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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: Methuen

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 05/07/2015.

**Mandatory One-Year Compliance Date:** **05/07/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 4 | Reports of assessment results | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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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 child has a disability on the autism spectrum, IEP Teams do not always consider and specifically address the following: 1) the needs resulting from a child's unusual responses to sensory experiences; 2) the needs resulting from the child's resistance to environmental change or change in daily routines; 3) the needs resulting from engagement in repetitive activities and stereotyped movements; 4) the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder and 5) other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development. |
| **Description of Corrective Action:** During the CPR review, the Director of Student Services was able to add the embedded list into the District's special education software program. The building Special Education Administrators reviewed the above criterion at their next building department meeting. Through various discussions, it was determined that the District would review the criterion again in September 2015 during the individual building department meetings. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Special Education Administrators | **Expected Date of Completion:**01/31/2016 |
| **Evidence of Completion of the Corrective Action:**The building Special Education Administrators will conduct a training for their building Special Education staff in September 2015 that reviews the Technical Assistance Advisory SPED 2007-1, as well as the process for documentation in Individualized Education Programs. The building Special Education Administrators will submit their building agendas and attendance sheets to the Director of Student Services. |
| **Description of Internal Monitoring Procedures:** An internal review of fifteen (15) student records will be conducted in January 2016 to ensure that staff are appropriately reviewing and documenting the special requirements for students on the autism spectrum. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district proposes a monitoring process that only accounts for the 2015-2016 school year. To ensure continued compliance, the district will conduct internal reviews of records periodically. |
| **Department Order of Corrective Action:**Develop an internal system of periodic review to ensure that IEP Teams consider and specifically address the 7 areas of need in IEPs of students with ASD. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** Submit evidence of staff training, including signed attendance sheets with name and role of staff, agenda, and a sample of training materials regarding the special requirements for students on the autism spectrum. This progress report is due October 26, 2015. For those students identified by the Department, submit documentation as described in the Student Record Worksheet, mailed to the district via regular post. This progress report is due October 26, 2015. Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due October 26, 2015.Conduct an internal review of approximately 10 records of students with ASD representing a cross-section of the district's schools for evidence that IEP Teams considered and specifically address all seven required areas in IEPs. This sample must be drawn from records where IEP development occurred following implementation of all corrective actions. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due January 29, 2016. \*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):** 10/26/201501/29/2016 |

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| **Criterion & Topic:** SE 4 Reports of assessment results | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that assessment summaries do not always include recommendations, particularly at the pre-kindergarten level. |
| **Description of Corrective Action:** Upon receipt of the CPR final report, the Director of Student Services and building Special Education Administrators reviewed a sampling of student records. It was determined that preschool special education staffs are not all including recommendations as part of their assessment summaries. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Special Education Administrators | **Expected Date of Completion:**01/31/2016 |
| **Evidence of Completion of the Corrective Action:**The Preschool Special Education Administrator will conduct a training with the preschool special education staff in September 2015 emphasizing that all assessment summaries must include recommendations. The preschool Special Education Administrator will share with the preschool special education staff the District's template for assessment reports. The Preschool Special Education Administrator will submit to the Director of Student Services the agenda and sign-in sheet for the training. |
| **Description of Internal Monitoring Procedures:** The Director of Students Services will conduct an internal review of preschool student files that recently completed assessments for two quarters. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 4 Reports of assessment results | **Corrective Action Plan Status:** Partially Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district proposes a monitoring process that only accounts for the 2015-2016 school year. To ensure continued compliance, the district will conduct internal reviews of records periodically. |
| **Department Order of Corrective Action:**Develop an internal system of periodic review to ensure that assessment summaries are appropriately completed. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** Submit evidence of the staff training, including signed attendance sheets with name and role, agenda, and a sample of training materials regarding the inclusion of recommendations in assessment summaries. This progress report is due October, 26, 2015. Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due October 26, 2015.Conduct an internal review of approximately 10 records in which assessments were completed for either initial or reevaluation IEPs, ensuring that assessment summaries were included. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due January 29, 2016. \*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):** 10/26/201501/29/2016 |

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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 although the district provides the parent with a Team meeting summary and two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are not sent within ten (10) school working days following the IEP Team meeting. |
| **Description of Corrective Action:** Upon receipt of the CPR Final Report, it was determined that the IEP and placement are not sent within ten (10) school working days following the IEP Team meeting. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Special Education Administrators | **Expected Date of Completion:**01/31/2016 |
| **Evidence of Completion of the Corrective Action:**The Director of Student Services will review the Memorandum on the Implementation of 603 CMR 28.05(7): Parent response to proposed IEP and proposed placement with the building Special Education Administrators at the first SEA meeting in September 2015. The building Special Education Administrators will then review the same information with their building departments at their first meeting in September 2015. A copy of the agendas and sign-in sheets will be submitted to the Director of Student Services by the end of September 2015. |
| **Description of Internal Monitoring Procedures:** An internal review will be conducted for the first two quarters of the 2015-2016 school year. Each quarter, four-five student files from each building will be reviewed. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:** A review of the Department's memorandum does not address why IEPs are not consistently proposed within 10 working days of the IEP Team meeting, as indicated by the district's self-assessment and the Department's CPR record review. In addition, to ensure continued compliance, the district will conduct internal reviews of records periodically. |
| **Department Order of Corrective Action:**Develop a sample of records with IEP development between January and May 2015. Based on a review of these records, conduct a root cause analysis to explain why proposed IEPs and placements are not sent to parents within 10 school working days of the IEP meeting. Upon identification of the cause(s), please indicate the specific corrective actions the district will take. Develop an internal tracking system to ensure that IEPs and placements are proposed within 10 school working days of the IEP Team meeting. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** Submit the results of the district's root cause analysis, including the corrective actions and the associated timelines and the person(s) responsible. This progress report is due October 26, 2015. Submit a description of the internal tracking system, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due October 26, 2015.Conduct an internal review of approximately 10 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. Provide an analysis of this review to 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 any steps that the district has taken to remedy the non-compliance. This progress report is due January 29, 2016. \*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):** 10/26/201501/29/2016 |

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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 Notice of School District Action (N1) does not consistently include a description of each evaluation procedure, test, record or report the Team used as a basis for the proposed or refused action and description of any other factors that were relevant to the district's proposal or refusal. |
| **Description of Corrective Action:** Upon receipt of the CPR Final Report, the Director of Student Services and building Special Education Administrators determined that not all requirements of the Notice of School District Action (N1) are consistently completed. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Special Education Administrators | **Expected Date of Completion:**01/31/2016 |
| **Evidence of Completion of the Corrective Action:**The building Special Education Administrators will review the requirements with their department staff at their first meeting in September 2015. All agendas and sign-in sheets will be turned into the Director of Student Services by the end of September 2015. |
| **Description of Internal Monitoring Procedures:** An internal review will be conducted for the first two quarters of the 2015-2016 school year to ensure that all required components are addressed in the N1s. Four to five files from each building will be reviewed during each quarter. |
| 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:** Partially Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district proposes a monitoring process that only accounts for the 2015-2016 school year. To ensure continued compliance, the district will conduct internal reviews of records periodically. |
| **Department Order of Corrective Action:**Develop an internal system of periodic review to ensure that notices contain all federally required information, including a description of each evaluation procedure, test, record or report the Team used as a basis for the proposed or refused action and a description of any other factors that were relevant to the district's proposal or refusal. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** Submit evidence of the staff training on the completion of the district's Notice of School District Action (N1), including signed attendance sheets, agenda, and examples of materials. This progress report is due October 26, 2015. Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due October 26, 2015.Conduct an internal review of approximately 10 records with IEP activity post-training from a cross-section of the district's schools for evidence that N1s are appropriately completed. Please provide an analysis of this review to include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, please provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due January 29, 2016. \*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):** 10/26/201501/29/2016 |

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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 both English and the primary language of the home if such primary language is other than English. |
| **Description of Corrective Action:** The District has identified this as an ongoing issue even before receipt of the CPR Final Report. The District has a letter that will be sent out to all parents/guardians in September of each school year so the parent/guardian is able to indicate/confirm that they need notices/documents translated or an interpreter at meetings. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Special Education Administrators | **Expected Date of Completion:**03/31/2016 |
| **Evidence of Completion of the Corrective Action:**The building Special Education Administrators will review this criterion with their building staff at their first meeting in September 2015. All agendas and sign-in sheets will be turned into the Director of Student Services by the end of September 2015. |
| **Description of Internal Monitoring Procedures:** An internal review will be conducted for three quarters during the 2015-2016 to ensure that the District provides communications with parents in both English and the primary language of the home if such primary language is other than English. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Partially Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district proposes a monitoring process that only accounts for the 2015-2016 school year. To ensure continued compliance, the district will conduct internal reviews of records periodically. |
| **Department Order of Corrective Action:**Develop an internal system of periodic review to ensure that the district translates all relevant IEP documents for parents whose primary language of the home is not English. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** Submit evidence of the staff training, including signed attendance sheets with name and role, agenda, and a sample of training materials regarding the district's protocols for providing translations for parents in both English and the primary language of the home. This progress report is due October 26, 2015. For those students identified by the Department whose parents did not receive translated documents as needed, provide evidence that documents, including the IEP and notice to parents (N1) have been provided in the primary language of the home. This progress report is due October 26, 2015. Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due October 26, 2015.Conduct an internal review of approximately 10 student records post-training from a cross-section of the district's schools to demonstrate that the district translates documents for parents in the primary language of the home if such language is other than English. Provide an analysis of this review to 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 any steps that the district has taken to remedy the non-compliance. This progress report is due January 29, 2016. \*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):** 10/26/201501/29/2016 |

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| **Criterion & Topic:** SE 54 Professional development | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and interviews indicated that staff members, including general education and paraprofessionals, have not received training on state and federal special education requirements and related local special education policies and procedures. |
| **Description of Corrective Action:** Upon receipt of the CPR Final Report, the Director of Student Services and the building Special Education Administrators reviewed the criterion and began to the local special education policies and procedures to be included in a PowerPoint presentation. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Supervising Principals | **Expected Date of Completion:**09/30/2015 |
| **Evidence of Completion of the Corrective Action:**During the Summer 2015, the Director of Student Services will create a PowerPoint presentation that includes the state and federal special education requirements and related local special education policies and procedures. On August 31, 2015, all staff members, including general education and paraprofessionals will be presented with this PowerPoint. All sign-in sheets will be turned into the Director of Student Services by September 11, 2015. |
| **Description of Internal Monitoring Procedures:** The PowerPoint presentation is shared with all employees annually on the first day staff reports for the school year and upon new hires throughout the school year. The presentation will be reviewed annually by the Director of Student Services prior to the annual presentation. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide evidence of the staff training, including attendance with name and role, agenda, and training materials regarding state and federal special education requirements and related local special education policies and procedures. This progress report is due October 26, 2015. |
| **Progress Report Due Date(s):** 10/26/2015 |

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| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and interviews indicated that the district does not formally conduct an evaluation of its special education programs and services. |
| **Description of Corrective Action:** Upon receipt of the CPR Final Report, the Director of Student Services and the building Special Education Administrators identified that although the District reviews the special education programs and services annually, it does not formally document such efforts. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesBuilding Special Education Administrators | **Expected Date of Completion:**04/30/2016 |
| **Evidence of Completion of the Corrective Action:**The Director of Student Services will develop a template for the special education programs and services evaluation during the Summer 2015. In October 2015, the Director of Student Services and the building Special Education Administrators will develop an annual schedule of program evaluations for the District. |
| **Description of Internal Monitoring Procedures:** An internal review will be conducted quarterly utilizing the template created by the Director of Student Services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of the district's newly developed assessment tool to be used for evaluating special education programs and services. This progress report is due October 26, 2015. Submit a copy of the evaluation that was conducted using this process. This progress report is due January 29, 2016. |
| **Progress Report Due Date(s):** 10/26/201501/29/2016 |

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| **Criterion & Topic:** CR 15 Non-discriminatory administration of scholarships, prizes and awards | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents regarding non-discriminatory administration of scholarships, prizes and awards confirmed that gender identity as a protected category is not addressed. |
| **Description of Corrective Action:** Upon receipt of the CPR Final Report, the Director of Student Services reviewed the document provided for the CPR which indicated that the District's description concerning non-discriminatory administration of scholarships, prizes and awards did not include gender identity as a protected class. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services | **Expected Date of Completion:**09/30/2015 |
| **Evidence of Completion of the Corrective Action:**The District's description was updated to include gender identity. |
| **Description of Internal Monitoring Procedures:** The District's description is reviewed annually by the Director of Student Services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that the district's policy regarding non-discriminatory administration of scholarships, prizes and awards has been updated to include gender identity as a protected category. This progress report is due October 26, 2015. |
| **Progress Report Due Date(s):** 10/26/2015 |

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| **Criterion & Topic:** CR 18A School district employment practices | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents confirmed that the district's notice for job vacancies does not address the specific protected categories of race, color, national origin, sex, or disability. |
| **Description of Corrective Action:** Document review indicated that the District's notice for job vacancies does not address the specific protected categories of race, color, national origin, sex, or disability. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesDirector of Human Resources | **Expected Date of Completion:**09/30/2015 |
| **Evidence of Completion of the Corrective Action:**District job postings were updated to include specific protected categories of race, color, national origin, sex, or disability. |
| **Description of Internal Monitoring Procedures:** The Director of Human Resources reviews all postings prior to distribution. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18A School district employment practices | **Corrective Action Plan Status:** Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that district notice for job vacancies has been updated to include the protected categories of race, color, national origin, sex and disability. This progress report is due October 26, 2015. |
| **Progress Report Due Date(s):** 10/26/2015 |

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| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and interviews confirmed that while curriculum review occurs on multiple levels throughout the district, this process does not 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:** Document review indicated that the District's process does not ensure that individual teachers review all educational materials for simplistic and demeaning generalization, lacking intellectual merit, on the basis of race, color, sex, gender identify, religion, national origin and sexual orientation. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent of Curriculum, Instruction, and Assessment | **Expected Date of Completion:**09/30/2015 |
| **Evidence of Completion of the Corrective Action:**The Assistant Superintendent will create a slide regarding this process for the staff presentation in each building on August 31, 2015. The building Supervising Principals will turn in agendas and sign-in sheets to the Director of Student Services by September 11, 2015. |
| **Description of Internal Monitoring Procedures:** The Assistant Superintendent will create a checklist/reference tool for teachers to access on a regular basis. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of the district's newly developed tools and protocols used for civil rights curriculum review. In addition, provide evidence that all teaching staff were made aware of these tools and protocols and were informed 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. This progress report is due October 26, 2015. |
| **Progress Report Due Date(s):** 10/26/2015 |

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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 has installed a formal process to annually review aspects of its K-12 program, ensuring all students have equal access to all programs. |
| **Title/Role(s) of Responsible Persons:**Building Supervising Principals | **Expected Date of Completion:**04/30/2015 |
| **Evidence of Completion of the Corrective Action:**Operational meeting agendas. |
| **Description of Internal Monitoring Procedures:** The building Supervising Principals facilitate weekly operations meetings, including all building administrators in the analysis of grade level data. The building teams will lead the internal review to ensure all students have equal access to all K-12 programs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 06/18/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of the district's newly developed process and procedures used for the purpose of civil rights institutional self-evaluation. This progress report is due October 26, 2015. Submit the results of the district's institutional self-evaluation utilizing these newly developed process and procedures. This progress report is due January 29, 2016. |
| **Progress Report Due Date(s):** 10/26/201501/29/2016 |