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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: Triton

CPR Onsite Year: 2014-2015

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 08/29/2015.

**Mandatory One-Year Compliance Date:** **08/29/2016**

**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 6 | Determination of transition services | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially 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 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that for students on the autism spectrum, IEP Teams do not consider and specifically address the verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  Develop a checklist. Provide training for all relevant staff on use. Monitor implementation (focusing on 6 records across grade levels). Internal review of records will be completed by completion date. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Record review reveals 100% compliance. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education will complete an annual record review, on a standard schedule. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must develop procedures for IEP teams for considering and addressing the 7 areas of needs identified for students on the autism spectrum. While a checklist can be used to guide the IEP development, IEP Team's full consideration of all areas of development that are affected by ASD must be appropriately documented in the IEP. | | |
| **Department Order of Corrective Action:**  Prior to developing the district's corrective actions, review the Department's Advisory on Autism Spectrum Disorder at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  Develop a set of procedures for IEP teams to follow for considering and specifically addressing the needs of students on the autism spectrum, including verbal and nonverbal communication, social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences, resistance to environmental change or change in daily routines, or engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Required Elements of Progress Report(s):**  By November 25, 2015, for each student whose record was identified by the Department, submit a narrative description of steps taken and supporting documentation that IEP teams considered and specifically addressed their autism spectrum-related needs. Refer to the Student Record Issues Worksheet for all required documentation.  By November 25, 2015 and after consulting the Department Advisory on Autism Spectrum Disorder at http://www.doe.mass.edu/sped/advisories/07\_1ta.html, submit the district's procedures for teams to follow when considering and addressing the specific needs of students on the autism spectrum.  By November 25, 2015 submit the agenda(s), samples of training materials, signed attendance sheets and the name and role of the presenter as evidence special education staff have been trained on the procedures for IEP teams to follow for considering and specifically addressing the needs of students on the autism spectrum.  By April 8, 2016 submit results of an internal review of records of approximately 5 students diagnosed with autism spectrum disorder who had an initial, reevaluation or annual team meeting held subsequent to implementation of all corrective actions for evidence that teams considered and specifically addressed the needs of students on the autism spectrum. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the 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):**  11/25/2015  04/08/2016 | | |

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

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews demonstrated that transition planning forms are not reviewed annually to update information on the form and the IEP as appropriate for graduating seniors. | | |
| **Description of Corrective Action:**  Staff training for all relevant staff regarding the annual development of transition plans for graduating seniors. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of staff training. Record review from a sampling of relevant seniors with 100% compliance. | | |
| **Description of Internal Monitoring Procedures:**  Administrators of Special Education conduct annual record review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing corrective actions, review the Department's guidance on transition planning at http://www.doe.mass.edu/sped/advisories/13\_1ta.html.  By November 25, 2015, submit the agenda(s), samples of training materials, signed attendance sheets and the name and role of the presenter as evidence that relevant special education staff have been trained on the requirement to review and appropriately update, on an annual basis, the information on the Transition Planning Form.  By November 25, 2015, submit a description of the internal tracking system, including the date of the system's implementation.  By April 8, 2016 submit the results of an internal review of approximately 10 records for evidence that Transition Planning Forms have been appropriately updated for graduating seniors. This sample must consist of records of students in their senior year. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the 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):**  11/25/2015  04/08/2016 | | |

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

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that one year prior to the student reaching the age of 18, the district does not consistently inform the student and the parent/guardian of the educational decision-making rights that will transfer from the parent/guardian to the student upon the student's 18th birthday. | | |
| **Description of Corrective Action:**  Run routine reports to identify students on or before their 17th birthday to indicate need to send age of majority notification. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Auditing of records shows 100% compliance. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of relevant records. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  A system for tracking records of students approaching their 17th birthday was not included in the district proposed corrective actions. | | |
| **Department Order of Corrective Action:**  Develop an internal review and tracking system to ensure students and parents are informed one year prior to age 18 of the transfer of educational decision-making rights and 18 year old students with sole or shared decision-making rights have signed their current IEPs. 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):**  Prior to developing the district's corrective actions, review the Department's guidance on the transfer of rights under special education law when a student reaches age 18 at http://www.doe.mass.edu/sped/advisories/11\_1.html.  Review and revise as necessary the district's Age of Majority procedures based on the Department's guidance and provide training to relevant special education Team chairpersons and other key staff on the revised procedures.  By November 25, 2015 submit an agenda, sample of training materials, signed attendance sheet and name/role of presenter as evidence of training for relevant staff on the requirement that students and parents are notified no later than the student's 17th birthday of the transfer of rights to the students upon reaching the age of majority.  By November 25, 2015, submit a description of the internal tracking system, including the date of the system's implementation and the staff responsible for the oversight.  By April 8, 2016 submit the results of an internal review of records of at least 10 students 17 or older for evidence that one year prior to the student reaching age 18, the district consistently informs students and their parents/guardians of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday. This sample must consist of records of students who turned 17 after the implementation of all corrective actions. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the 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):**  11/25/2015  04/08/2016 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records, staff interviews, parent interviews, and parent surveys demonstrated that at middle and high school IEP Team meetings, the district does not obtain written parental consent when attendance of a Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed. | | |
| **Description of Corrective Action:**  An Administrative memorandum has been developed and issued regarding teacher attendance at IEP meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Auditing of records shows 100% compliance. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of relevant records. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district has not included the development/consistent use of the required written excusal to be signed by both the parent and an LEA representative when attendance of a Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed. | | |
| **Department Order of Corrective Action:**  Develop a form to be signed by both the parent and an LEA representative excusing a team member whose attendance is not required because the member's area of the curriculum or related services is not being modified or discussed at the IEP meeting. | | |
| **Required Elements of Progress Report(s):**  By November 25, 2015, submit a copy of the written excusal form to be signed by both the parent and a district representative prior to the IEP team meetings, excusing team members whose area or services will not be discussed at the Team meeting.  By November 25, 2015 submit the memorandum, identifying all relevant staff members who receive the memo, on the requirement to obtain written parental consent for IEP Team members who do not attend a meeting because the member's area of the curriculum or related services is not being modified or discussed.  By April 8, 2016, submit the results of an internal review of 5-10 records developed subsequent to implementation of correction actions for evidence of written parental consent that attendance of a Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and interviews demonstrated that for high school seniors, IEP Teams do not meet at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP. A review of student records and staff interviews demonstrated that the district proposes an amendment to extend the IEP to the end of the school year. | | |
| **Description of Corrective Action:**  Staff training for all relevant staff regarding the annual development of the IEP`s for graduating seniors. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of staff training. record review from a sampling of relevant seniors with 100% compliance | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education to conduct annual record review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Training on the requirement that IEP Amendments may only be made between annual IEP meetings was not included in the district's proposed corrective actions. | | |
| **Department Order of Corrective Action:**  Revise current procedures or develop procedures for ensuring that all IEPs, regardless of age or grade level of student, are reviewed and updated at least annually. Revise or develop guidelines on the acceptable development of IEP Amendments. | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review Massachusetts Regulation [603 CMR 28.04(3)] for the requirement that IEPs be reviewed at least annually and IDEA 2004 [34 CFR 300.324(a)(4), (6) and (b)] on the acceptable development of IEP amendments. Review and revise as necessary the district's procedures for the annual review of IEPs and guidelines for the development of IEP amendments based on the above laws and regulations. Provide training to relevant special education staff on the revised procedures and guidelines.  By November 25, 2015, submit an agenda, sample of training materials, signed attendance sheet and name/role of presenter as evidence of training for relevant staff on the requirement that IEPs be reviewed and updated at least annually and on the acceptable development of IEP Amendments.  By April 8, 2016 submit the results of an internal review of approximately 10 records for evidence that IEPs have been appropriately reviewed and updated for all seniors. This sample must consist of records of students in their senior year. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the 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):**  11/25/2015  04/08/2016 | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that for students identified with a disability on the autism spectrum or when evaluations indicate that a student's disability affects social skills development, or when the student's disability makes him or her vulnerable to bullying, harassment, or teasing, IEP Teams do not consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  Develop a checklist. provide training for all relevant staff on use. Monitor implementation (focusing on 6 records across grade levels.) Internal review or records will be completed by due date. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of staff training. Record review reveals 100% compliance. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education to conduct annual review of relevant records. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  A checklist alone is insufficient for addressing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. Other data to consider include evaluation results, student experiences, and teacher observations. | | |
| **Department Order of Corrective Action:**  Prior to developing corrective actions review the Department Advisory on Addressing the Needs of Students with Disabilities in the IEP and in School Bullying Prevention and Intervention Efforts at http://www.doe.mass.edu/bullying/considerations-bully.html.  Based on the Department's guidance, develop procedures for addressing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students on the autism spectrum and for students whose disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing.  Following development of procedures provide training for relevant special education staff on the procedures.  For the two students whose records were identified by the Department, reconvene the IEP team to consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students on the autism spectrum and students whose disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing. Refer to the Student Record Issues Worksheet for all required documentation. | | |
| **Required Elements of Progress Report(s):**  By November 25, 2015, for students whose records were identified by the Department, submit a narrative description of steps taken and supporting documentation that IEP teams considered and specifically addressed the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing; or has addressed these issues and determined that these are not areas of concern. Refer to the Student Record Issues Worksheet for all required documentation.  By November 25, 2015 submit procedures for addressing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students on the autism spectrum and for students whose disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing.  By November 25, 2015 submit the agenda, sample of training materials, signed attendance sheet and name/role of presenter as evidence of staff training addressing bullying prevention and intervention in the IEP team process.  By April 8, 2016 submit the results of an internal review of approximately 10 records for evidence IEP teams considered and addressed the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. Approximately 5 records should be of students on the autism spectrum and 5 records should be students whose disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the 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):**  11/25/2015  04/08/2016 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that when the IEP Team has not provided parents with a meeting summary that includes a completed IEP service delivery grid and major goal areas associated with these services, the district does not send two (2) copies of the proposed IEP and placement within three to five school working days following the Team meeting or within ten school working days when a Team meeting summary has been provided. | | |
| **Description of Corrective Action:**  Develop a checklist. provide training for all relevant staff regarding the team meeting summary forms. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of staff training. Record reveals 100%compliance. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education to conduct annual record review of relevant records. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not provide sufficient detail on the tracking system it will use to monitor required timelines for issuance of IEPs and placements to parents. | | |
| **Department Order of Corrective Action:**  Develop an internal review and tracking system to ensure the district sends two (2) copies of the proposed IEP and proposed placement, along with the required notice to parents, within two weeks of the 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):**  By November 25, 2015 submit a description of the internal tracking system, including the date of the system's implementation and the staff responsible for the oversight.  By November 25, 2015 submit the agenda, a sample of training materials, signed attendance sheets and the name and role of the presenter to demonstrate training of special education staff and building administrators on the required timeline for issuing two copies of a proposed IEP and placement, along with the required notice, to parents.  By April 8, 2016 submit the results of an internal review of approximately 10 records of IEPs developed subsequent to implementation of all corrective actions demonstrating that two copies of the proposed IEP and proposed placement are sent to parents within two weeks of the team meeting. Include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A facility review at Newbury Elementary School indicated that the substantially separate classroom for grades 3-6 students with autism is located in the pre-school/kindergarten wing of the building, which does not maximize the inclusion of these students into the life of the school. | | |
| **Description of Corrective Action:**  The district has determined that it is not in the best interest of the students to relocate them into another classroom. The current classroom has an individual bathroom required for intensive toilet training as well as close proximity to the therapy room. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  N/A | | |
| **Description of Internal Monitoring Procedures:**  N/A | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Disapproved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  In lieu of submitting a proposed corrective action, the district indicated it does not intend to change the location of the grades 3-6 ASD classroom at Newbury Elementary School. There was no consideration given to the least restrictive environment appropriate for these students, currently located in the Kindergarten wing, to maximize the inclusion of the students with same age peers. | | |
| **Department Order of Corrective Action:**  The grade 3-6 ASD classroom must be moved to a location where it will maximize the inclusion of the students into the life of the school with same age peers. The district will develop a plan for relocating the classroom to either the 3/4 or 5/6 wing, effective at the start of the 2016-2017 school year. | | |
| **Required Elements of Progress Report(s):**  By February 12, 2015 submit a plan for relocating the grades 3-6 ASD classroom to either the 3/4 or 5/6 wing, effective as of the start of the 2016-2017 school year. Include a narrative description and a floor plan identifying the new location of the classroom. | | |
| **Progress Report Due Date(s):**  02/12/2016 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that although the district describes how it ensures equal access to a full range of education programs for all students, regardless of race, color, sex, national origin, sexual orientation, or disability, this description does not address gender identity as a protected category. | | |
| **Description of Corrective Action:**  A complete review of existing policies governing protected categories will be reviewed to ensure gender identity is specifically listed. Further, all notifications, including public, student materials, and employee documentation will be amended accordingly. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  04/15/2016 |
| **Evidence of Completion of the Corrective Action:**  A records review of policies and notifications will represent inclusion of all protected classes, with 100% accuracy. | | |
| **Description of Internal Monitoring Procedures:**  Review of materials and records upon completion of update process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 25, 2015 submit revised non-discrimination policies ensuring equal access to a full range of education programs for all students that include gender identity as a protected category, along with evidence of notification of the revised policies to the school community. A link to a notice on the district's website may be submitted as evidence of public notification. | | |
| **Progress Report Due Date(s):**  11/25/2015 | | |

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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:**  A review of documents indicated that the district's annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school does not inform students of the availability of publicly funded post-high school academic support programs. | | |
| **Description of Corrective Action:**  The annual notice to students will be updated to ensure that there is a minimum of 3 or 4 alternative publicly funded post-high school support programs listed directly. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  11/20/2015 |
| **Evidence of Completion of the Corrective Action:**  The standard letter template will included the 3 or 4 local options that are available to Triton students. | | |
| **Description of Internal Monitoring Procedures:**  Review of the letters being sent and filed. | | |
| 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:** 10/07/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please be aware that changes to MGL c76, s18 that went into effect July 1, 2014 will require the district to revise its procedures for students 16 and over leaving school without a diploma. Some key elements include shorter timelines for required notice, a designated team of personnel for the exit interview, and annual reporting to the DESE. | | |
| **Department Order of Corrective Action:**  Review the revised legislation and other resources at the Department's webpage http://www.doe.mass.edu/dropout/.  Revise the district's procedures and notices to conform with the regulatory changes. | | |
| **Required Elements of Progress Report(s):**  By November 25, 2015, using the revised legal requirements, submit the district's revised procedures, revised initial notice, and annual outreach letter to students 16+ and their parents to conform with the MGL c76, s18.  Upon approval from the DESE, the district will train relevant staff and implement use of the notices/procedures. | | |
| **Progress Report Due Date(s):**  11/25/2015 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that the district has not developed individual waiver procedures for physical restraint. | | | |
| **Description of Corrective Action:**  The district will develop individual waiver procedures and a form for physical restraint. | | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/15/2016 | |
| **Evidence of Completion of the Corrective Action:**  Written policy and waiver form | | | |
| **Description of Internal Monitoring Procedures:**  Training for all Principals and Educational Team chairpersons.  Review of all student files who have a signed restraint waiver form signed by the parent or guardian. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  Please be aware that changes to the physical restraint regulations, 603 CMR 46.00 will go into effect on January 1, 2016, thereby requiring the district to revise its physical restraint procedures accordingly. a . Some key elements in the new regulations include an emphasis on behavioral support and preventative measures; data collection, review, and reporting; notice to parents; and guidance on the use of time-out and seclusion. | | | |
| **Department Order of Corrective Action:**  Review the regulatory changes at http://www.doe.mass.edu/lawsregs/ and  the Department's guidance at http://www.doe.mass.edu/sped/advisories/2016-1ta.html and http://www.doe.mass.edu/sped/advisories/QuestionAnswerGuide-603CMR.pdf.  The district will develop written restraint prevention and behavior support policies and procedures to conform with the regulatory changes. | | | |
| **Required Elements of Progress Report(s):**  By November 25, 2016, submit a narrative describing the district's process to revise its written restraint policies and procedures, including its restraint prevention and behavior support procedures.  By February 12, 2016, submit the district's revised written restraint policies and procedures, consistent with the new regulations that go into effect on January 1, 2016.  By February 12, 2016, submit evidence of the dissemination of the revised restraint policies to staff, students, and parents. | | | |
| **Progress Report Due Date(s):**  11/25/2015  02/12/2016 | | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews demonstrated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities | | | |
| **Description of Corrective Action:**  Review data annually on participation in activities, athletics, programs, AP, etc to ensure that no student is restricted from participation. Review course enrollment procedures and practices to ensure no bias exists. The district will seek best practices from other districts the MA DESE has identified as having a best review practice. | | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  04/15/2016 | |
| **Evidence of Completion of the Corrective Action:**  Formal, documented process exists and is completed on an annual basis. | | | |
| **Description of Internal Monitoring Procedures:**  Routine record checks and documentation review. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/07/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The district did not include the development of an evaluation tool prior to collecting data for an institutional evaluation. | | | |
| **Department Order of Corrective Action:**  After reviewing relevant state and federal laws and regulations, develop an instrument for evaluating all aspects of the district's 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. Include a timeline for the evaluation activities, data analysis, and report dissemination. | | | |
| **Required Elements of Progress Report(s):**  By February 12, 2016 submit the district's plan to evaluate all aspects of its 6-12 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, along with a timeline for implementation of the evaluation.    By April 8, 2016 submit evidence of implementation of the self-evaluation. This documentation will include meeting minutes & other evidence of data gathering, data analysis, and the required written report, along with documentation of changes made to programming based on the self-evaluation. | | | |
| **Progress Report Due Date(s):**  02/12/2016  04/08/2016 | | | |