responsible for recruitment and information technology will ensure that the job description template used for job descriptions include the revised non-discrimination that includes race, color, national origin, sex, and/or disability and that its continued use be monitored by The Office of Human Capital. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence that the district's notice for job vacancies includes the specific protected categories of race, color, national origin, sex, and disability. The district may upload relevant documents or provide a direct webpage link to the posted document(s). | | |
| **Progress Report Due Date(s):**  12/18/2015 | | |

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

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| **Criterion & Topic:**  CR 20 Staff training on confidentiality of student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district's staff training on confidentiality of student records does not include the provisions of the Family Educational Rights and Privacy Act (FERPA). | | |
| **Description of Corrective Action:**  The Office of Equity in coordination with The Office of Legal Advisors will provide relevant information on the Family Educational Rights and Privacy Act (FERPA) to be included in applicable staff trainings during the on boarding process for newly hired staff and during professional development training for existing staff. | | |
| **Title/Role(s) of Responsible Persons:**  Office of Legal Advisor  Office of Equity  Student Information Services | | **Expected Date of Completion:**  05/15/2016 |
| **Evidence of Completion of the Corrective Action:**  The Office of Equity in coordination with the Office of Legal Advisors will provide the developed training materials to the Department of Education. | | |
| **Description of Internal Monitoring Procedures:**  School and departmental leaders responsible for developing training for new and existing staff will ensure that training materials are included in the applicable training materials for new and existing staff and will document that they have done so. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit evidence of staff training, including signed attendance sheets (with name and role), agenda, and any training materials regarding confidentiality and the provisions of the Family Educational Rights and Privacy Act (FERPA). | | |
| **Progress Report Due Date(s):**  12/18/2015 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district does not have a process to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | | |
| **Description of Corrective Action:**  Principal Leaders will instruct principals and headmasters to:  1) instruct teachers that they are to review all materials when the curriculum is presented to teachers for the presence of for simplistic and demeaning generalizations, lack of intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation and report the existence of any concerns to their principal or headmaster or to the Office of Equity.  2) instruct teachers to report any legitimate concerns raised by students and all concerns raised by parents throughout the year regarding any simplistic and demeaning generalizations, lack of intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, or sexual orientation to their principal or headmaster or to the Office of Equity.  3) This review will occur at relevant points throughout the academic year, especially when the curriculum is presented to teachers. | | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Equity | | **Expected Date of Completion:**  05/15/2016 | |
| **Evidence of Completion of the Corrective Action:**  Documentation of reports of concerns brought to the attention of a principal or headmaster, whether made by a teacher, student, or parent, will be made available to the Department of Education. | | | |
| **Description of Internal Monitoring Procedures:**  Principal Leaders will monitor compliance by principals and headmasters at all relevant points throughout the academic year but particularly when the curriculum is presented to teachers. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit a detailed narrative regarding the district's procedures for conducting curriculum review. Provide evidence that all teaching staff, as well as any responsible administrating personnel were made aware of these newly developed procedures and to include the protected categories of race, color, sex, gender identity, religion, national origin and sexual orientation when reviewing educational materials for simplistic and demeaning generalizations. | | | |
| **Progress Report Due Date(s):**  12/18/2015 | | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district does not formally evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | | |
| **Description of Corrective Action:**  The district will develop:  1)surveys of various school constituents, which may include: students of appropriate age, parents, and staff to evaluate how the K-12 program does not or could better address race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status. Great care will be taken to ensure that the survey questions, which are likely to differ based on the constituents surveyed, indicate that information is not requested specific to any one child but is bring gathered to address the needs of students more broadly. Great care will also be taken to explain the definitions of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, and housing status in an understandable way to ensure that answers relate to these issues.  2) Data will be collected from select BPS departments on the distribution of students in extracurricular activities, such as athletics and after-school programs. This data may be organized by race/ethnicity, gender, LEP status, IEP/504 plan status, and housing status.  3) Use the information gathered from the two combined sources will be complied and an annual report will be produced analyzing the accessibility of all programs and the need for the implementation of appropriate programs. | | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Equity | | **Expected Date of Completion:**  05/15/2016 | |
| **Evidence of Completion of the Corrective Action:**  A survey will be presented to the Department of Education. | | | |
| **Description of Internal Monitoring Procedures:**  District Cabinet members will designate staff members to meet at the end of the academic year to review the data that has been collected the combined sources and will assess the feasibility of any programs indicated by the sources identified above. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By December 18, 2015, submit samples of the district's newly developed instruments, such as surveys, templates or tools, used for the purpose of civil rights institutional self-evaluation. Include specific data sources that the district has proposed to use as part of the evaluation process.  By March 11, 2016, submit the results of the district's institutional self-evaluation utilizing these newly developed procedures. | | | |
| **Progress Report Due Date(s):**  12/18/2015  03/11/2016 | | | |