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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: Bristol-Plymouth Regional Vocational Technical

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 03/17/2015.

**Mandatory One-Year Compliance Date:** **03/17/2016**

**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 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 25 | Parental consent | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | 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:**  Review of records and staff interviews revealed that whenever an evaluation indicates that a student has a disability on the autism spectrum, IEP Teams are not always considering and specifically addressing all of the following:  1) The student's verbal and nonverbal communication needs;  2) The need to develop social interaction skills and proficiencies;  3) The needs resulting from the student's unusual responses to sensory experiences;  4) The needs resulting from resistance to environmental change or change in daily routines;  5) The needs resulting from engagement in repetitive activities and stereotyped movements;  6) The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from the autism spectrum disorder; and  7) Other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | | |
| **Description of Corrective Action:**  -A new checklist form will be developed to monitor IEP Team reviews of the seven areas of need for students diagnosed with an ASD.  -Per request of the Department, based on the record review findings, two IEP Teams will reconvene to review the seven areas of need.  -New procedures will be used for completing the checklist during the Team meeting process and including these seven areas in future IEPs, where appropriate.  -Staff training will be conducted to review this regulation, the new checklist, the Team meeting procedures, and IEP documentation requirements.  -A record review of all IEPs of ASD students will take place from approval of the CAP through October 2015. | | | |
| **Title/Role(s) of Responsible Persons:**  Amy Cohen, Special Education Coordinator | | **Expected Date of Completion:**  10/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  -Copy of the ASD checklist form  -Copies of documentation from the IEP Team reconvenes (IEP, N1, Attendance, ASD Checklist, etc.)  -Copy of the new procedures to be included in the Special Education Policy and Procedure Manual  -Copy of the staff training handouts and attendance  -Record review summary | | | |
| **Description of Internal Monitoring Procedures:**  To ensure continued compliance with SE3A regulations, all future files of students with an ASD will be reviewed by the special education coordinator. All current staff will be issued an updated Special Education Policy and Procedure Manual. In the future, newly hired staff will be trained in this area as part of the new teacher mentoring program. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date:** 05/11/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 14, 2015, submit evidence of the reconvened IEP Teams for the identified students to include Team meeting invitations (N1), Team meeting attendance sheets (N3A) and updated IEPs with completed ASD checklists. Also submit evidence of training, including the dated meeting agenda, staff attendance sheet indicating the name and role of staff along with the training materials.  By November 16, 2015, submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions and include the following: the number of student 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 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):**  09/14/2015  11/16/2015 | | | |

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

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documentation and staff interviews indicated that given the high numbers of students with disabilities in inclusion classes, all student accommodations and modifications as indicated on the IEPs are not always provided. Interviews specifically indicated that teachers and paraprofessionals are unable to effectively provide for all accommodations and modifications in several inclusion classes in which more than half of the students are on IEPs, including Language Arts, Geometry, Algebra, Technical Math, Biology, Physics, and Bioethics; these accommodations and modifications include small group testing, preferred seating, breakdown of directions and modified assignments. | | | |
| **Description of Corrective Action:**  -A plan will be developed to resolve concerns with the high number of students with disabilities in inclusion classrooms so that all students' needs can be met and proper services delivered.  -A tracking and monitoring system will be created to ensure the numbers in inclusion classrooms are at an acceptable level (maximum 50/50 ratio of special education students/regular education students).  -The tracking and monitoring system will be added to the Special Education Policy and Procedure Manual.  -Instructional groupings will be reviewed at the start of the 2015-2016 school year. | | | |
| **Title/Role(s) of Responsible Persons:**  Amy Cohen, Special Education Coordinator | | **Expected Date of Completion:**  10/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  -Copy of the plan for correcting the inclusion classroom ratios  -Copy of administrative and special education department meeting agendas and attendance  -Copy of the new procedures to be included in the Special Education Policy and Procedure Manual  -Copies of inclusion instructional groupings for 2015-2016 school year | | | |
| **Description of Internal Monitoring Procedures:**  To ensure continued compliance with SE22 regulations, the administrative team and special education department will continue to follow the tracking and monitoring system along with newly developed procedures during future planning and instructional grouping. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Approved  **Status Date:** 05/11/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 14, 2015, submit evidence of administrative and special education staff meetings in which inclusion instructional groupings were discussed. Also, submit a descriptive summary for the district's plan for resolving the high numbers of students with disabilities in inclusion classrooms.  By November 16, 2015, submit the results of the instructional grouping review conducted for the 2015-2016 school year. | | | |
| **Progress Report Due Date(s):**  09/14/2015  11/16/2015 | | | |

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

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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:**  Review of records indicated that the information included in the Notice of Proposed School District Action (N1) often lacked specificity and did not consistently contain sufficient detail of the school's actions. Specifically, the school did not always explain what evaluations were conducted and used as a basis for the proposed actions. | | | |
| **Description of Corrective Action:**  -Staff training will be conducted to review this regulation, the Team meeting procedure of reviewing evaluation reports, and N1 documentation requirements.  -A record review of all IEPs will take place from approval of the CAP through October 2015. | | | |
| **Title/Role(s) of Responsible Persons:**  Amy Cohen, Special Education Coordinator | | **Expected Date of Completion:**  10/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  -Copy of the staff training handouts and attendance  -Record review summary  -Sample copies of N1 documentation from the record review | | | |
| **Description of Internal Monitoring Procedures:**  To ensure continued compliance with SE24 regulations, all future files will be reviewed by the special education coordinator. In the future, newly hired staff will be trained in this area as part of the new teacher mentoring program. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 05/12/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 14, 2015, submit evidence of special education staff training on the content requirements of the N1 form to include a dated meeting agenda, staff attendance sheet indicating the name and role of staff along with the training materials.  By November 16, 2015, submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following: the number of student 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 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):**  09/14/2015  11/16/2015 | | | |

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

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| **Criterion & Topic:**  SE 25 Parental consent | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of records indicated that when the school is unable to obtain parental consent to placement in a special education program subsequent to an initial placement, the school is not appropriately documenting its follow-up efforts to obtain consent, including sending letters, issuing written notices by certified mail or electronic mail, placing telephone calls or conducting home visits. Further, the school does not consider whether the parent's lack of consent will result in a denial of a free appropriate public education to the student. | | | |
| **Description of Corrective Action:**  -A tracking and monitoring system will be created to ensure timely follow-up with unsigned IEPs.  -The tracking and monitoring system will be added to the Special Education Policy and Procedure Manual.  -Staff training will be conducted to review timelines for obtaining parental consent and maintaining records of efforts to obtain consent (tracking system, letters) | | | |
| **Title/Role(s) of Responsible Persons:**  Amy Cohen, Special Education Coordinator | | **Expected Date of Completion:**  10/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  -Copy of the tracking and monitoring system  -Copy of the new procedures to be included in the Special Education Policy and Procedure Manual  -Copy of the staff training handouts and attendance | | | |
| **Description of Internal Monitoring Procedures:**  To ensure continued compliance with SE25 regulations, the special education coordinator will meet regularly with staff responsible for tracking and monitoring parental consent. All current staff will be issued an updated Special Education Policy and Procedure Manual. In the future, newly hired staff will be trained in this area as part of the new teacher mentoring program. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 05/12/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 14, 2015, submit evidence of staff training to include a dated meeting agenda and a staff attendance sheet indicating the name and role of staff along with training materials.  By November 16, 2015, submit a report of the results of an internal review of records in which IEPs were issued subsequent to implementation of all corrective actions and include the following: the number of student 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 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):**  09/14/2015  11/16/2015 | | | |

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

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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:**  See SE 22 | | | |
| **Title/Role(s) of Responsible Persons:**  Amy Cohen, Special Education Coordinator | | **Expected Date of Completion:**  10/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  See SE 22 | | | |
| **Description of Internal Monitoring Procedures:**  See SE 22 | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Approved  **Status Date:** 05/12/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  See SE 22. | | | |
| **Progress Report Due Date(s):**  09/14/2015  11/16/2015 | | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documentation and interviews indicated that general education teachers and paraprofessionals are not regularly trained on the following:  State and federal special education requirements and related local special education policies and procedures;  Analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and  Methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom.  In addition, the school is not providing training for all locally hired and contracted transportation providers on the needs of the special education students they transport and how to appropriately meet those needs, including written information on any problems that may cause difficulties. | | | |
| **Description of Corrective Action:**  -Staff training will be conducted with general education teachers, paraprofessionals, and transportation providers to review this regulation, as well as an in-depth review of specific topics herein (i.e. bullying, disability related needs, accommodating diverse learners). | | | |
| **Title/Role(s) of Responsible Persons:**  Amy Cohen, Special Education Coordinator | | **Expected Date of Completion:**  10/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  -Staff training handouts and attendance | | | |
| **Description of Internal Monitoring Procedures:**  To ensure continued compliance with SE54 regulations, general education teachers, paraprofessionals, and transportation providers will receive training annually on meeting the needs of diverse learners. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 05/12/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 14, 2015, submit evidence of the transportation provider training that was conducted prior to transporting students on the needs of the special education students that they transport and how to appropriately meet those needs. Evidence should include a dated meeting agenda noting the training facilitator, attendance sheet noting names and roles of attendees, along with the training materials.  Also submit evidence of training on state and federal special education requirements and the district's special education policies and procedures; analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. Submit the agenda, training materials and signed attendance sheet with name and role of staff. | | | |
| **Progress Report Due Date(s):**  09/14/2015 | | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:** Review of documentation and interviews indicated that the school is not providing paraprofessionals with professional development related to bullying intervention and prevention that includes developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. | | |
| **Description of Corrective Action:**  Bullying Intervention and Prevention professional development for paraprofessionals | | |
| **Title/Role(s) of Responsible Persons:**  Student Services Administrator, Karen Barrar  Special Education Administrator, Amy Cohen | | **Expected Date of Completion:**  09/30/2015 |
| **Evidence of Completion of the Corrective Action:** All paraprofessional staff members will receive professional development related to bullying intervention and prevention that includes developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. | | |
| **Description of Internal Monitoring Procedures:** Documentation of professional development with evidence of attendance, agenda and sign-in sheet for paraprofessional staff.  The professional development will be conducted yearly and monitored by the Student Services Administrator and the Special Education Administrator. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 05/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By November 16, 2015, submit evidence of the paraprofessional bullying intervention and prevention training to include the dated meeting agenda indicating the training facilitator and attendance sheet indicating the name and role of staff along with the training materials. | | |
| **Progress Report Due Date(s):**  11/16/2015 | | |

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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:**  Review of documentation and interviews indicated that the school does not have staff authorized to serve as school-wide resources for the proper administration of physical restraint. | | |
| **Description of Corrective Action:**  Physical Restraint Training | | |
| **Title/Role(s) of Responsible Persons:**  Student Services Administrator, Karen Barrar | | **Expected Date of Completion:**  09/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Two staff members will participate in a three-day Safety Behavior, Train the Trainer Program in June 2015.  All school staff will participate in restraint training on the first day of school, September 1, 2015. | | |
| **Description of Internal Monitoring Procedures:**  Documentation of the Safety Behavior, Train the Trainer Program with evidence of attendance, agenda for the first day of school meeting, sign-in sheet for staff, outline of presentation to staff.  The training will be conducted yearly and monitored by the Student Services Administrator. | | |
| 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:** Approved  **Status Date:** 05/13/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the in-depth physical restraint training for the two staff members serving as school-wide resources for the proper administration of physical restraint along with evidence of the notification/training for all staff. Evidence should include dated meeting agendas and staff attendance sheets indicating the names and roles of staff along with the training materials. | | |
| **Progress Report Due Date(s):**  09/14/2015 | | |

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

Charter School or District: **Bristol-Plymouth Regional Vocational Technical School**

Corrective Action Plan Forms

Program Area: Career/Vocational Technical Education

Prepared by: Name of School/District Staff Member

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: March 15, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 10 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documentation revealed that some of the program advisory committees are lacking representatives from several areas.*  *Based on the documentation provided, the programs lacking postsecondary representation were:*   * *Automotive collision repair and refinishing* * *Automotive technology* * *Cosmetology* * *Early education and care* * *Electricity* * *Health assisting* * *Heating, ventilation, air conditioning, refrigeration (HVAC)* * *Information support services and networking (ISSN)* * *Metal fabrication and joining technologies*   *The programs lacking a student and parent/guardian representative included:*   * *Biotechnology* * *Business technology* * *Culinary arts* * *Machine tool technology* * *Metal fabrication and joining technologies*   *The program lacking business/industry representation is cosmetology.*  *The program advisory committee forms for carpentry and plumbing did not indicate representation of members.* *The General Advisory Committee membership form was not provided.*  *(Citation: Perkins Section 134, M.G.L. c.74 Section 6, Vocational Technical Education Regulations 603 CMR 4.03(1))* | | | |
| **Narrative Description of Corrective Action:** Revise Program Advisory Committee outreach plan. Send recruitment letters to local chambers of commerce, the Alumni Association, and have recruitment signage at Open House. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Technical Program Coordinator | | **Expected Date of Completion for Each Corrective Action Activity: 9/30/15** | |
| **Evidence of Completion of the Corrective Action:** Copy of outreach plan; copy of letter sent out to recruit new members; web address with link to recruit new members. | | | |
| **Description of Internal Monitoring Procedures:** To ensure continued compliance, the Technical Program Coordinator will review all minutes and PAC forms after the fall and spring Advisory Meetings and recruit new members where needed to make sure there is a broad sample of members on each committee. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 10 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** The described corrective action plan will address the findings, and the described internal monitoring process will ensure continued compliance. Evidence of completion is appropriate, but the second progress report will also include updated PAC and GAC membership forms, where applicable. | | | |
| **Department Order of Corrective Action:** None. | | | |
| **Required Elements of Progress Report(s):**  Progress Report 1: The district will provide a copy of outreach plan, a copy of letter sent out to recruit new members and the web address with link to recruit new members.  Progress Report 2: The district will provide updated PAC and GAC membership forms. | | | |
| **Progress Report Due Date(s):** September 14, 2015 and November 16, 2015 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 20 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A site visit by the Office for Career/Vocational/Technical Education safety specialist revealed that not all instructional facilities used for career/vocational technical education meet current occupational standards. The Office for Career/Vocational/Technical Education will send a Safety Survey Report, which will include details specific to each program, to Superintendent Gross under separate cover. (Vocational Technical Education Regulations 603 CMR 4.0(3)(4)(7)(8))* | | | |
| **Narrative Description of Corrective Action:** | | | |
| **Title/Role of Person(s) Responsible for Implementation:** | | **Expected Date of Completion for Each Corrective Action Activity:** | |
| **Evidence of Completion of the Corrective Action:** | | | |
| **Description of Internal Monitoring Procedures:** | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 20 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** None | | | |
| **Required Elements of Progress Report(s):** The district will be receiving the safety report along with the safety report template from the Office for Career/Vocational Technical Education. The safety report template will be used for addressing the items in the safety report. | | | |
| **Progress Report Due Date(s):** Monthly-Directly to OCVTE | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 22 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Interviews indicated that technical teachers are unaware of the Perkins Act Core Indicator of Performance outcomes beyond their assistance in the career/vocational technical education graduate follow-up surveys, which provided data for Perkins core indicator 5S1. Therefore, the technical teachers cannot utilize the Perkins Act Core Indicator of Performance outcomes to improve programs and outcomes for students. (Citation: Perkins Section 113)* | | | |
| **Narrative Description of Corrective Action:** Training to review Perkins Core Indicators will be provided to teachers on the first day of school. We will also review some of the SIMS Data and our Senior Exit Survey. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Technical Program Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:** 9/1/15 | |
| **Evidence of Completion of the Corrective Action:** Copy of the Core Indicators; Teacher sign-off sheet; Review of Senior Exit Survey (by Lifetrack). | | | |
| **Description of Internal Monitoring Procedures:** Perkins Core Indicators will be reviewed annually with teachers on the first day of school. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 22 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** The described corrective action plan addresses the provision of the Perkins Core Indicators to teachers. The plan does not, however, include what assistance the teachers will receive to understand the data and how the data will be used. The first progress report should include additional information to address this. The district can contact the liaison in the Office for Career/Vocational Technical Education for assistance as needed. | | | |
| **Department Order of Corrective Action:** None | | | |
| **Required Elements of Progress Report(s):**  Progress Report 1: The district will provide a copy of the Teacher sign-off sheet, evidencing that the teachers have received the Perkins Core Indicator Data. The progress report will also include the additional information of what assistance the teachers will receive to understand the data and how the data will be used.  Progress Report 2: The district will provide the agenda and/or content of meeting(s) where teachers received assistance on understanding the data and how it can be used to improve programs and outcomes for students. | | | |
| **Progress Report Due Date(s):** September 14, 2015 and November 16, 2015 | | | |

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

Charter School or District: **Bristol-Plymouth Regional Vocational Technical School**

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Amy Cohen, ELL Program Director

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: May 26, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 4 Waiver Procedures | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *See ELE 10.* | | | |
| **Narrative Description of Corrective Action:** Bristol-Plymouth will update the ELL Program Policy and Procedure Manual to include proper waiver procedures, including an update of the parental notification letter of ELL Program Placement to include the waiver procedures. Following that activity, appropriate staff will be trained on the changes to the manual and specific instruction on the waiver procedures. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amy Cohen, ELL Program Director | | **Expected Date of Completion for Each Corrective Action Activity:** 9/14/2015, 11/16/2015 | |
| **Evidence of Completion of the Corrective Action:** Evidence will include submission of the updated waiver procedures from the manual and the updated parental notification letter, followed by submission of the staff training agenda to review these updated items and an attendance sheet. | | | |
| **Description of Internal Monitoring Procedures:** The ELL Program Policy and Procedure Manual will be reviewed annually to check for compliance in all areas, as well as an annual review of each ELL’s file by the ELL Program Director to ensure the annual parent notification letter has been sent out. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 4 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):** See ELE 10. | | | |
| **Progress Report Due Date(s):** November 9, 2015; January 8, 2016 | | | |

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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:** *Review of documentation and records indicated that the annual parent notification letter does not inform parents of their right to apply for a waiver.* | | | |
| **Narrative Description of Corrective Action:** See ELE 4 | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amy Cohen, ELL Program Director | | **Expected Date of Completion for Each Corrective Action Activity:** 9/14/2015, 11/16/2015 | |
| **Evidence of Completion of the Corrective Action:** See ELE 4. | | | |
| **Description of Internal Monitoring Procedures:** See ELE 4. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 10 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):** Submit a copy of the updated parent notification letter and evidence of staff notification of updated waiver information by **November 9, 2015**.  Submit the results of an internal review of records to ensure the provision of annual parent notification letters that include the required information and indicate:   * Number of records reviewed * Number of records in compliance * Root cause for any non-compliance found * Corrective actions taken to remedy each individual file   Submit this information by **January 8, 2016.**  *\*Please note when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).* | | | |
| **Progress Report Due Date(s):** November 9, 2015; January 8, 2016 | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 17 Program Evaluation | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Documentation submitted by the district does not include any evidence showing that the district conducts periodic evaluations of the effectiveness of the district’s ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program.* | | | |
| **Narrative Description of Corrective Action:** Bristol-Plymouth will conduct a survey of the faculty, staff, and parents to determine the effectiveness of the ELL Program and note any areas of needed improvement. In addition, the ELL Program Policy and Procedure Manual will be reviewed and updated per the findings of the evaluation. Findings of the survey and manual review will be shared with the administrative team and appropriate staff. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Amy Cohen, ELL ProgramDirector | | **Expected Date of Completion for Each Corrective Action Activity:** 9/14/2015, 11/16/2015 | |
| **Evidence of Completion of the Corrective Action:** Results of the survey will be provided along with noted areas of improvement or non-compliance. Evidence of the subsequent information sharing sessions with administrators and staff will include an agenda and attendance sheet, along with any handouts from the session. | | | |
| **Description of Internal Monitoring Procedures:** The ELL Program will be evaluated by future surveys at least bi-annually followed by the actions noted above (i.e. review of the findings for areas of improvement or non-compliance, sharing the findings with appropriate staff). | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 17 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Periodic evaluations of the effectiveness of the ELE programs in developing student’s English language skills and increasing their ability to participate meaningfully in the district’s educational program requires more data than just the surveys of the faculty, staff and parents the district is planning to conduct. Districts are required to modify their programs if they prove to be unsuccessful after a legitimate trial. As a practical matter, districts cannot comply with this requirement without periodically evaluating their program by conducting an assessment of performance considering a variety of data. An optional evaluation tool is provided by t he Department at <http://www.doe.mass.edu/ell/ProgramEvaluation.pdf> . | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   1. Please provide a copy of the most recent evaluation conducted by the district to identify the strengths and areas of improvement in developing ELLs’ English language skills and increasing their ability to participate meaningfully in the district’s educational program. 2. Please submit the description of program adjustments or changes made in response to the most recent ELE program evaluation. | | | |
| **Progress Report Due Date(s):** November 9, 2015 | | | |