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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: Northbridge

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 03/20/2015.

**Mandatory One-Year Compliance Date:** **03/20/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | 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 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| SE 49 | Related services | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Not Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Not Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that 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:**  (1) The Team Chairpersons will be trained on how to properly complete the Non-Participation Justification section; (2) all Special Education staff will be trained during the monthly building based meetings; (3) random file reviews will be conducted every six weeks to ensure that the Non-Participation Justification section is properly completed. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services  Team Chairpersons (3) | | **Expected Date of Completion:**  12/31/2015 |
| **Evidence of Completion of the Corrective Action:**  (1) Training agendas and sign in sheets from all of the trainings; (2) documentation of each file review will be maintained in the Special Education Office; (3) IEP review sheets and IEP returned with the necessary corrections | | |
| **Description of Internal Monitoring Procedures:**  (1) random file reviews will be on-going up to the expected date of completion and beyond; (2) the Director of Pupil Personnel Services will thoroughly review each IEP. If the Non-Participation Justification section is lacking specificity, the IEP will be returned to the sending school with an IEP review sheet detailing what is required to be corrected. The review sheets will be maintained on file in the Special Education Office. (3) a "refresher" training will take place at the beginning of each school year to ensure that the staff is still properly completing this section. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, submit evidence of training to Team Chairs on how to specifically state the Non-Participation Justification in the IEP and include agenda, training materials, and signed attendance sheets indicating the title(s)/role(s) of staff and name/role of presenter.  By December 18, 2016, conduct an internal administrative review of a sample of records representing a cross-section of the district's schools/grades with IEP development subsequent to all corrective actions for evidence that the Team does 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. Submit the report of the results of this review and include the number of records reviewed; the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance.  \*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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that students in the middle school "Pathways Alternative Program," do not receive small group social skills instruction with the frequency and duration specified in student IEP service delivery grids. IEPs for students in the Pathways Alternative Program indicated small group social-skills service of 1 x 30 minutes/weekly; however, the students have been provided only one social skills small-group session thus far. | | |
| **Description of Corrective Action:**  (1) A meeting will be scheduled with the Team Chairperson(s), Alternative program staff, and Adjustment Counselors at the middle school to discuss scheduling and service delivery options to ensure that the students are receiving the services stated in the IEP; (2) Develop an action plan to address the lack of service provision in the event that it occurs again. This action plan will include a procedure in notifying parents if the students are not receiving the adequate services. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  09/30/2015 |
| **Evidence of Completion of the Corrective Action:**  (1) Meeting notes and documentation of recommended steps; (2) copy of the developed action plan; (3) copy of the parent notification procedure; (4) letters to parents informing them of a disruption of services | | |
| **Description of Internal Monitoring Procedures:**  (1) Director of Pupil Personnel Services will meet with the relevant service providers on a monthly basis to discuss any scheduling/service delivery concerns, and the results of these meetings will be documented and maintained on file in the Special Education Office; (2) program service providers' schedules will be submitted to the Director of Pupil Personnel Services on a monthly basis and maintained on file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Action Plan needs to include: immediately informing parents in writing of any delayed services, reasons for delay, actions that the school district is taking to address the lack of space or personnel and offers alternative methods to meet the goals on the accepted IEP. Upon agreement of the parents, the school district implements alternative methods immediately until the lack of space or personnel issues are resolved. | | |
| **Department Order of Corrective Action:**  The school district does not delay implementation of the IEP due to a lack of classroom space or personnel, provides as many services on the accepted IEP as possible and immediately informs the parents in writing of any delayed services. | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, submit evidence to confirm scheduling and service delivery ensuring that the student does receive the specified social skills services agreed upon in the IEP. Meet with Team Chairs, Alternative Program Staff, and Adjustment Counselors at the middle school "Pathways Alternative Program. Include meeting date; agenda; sign-in sheets with name(s)/(role(s). Also submit student schedules noting social skills service delivery and provide a narrative of the district's action plan addressing how the district will respond if IEP services are not implemented along with procedures for notifying parents (provide sample letter) when the student does not receive the services as stated in the IEP. Submit the name/role of the person responsible to ensure that middle school students are receiving social skills services as agreed upon in the IEP with monitoring by the Director of Special Education.  By December 18, 2016, submit evidence of an internal review of records subsequent to all corrective actions to ensure that students in the middle school "Pathways Alternative Program," do receive small group social skills instruction with the frequency and duration specified in student IEP service delivery grids. Provide a detailed summary of results of this administrative review, including the number of records reviewed to ensure middle school service delivery of social skills as indicated in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of any ongoing non-compliance with the district's plan to remedy it.  \*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):**  09/18/2015  12/18/2016 | | |

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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 demonstrated that the district's Notice of Proposed School District Action (N1) forms do not consistently summarize the action proposed by the district; an explanation of the reason why the district proposed or refused to take the action; a description of any other options considered and the reasons why those options were rejected; the evaluation procedures, test, record, report, or other factors the district used as a basis for the proposed or refused action; and recommended next steps. | | |
| **Description of Corrective Action:**  (1) The Team Chairpersons will be trained on how to appropriately complete the Notice of Proposed Action with consistency utilizing common language. This training will take place during the regularly scheduled Team Chairperson meetings with the Director of Pupil Personnel Services; (2) random file reviews will be conducted every six weeks to ensure that the Notice of Proposed Action is completed in detail. Each review will focus on one Team Chairperson's caseload. The results of the file reviews will be documented and maintained on file in the Special Education Office. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services  Team Chairpersons | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  (1) Meeting notes and sign in sheets from the Team Chairpersons' training; (2) memo to the Team Chairpersons from the Director of Pupil Personnel Services as a follow up to the training; (3) documentation of the results from the random file reviews | | |
| **Description of Internal Monitoring Procedures:**  (1) On-going random file reviews; (2) Director of Pupil Personnel Services will thoroughly review each IEP for accuracy. If the Notice of Proposed Action is not thoroughly and properly completed, the IEP will be returned to the sending school with a review sheet noting the corrections that need to be made. Copies of the review sheets will be maintained on file in the Special Education Office. | | |
| 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:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, provide evidence of 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 December 18, 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):**  09/18/2015  12/18/2016 | | |

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| **Criterion & Topic:**  SE 34 Continuum of alternative services and placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records, documents, and staff interviews indicated that the district does not have Adaptive Physical Education services available for students who the Team indicates may require it. | | |
| **Description of Corrective Action:**  The district will seek options to provide Adaptive Physical Education services by doing the following:  (1) Utilizing district physical education staff. The Physical Education teachers will be trained by the Physical Therapist on how to address the needs of the students who require this service; (2) if district staff is able to carry out this function, the services will be included into the schedules; (3) if district staff is not able to carry out this function, the district will enter into a contract with an outside agency. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services  Principals | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  (1) Training agendas and sign in sheets; (2) description of the training(s) performed; (3) copy of the Physical Education teachers' schedules to include the APE students; (4) if it is necessary to contract with an agency for the services, a signed contract with a schedule of when the services will be provided will be maintained on file in the Special Education Office. | | |
| **Description of Internal Monitoring Procedures:**  (1) The Director of Pupil personnel Services will conduct on-going site visits to ensure that the services are being provided; (2) if the services are with a contracted agency, the Director of Pupil Personnel Services will collaborate with the agency to address any concerns, and to ensure that the services are adequately provided. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district submitted options to provide Adaptive Physical Education services utilizing district physical education staff first and potentially by contract service providers, the district did not indicate that they would only use district staff professionally trained through an accredited program or through meeting the requirements of their professional organization for these related services. | | |
| **Department Order of Corrective Action:**  The district must ensure that Adaptive Physical Education services are assessed and implemented by professionals trained through an accredited program or through meeting the requirements of their professional organization. | | |
| **Required Elements of Progress Report(s):**  By September 18 , 2015, please submit detailed notes with outcomes and attendance sheets of the planning meeting(s) to expand the continuum of services to include Adaptive Physical Education. Provide list/certification/licensure of staffs who are professionally trained through an accredited program or through meeting the requirements of their professional organization for provision of these related services.  By December 18, 2016, please submit copies of the Adaptive PE teacher's schedule including students receiving APE services. | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

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| **Criterion & Topic:**  SE 36 IEP implementation, accountability and financial responsibility | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 22. | | |
| **Description of Corrective Action:**  (1) A monthly meeting will be scheduled with the Team Chairpersons and the related service providers to discuss scheduling or service delivery options to ensure that the students are receiving the services stated in the IEP; (2) an action plan will be developed to address the lack of service provision in the event that it does occur. The action plan will include a procedure to notify parents when there is a lack of related services. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services  Team Chairpersons  Related Service providers | | **Expected Date of Completion:**  12/31/2015 |
| **Evidence of Completion of the Corrective Action:**  (1) Meeting notes and documentation of any recommended steps from the monthly meetings; (2) copy of the developed action plan; (3) copy of the parent notification procedure; (4) copy of parent letters if necessary | | |
| **Description of Internal Monitoring Procedures:**  (1) All related service providers' schedules will be submitted to the Director of Pupil Personnel Services on a monthly basis and maintained on file for review; (2) Team Chairpersons will submit a monthly written report to the Director of Pupil Personnel Services with a status of service delivery provision. This report should also outline any concerns. The reports will be maintained on file in the Special Education Office. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  See SE 22. | | |
| **Department Order of Corrective Action:**  See SE 22. | | |
| **Required Elements of Progress Report(s):**  See SE 22. | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

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| **Criterion & Topic:**  SE 49 Related services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 22. | | |
| **Description of Corrective Action:**  (1) A monthly meeting will be scheduled with the Team Chairpersons and the related service providers to discuss scheduling or service delivery options to ensure that the students are receiving the services stated in the IEP; (2) an action plan will be developed to address the lack of service provision in the event that it should occur. The action plan will include a procedure to notify parents when there is a lack of related services. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services  Team Chairpersons  Related Service providers | | **Expected Date of Completion:**  12/31/2015 |
| **Evidence of Completion of the Corrective Action:**  (1) Meeting notes and documentation of any recommended steps from the monthly meetings; (2) copy of the developed action plan with updates when necessary; (3) copy of the parent notification procedure; (4) copy of parent letters when necessary | | |
| **Description of Internal Monitoring Procedures:**  (1) All related service providers' schedules will be submitted to the Director of Pupil Personnel Services on a monthly basis and maintained on file for review; (2) Team Chairpersons will submit a written monthly report to the Director of Pupil Personnel Services with a status of service delivery provision. This report should also outline any concerns. The reports will be maintained on file in the Special education Office. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 49 Related services | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  See SE 22. | | |
| **Department Order of Corrective Action:**  See SE 22. | | |
| **Required Elements of Progress Report(s):**  See SE 22. | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that one of the teachers who designs and provides direct special education services described in IEPs is not appropriately licensed. | | |
| **Description of Corrective Action:**  (1) The district will provide the teacher with written correspondence requesting the status of the teacher's pursuit of the appropriate license; (2) the district will request a written response from the teacher reporting on the status of his pursuit of the appropriate license; (3) the district will submit written correspondence to the Massachusetts department of Elementary and Secondary Education requesting the steps that need to be taken to secure the appropriate license for the teacher; (4) the district in collaboration with the teacher will develop an action plan with specific action steps, including a timeline outlining the responsibilities of the teacher to obtain the appropriate license; (5) the teacher will develop and submit a plan of completion. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent  Director of Pupil Personnel Services  Human Resources Supervisor | | **Expected Date of Completion:**  03/01/2016 |
| **Evidence of Completion of the Corrective Action:**  (1) Copy of the district's written correspondence to the teacher: (2) copy of the teacher's written response reporting on the status; (3) copy of the district's written correspondence to the DESE; (4) copy of the developed action plan; (5) copy of the teacher's plan of completion; (6) teacher to submit course documentation, including grade(s); (7) the teacher will submit course registration documentation for each course that he has registered. | | |
| **Description of Internal Monitoring Procedures:**  (1) Frequent meetings with the teacher to obtain his progress towards securing the license; (2) on-going written and verbal correspondence with the DESE to track the status of the teacher's progress. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district's plan provides oversight for the tracking of this teacher, it does not indicate how the special education department will keep track of unlicensed and unwaivered special education teachers and/or related service providers. | | |
| **Department Order of Corrective Action:**  In addition to the oversight taken to correct this teacher's licensure, develop an ongoing internal oversight system for the district's special education teachers and related service providers to ensure they are appropriately licensed or waivered. This system should include oversight and periodic reviews by the Director of Special Education or designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, please provide status of the teacher who is pursuing licensure. If person is unlicensed, provide evidence of a waiver submission to ESE for that teacher. Also, submit a narrative description of the district's oversight and tracking system for maintaining special education teacher and related service provider licensure, along with the name(s)/role(s) of the designated person(s).  By December 18, 2016, submit the results of an administrative internal review of all special education and related services staff licensure status by school. Report on the number of special education teachers and related service providers who are not currently licensed, along with the district's proposed corrective actions for eave individual educator. Include the teacher/related service provider's name(s) as well as assignment(s) and school(s) with licensure status. | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district does not have procedures for translating important school documents or a system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages. | | |
| **Description of Corrective Action:**  Building based staff members will identify key documents that are shared across the school. A list of documents will be generated, and translations will be created for each and stored in a central electronic file. Such documents will include, but are not limited to, student handbooks, newsletters, lunch menus, health forms, after school care applications, etc. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent; Building Principals; Director of PPS | | **Expected Date of Completion:**  03/01/2016 |
| **Evidence of Completion of the Corrective Action:**  An electronic file will contain translations for our district forms for ease of access at each building. | | |
| **Description of Internal Monitoring Procedures:**  I will monitor the translation process and the document acquisition. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district proposed a means of identifying key documents for translation and an electronic file containing translations, they did not indicate a system of identifying any students/parents/guardians that request or require translation or oral interpretation of important documents. | | |
| **Department Order of Corrective Action:**  Develop procedures within each school to monitor the identification parents/guardians who request translation or interpretation of important documents on the Home Language survey, along with a procedures for translating important documents or a system for providing oral interpretation, when indicated. | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, submit a copy of the Home Language Survey that allows parents whose primary language is not English to indicate whether translations and interpretation are needed. Also submit a narrative description of the district's system to document oral interpretation, along with evidence of its implementation. | | |
| **Progress Report Due Date(s):**  09/18/2015 | | |

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents and staff interviews indicated that students receive two years of physical education at the high school rather than the required four years. | | |
| **Description of Corrective Action:**  The Program of Studies will be expanded to include additional options for physical education. We will ensure that there are physical education options offered for the required four years. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal; High School Guidance Director | | **Expected Date of Completion:**  03/15/2016 |
| **Evidence of Completion of the Corrective Action:**  The Program of Study will indicate additional options for Physical Education that offer four year of physical education opportunities. | | |
| **Description of Internal Monitoring Procedures:**  The Superintendent and Principal will work with the Guidance Department to revise the current offerings and program of study. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, submit a copy of the Program of Studies indicating the provision of physical education for four years along with an updated Superintendent's Student Learning Time Worksheet pp 36-37 in CPR Civil Rights Materials. In addition, please submit copies of training with the Guidance Department, ensuring training on the requirement that high school students receive four years of physical, e.g. agenda with date of training, training materials, and signed attendance sheets.  By December 18, 2016, submit a copy of sample schedules from each grade level demonstrating that students are enrolled in physical education classes. | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

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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 staff interviews indicated that the district does not have signed statements from prospective employers indicating that they comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices. | | |
| **Description of Corrective Action:**  The district will develop forms and protocols for future employers to complete indicating that each complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices. The forms will be completed by future employers when accepting a student for internship or job shadowing. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal; Job Coach | | **Expected Date of Completion:**  03/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Signed forms from future employers will be kept on file in the Guidance Department. | | |
| **Description of Internal Monitoring Procedures:**  Forms will be developed. The Job Coach will ensure that each prospective employer completes a form prior to working with our students. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, submit a copy of the newly developed form(s) for prospective employers indicating that they comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices. Additionally, provide evidence of staff training to appropriate staff on the district's protocol ensuring that employers complete the form(s) when accepting a student for internship or job shadowing. Evidence of training should include agenda, signed attendance sheets, and examples of training materials. | | |
| **Progress Report Due Date(s):**  09/18/2015 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the district sends a notice to students age sixteen and over and their parents/guardians within ten days from a student's 15th consecutive unexcused absence. However, the district does not send an annual written notice for a minimum of two years to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  We will contact former students who have not yet earned their competency determination a written notice for a minimum of two years to inform them of the availability of publicly funded post-high school academic support programs, and we will encourage them to participate in those programs. | | |
| **Title/Role(s) of Responsible Persons:**  Guidance Department Chairperson; High School Principal | | **Expected Date of Completion:**  03/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Copies of forms send to students who have not earned their competence determination will be kept on file in the guidance office. | | |
| **Description of Internal Monitoring Procedures:**  Students who fit this criteria will receive letters informing them of the availability of publicly funded post-high school academic support programs. We will review the student records, and send out the letters each spring to provide information on programs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district will make contact with former students who have not yet earned their competency determination, the district did not indicate how it will track these students for two years ensuring that a written notice goes home annually informing these students of the availability of publicly funded post-high school academic support programs and encouraging them to participate in those programs. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system to ensure the district sends annual written notice to former  students who have not yet earned their competency determination and who have not transferred to another school a) to inform them of the availability of publicly funded post-high school academic support programs and b) to encourage them to participate in those programs.  Note: Please update notice procedures to reflect " Send notice in 5 days from the student's 10th consecutive absence" and convene Team per Superintendent designated school personnel for Exit Interview to discuss  reasons for permanently leaving school and to consider alternative programs and services available to student. During the Exit Interview, student shall be given info. of detrimental effects of early withdrawal, benefits of HS diploma and list of alt. ed. programs/services available to student. | | |
| **Required Elements of Progress Report(s):**  By October 9, 2015, submit a narrative of the district's internal oversight and tracking system. Provide the name(s)/role(s) of person(s) responsible to ensure the district does send an annual written notice for a minimum of two years to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and encourage them to participate in those programs. Also submit evidence of dissemination to appropriate staff of this new procedure which may include emails/trainings to ESE.  Note: Please see M.G.L. c.76, ss.5, 18 as amended by 2012,222, Sec.8 effective July 1, 2014;St.1965, c.741. | | |
| **Progress Report Due Date(s):**  09/18/2015 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents and staff interviews indicated that although the district actively engages in curriculum review, it does not have a process that involves individual teachers in the review of educational materials for consideration of 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:**  A process and protocol will be established to process that involve individual teachers in the review of educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Curriculum; Building Principals; Department Chairpeople | | **Expected Date of Completion:**  03/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The district will maintain an electronic collection system containing reviews from individual staff members documenting the review of curricular materials for materials containing simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Internal Monitoring Procedures:**  The process, protocol, and electronic system will be developed by the leadership team. The staff will be introduced to the system in the fall. As modules are created, teachers will complete this process and form. The director of curriculum and building principals will monitor the completion, as well as review the materials. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 15, 2016, provide evidence of the district's process and protocol for individual teachers to participate in the review of curricular materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation Please include evidence of staff participation in the electronic system including sample(s) of online form(s) and planned activities of engagement. | | |
| **Progress Report Due Date(s):**  12/18/2016 | | |

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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 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. | | |
| **Description of Corrective Action:**  We will conduct annual internal reviews of our K-12 program 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. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Leadership Team, Guidance Staff, Special Education Team Chairs | | **Expected Date of Completion:**  03/01/2016 |
| **Evidence of Completion of the Corrective Action:**  We will document the completion of this task in an electronic file. | | |
| **Description of Internal Monitoring Procedures:**  The Leadership Team will develop an internal system for verifying that 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. We will complete this activity at the district level prior to the beginning of each school year. The administrators at each building will also complete the same task for their programs prior to the school year. This will be documented in an electronic file. The director of curriculum will verify that the tasks have been completed and recorded. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/28/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 18, 2015, provide samples of the district's newly developed internal system for verifying that all aspects of the K-12 program are evaluated annually, such as surveys, templates or tools, used for the purpose of institutional self-evaluation of its K-12 programs to ensure equal access for protected categories.  By December 18, 2016, submit the results of the district's institutional self-evaluation utilizing these newly developed procedures along with goals/benchmarks/ timelines for any areas of need. | | |
| **Progress Report Due Date(s):**  09/18/2015  12/18/2016 | | |

District: Northbridge Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Robert Lynch

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: April 28, 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 district does not provide sufficient ESL instruction appropriate to the student’s level of English proficiency to ensure that ELL students gain the proficiency in English that will enable them to participate meaningfully in the district’s general education program.* | | | |
| **Narrative Description of Corrective Action:** **The district will hire an additional ELL teacher for the 2015-2016 school year. The ELL teachers will work with the Director of Pupil Personnel Services and the building administrators to develop a schedule and a plan to provide ELL students with the required services.**  **The district will continue to make this area a priority. ELL services will be frequently analyzed, and additional personnel will be hired if the need arises.** | | | |
| **Title/Role of Person(s) Responsible for Implementation:**   Superintendent, Human Resources Coordinator, Director of Pupil Personnel Services, building administrators, and ELL teachers | | **Expected Date of Completion for Each Corrective Action Activity:**   April 28, 2016 | |
| **Evidence of Completion of the Corrective Action:**   The following evidence will be maintained and submitted: (1) Job posting for new position;; (2) documentation of meetings with Pupil Personnel Director and building administrators (meeting notes etc.); (3) service provider schedules; (4) copy of plan to provide ELL students with the required services; (5) documentation of results of bi-weekly meetings with the Pupil Personnel Director. | | | |
| **Description of Internal Monitoring Procedures:**  (1) Quarterly review of the plan. Results of the reviews will be documented and maintained on file; (2) ELL teachers will meet bi-weekly with the Director of Pupil Personnel Services to review schedules and to discuss concerns; (3) Random review of student files on a monthly basis to determine if the appropriate services are being provided, and to measure student progress. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 5 Program Placement and Structure** | **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 2014-15 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): November 2, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 10 Parent Notification** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records  and staff interviews indicated that while the district sends an initial notice, it does not consistently send an annual written notice to parents informing them of their child’s current level of English proficiency; program placement and method of instruction used in the program; how the program will meet educational strengths and needs of the student; how the program will specifically help the student learn English; exit requirements; parents’ right to apply for a waiver, or to decline to enroll their child in the program; and if the student has additional education needs that require Special Education services. In addition, the district is not consistently providing parents/guardians of ELL students with report cards and progress reports in the same manner and with the same frequency as general education reporting.* | | | |
| **Narrative Description of Corrective Action:**  (1) The Director of Pupil Personnel Services will send a memo to the ELL teachers outlining the district's expectations regarding parent notification. The memo will focus on the following areas: the student's current level of English proficiency; program placement and the method of instruction used in the program; how the program meets educational strengths and needs of the student; how the program will specifically help the student learn English; exit requirements; parents' right to apply for a waiver or to decline to enroll their child in the program; and if the student has additional education needs that requires Special Education services. (2) The Director of Pupil Personnel Services will work in collaboration with the ELL teachers to develop protocols to address all of the aforementioned areas; (3) The Director of Pupil Personnel Services in collaboration with the ELL teachers will develop an appropriate progress reporting system to be shared with the parents. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**   Director of Pupil Personnel Services and ELL teachers | | **Expected Date of Completion for Each Corrective Action Activity:**   January 31, 2016 | |
| **Evidence of Completion of the Corrective Action:**   The following evidence will be maintained and submitted: (1) copy of the memo from the Director of Pupil Personnel Services to the ELL teachers; (2) copy of protocols for each of the identified areas, including any forms developed; and (3) copy of the progress reporting process to be shared with parents | | | |
| **Description of Internal Monitoring Procedures:**   (1) Protocols will be reviewed on a bi-weekly basis with the ELL teachers; (2) The Director of Pupil Personnel Services will provide a written reminder to the ELL teachers to send progress reports to parents. The written reminder will be sent four weeks prior to the due date of the progress reports. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 10 Parent Notification** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **By November 2, 2015** provide evidence that revised protocols have been disseminated to appropriate staff to ensure that the District consistently sends an annual written notice to parents informing them of their child’s current level of English proficiency; program placement and method of instruction used in the program; how the program will meet educational strengths and needs of the student; how the program will specifically help the student learn English; exit requirements; parents’ right to apply for a waiver, or to decline to enroll their child in the program; and if the student has additional education needs that require Special Education services. In addition, provide evidence of revised protocols to ensure the District is consistently providing parents/guardians of ELL students with report cards and progress reports in the same manner and with the same frequency as general education reporting.  Subsequent to all corrective actions, submit the results of an administrative record review of a representative sample of student records from each school level, for evidence that parental notifications are sent annually and include all required elements. Additionally, the review must include evidence that parents/guardians of ELL students are provided with report cards and progress reports in the same manner and with the same frequency as general education reporting. Indicate the number of records reviewed, the number found compliant, and an explanation of the root cause for any continued non-compliance, and a description of additional corrective actions taken by the District to address any identified non-compliance. Please submit this to the Department **by January 29, 2016**.  \* **Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): November 2, 2015 January 29, 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:** *A review of documents and staff interviews indicated that at the time of the onsite visit, the district had not conducted any periodic evaluations of the effectiveness of its ELE program.* | | | |
| **Narrative Description of Corrective Action:**  The district will request two program evaluations. An internal evaluation will be conducted as well as an independent evaluation. The evaluations will focus on (1) student identification; (2) service provision inside and outside of the general education setting; (3) student needs; and (4) district needs. Once the evaluations are completed, the information will be compared and a plan will be developed based on the recommendations. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**   Director of Pupil Personnel Services and ELL teachers | | **Expected Date of Completion for Each Corrective Action Activity:**   November 30, 2015 | |
| **Evidence of Completion of the Corrective Action:**   The following evidence will be maintained and submitted: (1) copies of the program evaluations; (2) copy of the plan based on the recommendations: and (3) documentation of quarterly reviews of the plan | | | |
| **Description of Internal Monitoring Procedures:**   (1) The plan will be reviewed on a quarterly basis. Results of the reviews will be documented and maintained on file; (2) There will also be a quarterly review of the recommendations from the evaluations with the ELL teachers to ensure that the recommendations are being implemented, and to add any recommendations if necessary. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 17 Program Evaluation** | **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):** As of SY 2015-16 districts are required to use the program evaluation form provided to the districts on the Department’s website. Please see <http://www.doe.mass.edu/ell/ProgramEvaluation.pdf> . Please complete the form to evaluate the effectiveness of the district’s ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the district’s educational program. Where the district documents that the program is not effective, it must take the steps to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation. | | | |
| **Progress Report Due Date(s): November 2, 2015** | | | |

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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 records demonstrated that when the Home Language Survey indicated parental request of translation, parent notification letters, report cards, and progress reports within those records were in English, with no evidence of provision in the native language. Additionally, interviews also revealed that there is currently no process in place to ensure that applicable documents are translated, if necessary.* | | | |
| **Narrative Description of Corrective Action:**   The Director of Pupil Personnel Services will send a memo to the ELL teachers and pertinent school staff with instructions to ensure that all documents are translated into the appropriate languages. The district will develop a written procedure for staff to follow when requesting the translation of documents. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**   Director of Pupil Personnel Services, building administrators, and ELL teachers | | **Expected Date of Completion for Each Corrective Action Activity:**   October 31, 2015 | |
| **Evidence of Completion of the Corrective Action:**    The following evidence will be maintained and submitted: (1) copy of the memo from the Director of Pupil Personnel Services; (2) copy of the written procedure to request translations | | | |
| **Description of Internal Monitoring Procedures:**  (1) The effectiveness of the procedure(s) will be evaluated on a quarterly basis. Involved in this discussion will be the Director of Pupil Personnel Services, the building administrators, and the ELL teachers; (2) Random reviews of students files will be conducted on a quarterly basis to ensure that all of the documents are translated in the appropriate languages, and accessible to parents. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 18 Records of ELL Students** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **By November 2, 2015** provide evidence that revised protocols have been disseminated to appropriate staff to ensure that when the Home Language Survey indicates parental request of translation, parent notification letters, report cards, progress reports, and all applicable documents are provided in the native language.  Subsequent to all corrective actions, submit the results of an administrative record review of a representative sample of student records from each school level, for evidence that when the Home Language Survey indicated parental request of translation, parent notification letters, report cards, progress reports, and all applicable documents are provided in the native language. Indicate the number of records reviewed, the number found compliant, and an explanation of the root cause for any continued non-compliance, and a description of additional corrective actions taken by the District to address any identified non-compliance. Please submit this to the Department **by January 29, 2016**.  \* **Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): November 2, 2015 January 29, 2016** | | | |