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

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Foxborough

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 03/31/2015.

**Mandatory One-Year Compliance Date:** **03/31/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 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 |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when the district conducts evaluations, required educational assessments are not always completed by a representative of the school district, including a history of the student's educational progress in the general curriculum. In addition, the district does not always complete an assessment by a teacher(s) with current knowledge regarding the student's specific abilities in relation to learning standards of the Massachusetts Curriculum Frameworks and the district's general education curriculum, as well as an assessment of the student's attention skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults. | | |
| **Description of Corrective Action:**  The Team noted above will design and implement a training for all special education staff regarding SE #2 Criterion requirements, specifically focusing on Ed Assessments A and B. The training will also include the use of the Special Education Software in the Ed. Assessment A and B. | | |
| **Title/Role(s) of Responsible Persons:**  Sandra C. Einsel, Ph.D., Director of Special Education and Team Chairs. | | **Expected Date of Completion:**  02/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence: Workshop design and handouts, workshop attendance sheets, team meeting notes and completed Ed. Assessment A and B forms. | | |
| **Description of Internal Monitoring Procedures:**  Monitoring will be ongoing and include random record review at each level, each quarter, and track use of Ed. A and B through Special Education Software program. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date:** 05/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 25, 2015, submit evidence of training to special education staff related to the proper completion of educational assessments by a representative of the school district, and include a history of the student's educational progress in the general curriculum. Evidence of training will include training agenda, attendance sheet with name(s)/role(s), copies of the materials presented and name/role of presenter.  By January 15, 2016, submit the results of an administrative review of student records for required educational assessments. This sample must be drawn from a cross-section of records across district schools/levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/25/2015  01/15/2016 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the district has developed a process and form for IEP Teams to utilize whenever an evaluation indicates that a child has a disability on the autism spectrum, review of student records and staff interviews revealed that IEP Teams are not always considering and specifically addressing all of the following: the child's verbal and nonverbal communication needs; the need to develop social interaction skills and proficiencies; the needs resulting from the child's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from the autism spectrum disorder; and other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  The Team above will design and implement training on SE criterion #3A requirements for the pre-school, elementary, middle school and high school staff. Part of this training will include a checklist of the specific areas noted in the requirements to address at IEP meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Sandra C. Einsel, Ph. D., Director of Special Education and Team Chairs. | | **Expected Date of Completion:**  02/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence: Training Agenda, Workshop attendance sheets, record review noting in the N1 that the 7 areas were considered during the Team meeting and IEP development and noting this on the IEP under Additional information. | | |
| **Description of Internal Monitoring Procedures:**  Ongoing monitoring that includes: random record review quarterly that the 7 areas were considered during the Team meeting, as noted in the N1, and an in-house checklist that was completed during the team meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date:** 05/01/2015  **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 identified with Autism Spectrum Disorder (ASD) at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  By September 25, 2015, submit evidence of special education staff training on how the IEP team considers and specifically addresses the seven components related to students identified with ASD. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By January 15, 2016, submit the results of an administrative review of student records for evidence that the IEP teams consider and specifically address the seven components related to students identified with ASD. This sample must be drawn from a cross-section of records across district schools/levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  \*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 person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  09/25/2015  01/15/2016 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that parents leave with Summary Notes and the Service Delivery Grid at the conclusion of the IEP Team meeting, but only receive one copy and two signature pages of the IEP and placement rather than two complete copies of the IEP. | | |
| **Description of Corrective Action:**  The Team noted above will design and implement a training regarding the SE Criterion #18 B, specifically focusing on providing the parent with two complete copies of the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Sandra C. Einsel, Ph.D., Director of Special Education and Team Chairs. | | **Expected Date of Completion:**  02/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence: Workshop agenda with handouts and workshop attendance sheets. | | |
| **Description of Internal Monitoring Procedures:**  Monitoring will be ongoing. The Special Education office will record that two IEPs went out for each meeting held. It will be reviewed quarterly. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 05/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 25, 2015, submit evidence of training to appropriate special education staff related to the provision of two (2) copies of the proposed IEP and placement to parents within 3-5 days without a Team summary or within ten (10) school working days with a Team summary. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By January 15, 2016, submit the results of an administrative review of student records for evidence that two (2) copies of the proposed IEP are provided to parents. This sample must be drawn from a cross-section of records across district schools/levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/25/2015  01/15/2016 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the Non-Participation Justification statement in the IEP does not always indicate whether the Team has given consideration to any potential harmful effects of the Team's proposed services. Additionally, student records also indicated that if the student is removed from the general education classroom at any time, the Team does not specifically state in the IEP Non-participation Justification statement why the removal of the student is considered critical to the student's program and is not specific as to the basis for the IEP Team's 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:**  The Team noted above will design and implement a training for all special education staff regarding the SE Criterion #20 requirements, specifically focusing on the Non-participation Justification statement and the need for conversation regarding why a student may need to be removed from regular education in order to be provided the appropriate special education services. Staff will learn how to discuss this IEP section and develop comprehensive IEP non-participation justification statements at the IEP meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Sandra C. Einsel, Ph.D., Director of Special Education and Team Chairs. | | **Expected Date of Completion:**  02/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence: Workshop agenda, handouts, workshop attendance sheets and team meeting summaries. | | |
| **Description of Internal Monitoring Procedures:**  Monitoring Non-participation Justification statements will include an ongoing random record review at each level. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 05/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 25, 2015, provide evidence of training to appropriate special education staff related to the completion of the nonparticipation justification statement. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials including examples of non-participation justification statements.  By January 15, 2016, submit the results of an administrative review of student records for completion of the nonparticipation justification statement. This sample must be drawn from a cross-section of records across district schools/levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  \*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 person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  09/25/2015  01/15/2016 | | |

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

|  |  |  |
| --- | --- | --- |
| **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 demonstrated that the district's Notice of Proposed School District Action (N1) forms do not consistently include a description of the action proposed or refused by the school, an explanation of why the school proposed or refused to take the action, a description of any other options that the school considered and the reasons why those options were rejected, and a description of each evaluation procedure, test, record, report, or other factors the school used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  The Team above will design and implement a training for all special education staff regarding SE Criterion #24 requirements for responding to the six questions on the district's Notice of Proposed School District Action (N1) form. | | |
| **Title/Role(s) of Responsible Persons:**  Sandra C. Einsel, Ph.D., Director of Student Services and Team Chairs. | | **Expected Date of Completion:**  02/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence; Workshop design, handouts, workshop attendance sheets, and a random review of N1s after the training. | | |
| **Description of Internal Monitoring Procedures:**  Monitoring will be ongoing and include random record review at each level ,each quarter regarding the N1 form and its contents. | | |
| 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:** 05/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Department's example of an appropriately developed notice available at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf prior to developing the district's corrective actions.  By September 25, 2015, submit training to appropriate special education staff related to the proper completion of its Notice of Proposed School District Action Form (N1), including summarizing the district's proposed action; the reason why the district is proposing to take action; any rejected options; the evaluation procedures, test, record or report used as the basis for the proposed action; other factors relevant to the school district's decision; and recommended next steps. Evidence of training will include training agenda, attendance sheet with name(s)/role(s) ,copies of the materials presented and name/role of presenter.  By January 15, 2016, submit the results of an administrative review of student records for Notice of the Proposal to Act or Refusal to Act. This sample must be drawn from a cross-section of records across district schools/levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/25/2015  01/15/2016 | | |