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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: Mashpee

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 08/21/2015.

**Mandatory One-Year Compliance Date:** **08/21/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not 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:**  Student record review 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. | | |
| **Description of Corrective Action:**  Training will be conducted with the school psychologists and Team Chairs regarding their responsibilities in ensuring all Team members sign the written Specific Learning Disability Team Determination of Eligibility form (Mandated Form 28M/10) to document agreement of specific learning disability eligibility findings. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education, Michele Brady | | **Expected Date of Completion:**  12/31/2015 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will meet with the School Psychologists and Team Chairs by 11/1/2015 to review the policy. The Administrator of Special Education will conduct training at each school building by 12/1/2015 for all general and special educators regarding this policy and their responsibilities. The Administrator will submit evidence to DESE of the agenda and staff attendance sign-in forms at the training. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will review all 2nd grade through 12th grade evaluations completed during the fall of 2015 to assess the level of compliance. This audit will be completed by December 2015. This administrator will also review a sample of evaluations in the spring by July 2016 to assess compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 15, 2016, submit evidence of training (revised procedures for students suspected of SLD that includes a section ensuring all IEP Team members sign the written determination acknowledging agreement or disagreement with the determination, training materials, signed attendance sheets [person, role, and school], and agenda).  By April 15, 2016, conduct an internal review of records for students suspected of SLD, with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where all IEP Team members signed the mandated eligibility form. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*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):**  01/15/2016  04/15/2016 | | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district policy regarding access to a full range of educational programs does not include gender identity as a protected category. | | |
| **Description of Corrective Action:**  The Mashpee Public School's Policy Manual was updated on 7/15/15 to reflect that all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness, have equal access to the general education program and to the full range of any occupational/vocational education programs offered by the district. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  10/15/2015 |
| **Evidence of Completion of the Corrective Action:**  Mashpee Public School's Policy Manual--posted on the district website:  http://www.mashpee.k12.ma.us/committee.cfm?subpage=1337815 | | |
| **Description of Internal Monitoring Procedures:**  The Mashpee Public School's Policy Manual will be reviewed annually in June to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Corrected | |
| **Basis for Decision:**  The Mashpee Public Schools revised its policy regarding access to a full range of educational programs to include gender identity as a protected category. This updated policy is located in section J via the above- referenced URL. No progress reporting is required. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews set forth that the district does not require employers recruiting at the school to sign a statement indicating that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Description of Corrective Action:**  The Assistant Superintendent, in collaboration with the Director of College and Career Readiness and the Work-to Career program leader at Mashpee Middle/High School, has created a form that all employers recruiting at Mashpee High School sign ensuring that the employer complies with the applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of race, color, national origin, sex, gender identity, disability, religion, sexual orientation, or homelessness. ("Employers" include those participating in career days and work-study and apprenticeship training programs, as well as those offering/providing cooperative work experiences. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  10/15/2015 |
| **Evidence of Completion of the Corrective Action:**  Form created by Mashpee Public Schools to document that an "employer" is in compliance with the above non-discrimination law. | | |
| **Description of Internal Monitoring Procedures:**  A folder will be maintained at Mashpee High School (Principal's office) containing all forms signed by employers, as described above. The Assistant Superintendent will review the contents annually in June to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 15, 2016, submit a copy of the newly developed statement to be signed by prospective employers.  By April 15, 2016, submit copies of the newly developed statement of assurance, signed by prospective employers. | | |
| **Progress Report Due Date(s):**  01/15/2016  04/15/2016 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district's nondiscrimination policy, as set forth in the student handbooks and codes of conduct, does not include gender identity as a protected category. | | |
| **Description of Corrective Action:**  The district's nondiscrimination policy, as set forth in all student handbooks and codes of conduct includes gender identity as a protected category.  "No Mashpee Public School student is discriminated against because of his/her race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  10/15/2015 |
| **Evidence of Completion of the Corrective Action:**  All Mashpee Public School Student Handbooks and Codes of Conduct are posted online (www.mashpee.k12.ma.us--click on each school's website and then the student handbook page) | | |
| **Description of Internal Monitoring Procedures:**  Annually, in April, the Assistant Superintendent will review parent/student handbooks and codes of conduct for each Mashpee school to ensure that the district's nondiscrimination policy as set forth in these documents includes gender identity as a protected category. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 15, 2016, submit a copy of all updated student handbooks and codes of conduct with the district's current nondiscrimination policy. | | |
| **Progress Report Due Date(s):**  01/15/2016 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the Bullying Intervention and Prevention Plan is not included in the student handbooks and has not been updated or amended to include extending protections to students who are bullied by a member of the school staff. The Plan does not make clear that a member of the school staff may be named the aggressor or perpetrator in a bullying report and it does not contain information relative to the duties of faculty and staff addressing the bullying of students by a school staff member. The district employee handbook also does not contain relevant sections of the amended Plan relating to the duties of faculty and staff and relevant provisions addressing the bullying of students by a school staff member. | | |
| **Description of Corrective Action:**  The Mashpee Public Schools' Bullying Intervention and Prevention Plan is being updated to include protections to students who are bullied by a member of the school staff. The Plan will make clear that a member of the school staff may be named the aggressor or perpetrator in a bullying report. The updated Plan will also contain information relative to the duties of faculty and staff addressing the bullying of students by a school staff member. The District Employee Handbook will also be updated to include relevant sections of the amended Plan relating to the duties of faculty and staff and relevant provisions addressing the bullying of students by a school staff member.  The updated Mashpee Public Schools' Bullying Intervention and Prevention Plan will be uploaded to DESE and will also be posted on the Mashpee Public School's website. The contents of the updated Plan will be reviewed by the School Committee and will also be communicated to staff, students, and families.  All Mashpee Public School staff members will be receive training related to the updated Plan. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  03/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Updated Bullying Intervention and Prevention Plan--posted to Mashpee Public School's website  Updated District Employee Handbook  School Committee Agenda  Communication to Families related to the updated Plan (email)  Agendas--Principal Building Meetings--Staff Training related to the updated Plan | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will review the Mashpee Public School's Bullying Intervention and Prevention Plan as well as the District's Employee Handbook annually in April to ensure compliance. Staff trainings on the updated Plan will take place by January, 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's corrective action plan does not include updating student handbooks at all schools with the updated Bullying Intervention and Prevention Plan. | | |
| **Department Order of Corrective Action:**  Update student handbooks from all district schools with the Bullying Intervention and Prevention Plan. | | |
| **Required Elements of Progress Report(s):**  By January 15, 2016, submit the updated Bullying Intervention and Prevention Plan and evidence of dissemination and training, including a training agenda, signed attendance sheets, and copies of the materials presented.  By January 15, 2016, submit updated student handbooks. | | |
| **Progress Report Due Date(s):**  01/15/2016 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that media used to publicize a school, such as the school websites, do not include a notice that the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. | | |
| **Description of Corrective Action:**  Written materials and other media used to publicize the Mashpee Public Schools will be updated to include a statement that our schools do not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, age, gender identity, homelessness, or disability. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  10/15/2015 |
| **Evidence of Completion of the Corrective Action:**  Mashpee Public School District and School Websites  Mashpee Public School's Strategy for District Improvement | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will annually review in April written materials and other media used to publicize the Mashpee Public School to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 15, 2016, provide copies of media or links to websites used to publicize a school that include a notice that the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. | | |
| **Progress Report Due Date(s):**  01/15/2016 | | |

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

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| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district does not ensure that scholarships, prizes and awards are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Description of Corrective Action:**  The Assistant Superintendent will ensure that scholarships, prizes, and awards sponsored or administered by Mashpee High School are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness.  We will post or print information regarding private restricted scholarships and will not give preferential treatment to any particular scholarship offered. Mashpee High School will not endorse or recommend any such scholarship nor advise or suggest to a particular student that he or she apply for such a scholarship. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  12/31/2015 |
| **Evidence of Completion of the Corrective Action:**  Scholarship application  Guidance Department Website  Meeting Agenda--Training MMHS Guidance Staff | | |
| **Description of Internal Monitoring Procedures:** The Assistant Superintendent will annually review in January all scholarships, prizes, and awards available to Mashpee High School students to ensure that they are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness.  The Assistant Superintendent will provide a training to the MMHS guidance staff to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By January 15, 2016, submit the district's newly developed policy regarding the non-discriminatory administration of scholarships, prizes and awards to ensure that such scholarships, prizes and awards sponsored or administered by the school are free of restrictions based upon protected categories. Also submit evidence of dissemination/ training/notice(s) to school personnel of the updated policy. | | |
| **Progress Report Due Date(s):**  01/15/2016 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:** Document review and staff interviews indicated that the district does not 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 a process (survey) to evaluate all aspects of our 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. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent Patricia DeBoer | | **Expected Date of Completion:**  03/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Online parent/staff/student survey results with hard copy survey provided to parents who do not have online access. | | |
| **Description of Internal Monitoring Procedures:**  Survey questions/format will be developed by: 12/31/2015  Survey will be administered during January 2016  Data will be collected/analyzed/shared during February 2016 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By January 15, 2016, submit a description of the procedures and any protocols that the district develops to 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.  By April 15, 2016, submit the results of the district evaluation of its K-12 program, including any conclusions reached and issues identified, 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. | | |
| **Progress Report Due Date(s):**  01/15/2016  04/15/2016 | | |

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

Charter School or District: Mashpee Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: MASHPEE PUBLIC SCHOOL DISTRICT/ Mary Ellyn Johnson

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report to the school or district.

**Mandatory One-Year Compliance Date: October 29, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 4 Waiver Procedures | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents and staff interviews indicated that the district does not have a formal waiver procedure in place. See ELE 10.* | | | |
| **Narrative Description of Corrective Action:**  Parental Exception Waivers Application Process Notices were sent home, in English, and parents’ native language, attached to the Parent Permission for ELL Service forms in September 2015. These forms have been filed in students’ folders. Additional waiver procedure forms (based on the MADOE samples) are being made for a District Waiver Procedure Folder. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Director | | **Expected Date of Completion for Each Corrective Action Activity:**  June 2016 | |
| **Evidence of Completion of the Corrective Action:**  Mashpee Waiver Procedure Forms will be present in the District’s online ELL Forms folder. Hard copies will also be available in ELL Director’s ELL Forms binder at each school in the district. | | | |
| **Description of Internal Monitoring Procedures:** Presently, no waiver requests have been made. In addition to the District’s online ELL Forms Folder, hard copies of these District Waiver Procedures will be found in a binder titled as such at the Superintendent’s Office and in District Waiver Procedure Binders with the ELL Director at each school. The forms and procedures will be reviewed yearly by the ELL Director, who will update them in accordance with the current State mandates. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 4 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** When a new student enrolls in a school district, it is the district’s obligation to determine whether the student is an ELL by following appropriate procedures and to place the student in the appropriate instructional program to support content area and language learning (603 CMR 14.02). The narrative description of corrective action noted that Parent Permission for ELL Service forms were sent home in September 2015. Parent permission is not required. Massachusetts law requires districts to inform parents of their rights to: (1) “Opt out” of specialized language programs; and (2) Request a waiver from the state-mandated sheltered English immersion (SEI) program model. “Opt out” indicates an informed decision by the parent to not have the child placed in any ELE formal instruction program. A “waiver” indicates a desire by the parent to waive the child from participation in the SEI program in favor of enrollment in another ELE program. Upon notification of a student as ELL, and annually thereafter, a notice is mailed to the parents or guardians that, among several items, informs parents of their right to apply for a waiver or to decline to enroll their child in the program (See ELE 10). Please see *Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners* and Waiver Requirements and Procedures located at <http://www.doe.mass.edu/ell/resources.html>. | | | |
| **Department Order of Corrective Action:**  Develop a waiver procedure for the district consistent with ESE waiver requirements and procedures, provide a statement of assurance from the district superintendent that parent permission is no longer required for ESL instruction, and provide training to all appropriate staff on the waiver requirements and procedures to ensure thatstaff members are aware of and understand the district’s waiver requirements and procedures. | | | |
| **Required Elements of Progress Report(s):**  By **April 1, 2016,** please submit a copy of the district’s waiver procedure, along with evidence of staff training on the waiver requirements and procedures to ensure thatstaff members are aware of the requirements. Evidence of training may include email, agenda, signed attendance sheets with staff name(s)/role(s), and training materials. In addition, please submit a statement of assurance from the district superintendent that parent permission is no longer required for ESL instruction. | | | |
| **Progress Report Due Date(s): April 1, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of district documentation indicated that the ESL instruction ELLs receive does not exceed 90 minutes a week in the district’s elementary schools even when the students are at proficiency levels 1 and 2. Therefore, it is concluded that the district does not provide sufficient ESL instruction to promote and support the rapid acquisition of English language proficiency by ELL students as is required in G.L. c. 71A.* | | | |
| **Narrative Description of Corrective Action:** September 2015, Mashpee increased the number of minutes of ESL instruction at the K.C. Coombs School, Quashnet School, and Mashpee Middle High School. In June 2016, the newly formed Mashpee ELE team will assess our ELE needs for the upcoming 2016-2017 school year (based on ACCESS 2016, PARCC/MCAS test data) and hire additional staff, **if needed**, to comply with the number of **periods** needed to service our ELL students.  Level 1-2: 2.5 periods of ESL delivered by a licensed ESL teacher  Level 3: 1-2 periods per day of direct ESL instruction delivered by a licensed ESL teacher  Level 4-5: 2 periods per week of direct ESL instruction delivered by a licensed ESL teacher. Please note that even though Mashpee’s minutes of ELL instruction were below the State’s recommended minutes, ACCESS test data indicated that 24 out of the 49 students tested passed the 2015 ACCESS Test with a composite score of 6 which was 49%. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Director, Superintendent | | **Expected Date of Completion for Each Corrective Action Activity: October 2016** | |
| **Evidence of Completion of the Corrective Action:** ESL Teachers’ schedules, student schedules | | | |
| **Description of Internal Monitoring Procedures:** Periods of ESL instruction will be uploaded into an ELL data base and checked bi-annually, December and April to ensure that students are receiving appropriate periods of instruction. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 5 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  1- Please complete district information in the attached spreadsheet labeled ELL List by school for each ELL student in the district.  2- Provide a copy of the 2015-16 ESL teacher schedules for all grade levels district-wide.All schedules should include the following for each block of time:   * + Names of the ELL students   + Grade level for each student;   + English proficiency level for each student | | | |
| **Progress Report Due Date(s): April 1, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 6 Program Exit and Readiness | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *The documentation submitted by the district indicates that the district continues to code the students who were reclassified as Former Limited English Proficient (FLEP) as ELLs until the end of the two year monitoring process.* | | | |
| **Narrative Description of Corrective Action:**  The District corrected the coding of Former Limited English Proficient (FLEP) students who were being monitored, on the SIMS list. This occurred in October 2015. Previously, FLEP students were coded as ELL until their Monitor term of two years had ended. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Director | | **Expected Date of Completion for Each Corrective Action Activity:** October 2015 | |
| **Evidence of Completion of the Corrective Action: October 2015 SIMS List** | | | |
| **Description of Internal Monitoring Procedures: October and March each year the SIMS List will be updated and corrected for Mashpee’s ELL students.** | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 6 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):** No further documentation is needed for this criterion. | | | |
| **Progress Report Due Date(s): N/A** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 10 Parent Notification | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents and student records indicated that the parent notification letter does not inform parents of the following:*   1. *The child’s level of English proficiency;* 2. *Program placement and/or the method of instruction used in the program;* 3. *How the program will meet the educational strengths and needs of the student;* 4. *How the program will specifically help the child learn English;* 5. *The specific exit requirements;* 6. *The parents’ right to apply for a waiver, or to decline to enroll their child in the program; and* 7. *If the student has additional educational needs that require special education services, how the Title III program will meet the objectives of the Individualized Education Plan (IEP).* | | | |
| **Narrative Description of Corrective Action:**  The District has created a new Initial/Annual Parent Notification Letter modeled after the MADOE sample forms. This form addresses the concerns mentioned in the CPR review (a,b,c,d,e,f, g) and will be implemented with new students in 2015 and with all ELL students in September 2016. | | | |
| **Title/Role of Person(s) Responsible for Implementation: ELL Director** | | **Expected Date of Completion for Each Corrective Action Activity: September 2016** | |
| **Evidence of Completion of the Corrective Action: review new forms and student records** | | | |
| **Description of Internal Monitoring Procedures:** Bi-annual record review, using the ELL Checklist, to insure all necessary forms are present in student folders. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 10 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By **April 1, 2016,** please submit a copy of the revised Parent Notification Letter.  By **September 30, 2016,** submit the results of an administrative review of a representative sample of ELL student records across grade levels (elementary, middle, high) for evidence that parents were sent a Parent Notification Letter that includes all required elements. Include the number of records reviewed, the number found to be in compliance, the root cause(s) for any identified noncompliance and the district’s remedy to address any noncompliance.  **\*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade 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 signature(s).** | | | |
| **Progress Report Due Date(s): April 1, 2016; September 30, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 14 Licensure Requirements | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *District documentation indicated that not all district ESL teachers/tutors that provide students with ESL instruction in the district hold an appropriate license or current waiver issued by the Massachusetts Department of Elementary and Secondary Education.* | | | |
| **Narrative Description of Corrective Action:**  Presently, the ESL tutor that provides service at Mashpee Middle High School has passed her ESL Licensure test, submitted the necessary paperwork to receive her ESL license, and is awaiting approval. That would make the Mashpee School District compliant in this area. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Director, Superintendent | | **Expected Date of Completion for Each Corrective Action Activity: January 2016** | |
| **Evidence of Completion of the Corrective Action:** A list of ESL teachers, District-wide, and their respective licenses will be provided. A copy of the 2016-2017 ESL Teachers’ schedules will also be provided. | | | |
| **Description of Internal Monitoring Procedures:** Superintendent, ELL Director, will review ESL licenses yearly | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 14 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):** Provide evidence of the licensure of the current ESL teachers. | | | |
| **Progress Report Due Date(s): April 1, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 17 Program Evaluation | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Documentation submitted by the district does not include any evidence showing that the district conducts periodic evaluations of the effectiveness of the district’s ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program.* | | | |
| **Narrative Description of Corrective Action:**  A Mashpee School District ELE Team will be formed by June 2016, to evaluate the effectiveness of its ELE Program- identify its strengths and weaknesses and recommend ways to improve said program to increase student success in English acquisition and in academic areas. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Director, Superintendent, building principals | | **Expected Date of Completion for Each Corrective Action Activity:** June 2016 | |
| **Evidence of Completion of the Corrective Action:** Roster of ELE Team members, meeting minutes and documents | | | |
| **Description of Internal Monitoring Procedures:** ELETeam Meeting Minutes, Formulation of a district ELE Plan to be completed by June, 2017. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 17 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   1. Please provide a copy of the most recent evaluation conducted by the district to identify the strengths and areas of improvement in developing ELLs’ English language skills and increasing their ability to participate meaningfully in the district’s educational program. 2. Please submit the description of program adjustments or changes made in response to the most recent ELE program evaluation. | | | |
| **Progress Report Due Date(s): September 30, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 18 Records of ELL Students | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of student records indicated that several ELL student records do not include the following:*   * *Home language survey;* * *Parent notification letter;* * *Progress reports;* * *Evidence of follow-up monitoring, when applicable*. | | | |
| **Narrative Description of Corrective Action:**  As of September 2015, student records will be reviewed every September and June to insure that such forms as indicated on the ESL Folder Checklist are present- namely **completed** Home Language Survey, Parent Notification letter, Progress Reports, and Evidence of follow-up monitoring, when applicable. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Director, ESL teachers | | **Expected Date of Completion for Each Corrective Action Activity:** September and June of each school year. | |
| **Evidence of Completion of the Corrective Action:** student records and ELL checklist | | | |
| **Description of Internal Monitoring Procedures:** ELL Director will check **all** ELL folders | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 18 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By **April 1, 2016,** please submit evidence of training provided to appropriate staff on the district’s procedures to ensure ELL student records include all applicable documentation as stated on the ELL checklist (including home language survey, parent notification letter, progress reports, and evidence of follow-up monitoring, when applicable). Evidence of training may include agenda, signed attendance sheets with name(s)/role(s), and training materials.  By **September 30, 2016,** submit the results of an administrative review of a representative sample of ELL student records across grade levels (elementary, middle, high) for evidence that all required information is included in the file. Indicate the number of records reviewed, the number found to be in compliance, the root cause(s) for any continued noncompliance and the district’s remedy to correct any identified noncompliance.  **\*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade 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 signature(s).** | | | |
| **Progress Report Due Date(s): April 1, 2016; September 30, 2016** | | | |