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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: Northeast Metropolitan 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 08/17/2015.

**Mandatory One-Year Compliance Date:** **08/17/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Not 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 12 | Frequency of re-evaluation | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 19 | Extended evaluation | Not 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 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 47 | Procedural requirements applied to students not yet determined to be eligible for special education | Not Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | 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 18 | Responsibilities of the school principal | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Not Implemented |
| CR 22 | Accessibility of district programs and services for students with disabilities | Not Implemented |
| CR 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently complete educational assessments, including a history of the student's educational progress in the general curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. | | |
| **Description of Corrective Action:**  Staff training including department heads regarding completion of educational assessments a and b for initials and reevaluation.  When staff fails to complete mandated assessments the Superintendent will conference with staff. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator / / Superintendent of Schools | | **Expected Date of Completion:**  05/05/2016 |
| **Evidence of Completion of the Corrective Action:**  A review of student records pertaining to their initial and reevaluation to ensure Ed assessments A and B are completed. | | |
| **Description of Internal Monitoring Procedures:**  The Director will include the above on the newly developed Special Education Cover Sheet.  Additionally the Director will complete yearly record reviews. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please include required student record corrective actions as indicated on the Student Records Issue Worksheet for Elizabeth Alvarez Melgarajo and Katherine Lainez Salano. | | |
| **Department Order of Corrective Action:**  Complete educational assessments, including a history of the student's educational progress in the general curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults for the two identified students.  Contact the parents to ask whether they wish to convene an IEP Team Meeting to revise or amend the IEP. Please document if parents do not want to reconvene the Team and/or if they do not require any changes in the IEP based on the information provided by the Educational Assessments A & B. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the following for Elizabeth Alvarez Melgarajo and Katherine Lainez Salano:  - A narrative description of the district's actions;  - The completed assessments;  - The IEP amendment or revised pages from the current IEP if amended using Assessments A & B info;  - A meeting invitation (N3) if the parent requested a Team meeting;  - Team meeting summary notes, if applicable;  - Signed meeting attendance sheet (N3A), if applicable;  - The school’s notice of proposed district action (N1) accompanying the amended IEP, if applicable.  By December 7, 2015, submit evidence of Team chairperson and Department head training on the required completion of educational assessments, including a history of the student's educational progress in the general curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults, for all initial and re-evaluations. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By February 24, 2016, conduct an internal review of 10 records with initial and re-evaluations held subsequent to the implementation of all corrective actions for evidence that all required assessments are completed. Include the following in the district's narrative: 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):**  12/07/2015  02/24/2016 | | |

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when a student suspected of having a specific learning disability is evaluated, the district does not consistently complete the four components used to determine a specific learning disability: Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and Observation (SLD 4). Additionally, a review of student records demonstrated the IEP Team does not create a written determination as to whether or not the student has a specific learning disability, which is signed by all members of the Team. | | |
| **Description of Corrective Action:**  The administrator will provide staff training to relevant staff on the completion of all components necessary for those students suspected of having SLD. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets of staff training. A review of applicable student records will demonstrate that all components for students suspected of having SLD are completed. | | |
| **Description of Internal Monitoring Procedures:**  Internal Monitoring to be yearly record review by Administrator of Special Education and staff completion and submission of Special Education Meeting Cover Sheet to be submitted by Administrator of Special Education. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review the Department's guidance on making an eligibility determination for a Specific Learning Disability at http://www.doe.mass.edu/sped/iep/sld/default.html.  By December 7, 2015, submit evidence of Team chairperson and special education staff training on the development of the four required SLD components and the required written determination for SLD eligibility during initial and re-evaluations. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By February 24, 2016, conduct an internal review of approximately 10 records with SLD eligibility determinations subsequent to implementation of all corrective actions for evidence that all 4 components are completed and the Team has created a written determination designating the student's eligibility. Include the following in the district's narrative: 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). | | |
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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Not 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:**  Staff training on the seven (7) components necessary for IEP Team discussion when student diagnosed as having ASD. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets from staff training. Administrator of Special Education will complete record review of those students diagnosed as having ASD, reviewing for completion of discussion regarding components. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education will review Special Education Meeting Cover Sheet to ensure Team has discussed components. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not indicate the frequency of review to ensure ongoing compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal review system to ensure that IEP development for students with autism addresses all seven required areas. 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 IEP development for students on the autism spectrum (ASD) at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  By December 7, 2015, submit evidence of Team chairperson and special education staff training on the 7 areas of IEP development for students with ASD. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By December 7, 2015 submit a description of the internal review system, including the date of the system's implementation, the frequency of review, and the staff responsible for the oversight.  By February 24, 2016, conduct an internal review of records for ASD students with IEPs developed subsequent to implementation of all corrective actions, for evidence that all 7 areas of need are documented in IEPs. Include the following in the district's narrative: 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). | | |
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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 demonstrated that the district does not obtain consent from students with sole or shared decision-making rights upon reaching the age of 18 to continue the student's special education program. | | |
| **Description of Corrective Action:**  Administrator of Special Education will develop an internal tracking system to ensure that when students have shared or sole decision making, IEP is signed by both parent and student, as indicated by AOM form. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Review tracking missing AOM forms. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education will monitor all student records to ensure correct signatures are included on IEPs. | | |
| 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:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please include required student record corrective actions as indicated on the Student Records Issue Worksheet for Leonard Ferragamo, Kevin Reyes Morales, and Ye Dam Choe. | | |
| **Department Order of Corrective Action:**  Obtain consent from each identified student to continue the student's special education program. | | |
| **Required Elements of Progress Report(s):**  Prior to submitting evidence of the district's corrective actions, review the Department's guidance on informing students and parents of the rights that will transfer from the parent/guardian to the student upon the student’s 18th birthday at http://www.doe.mass.edu/sped/advisories/11\_1.html.  By December 7, 2015, submit the following for Leonard Ferragamo, Kevin Reyes Morales, and Ye Dam Choe:  ? The signed IEP signature page with the student's signature; and  ? The signed placement page (PL1) with the student's signature.  By December 7, 2015, submit procedures for an internal tracking system to be used by Administrator of Special Education to ensure that students with shared or sole decision-making have signed the current IEP upon the student reaching 18 years of age.  By February 24, 2016, conduct an internal review of records for students aged 18+ with shared and/or sole educational decision-making rights for evidence that these students have signed their current IEPs. Include the following in the district's narrative: 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 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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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that required IEP Team members are not consistently excused in writing by the parent, including general education teachers when the student is involved in a general education program. In addition, record review demonstrated that required Team members do not provide written input to the parent and the IEP Team for the development of the IEP prior to the meeting. | | |
| **Description of Corrective Action:**  The administrator will address the entire faculty explaining the importance of their presence at a student's IEP meeting, as their attendance is mandated by the state and federal law. All teachers are mandated to submit an up to date written progress report, if they are not in attendance at the meeting, in addition to their attendance at the meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education, Building Principal, and Superintendent | | **Expected Date of Completion:**  04/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Completion of excusal form, for those teachers not in attendance. | | |
| **Description of Internal Monitoring Procedures:**  The secretaries who schedule a given meeting will ensure each teacher receives an invitation to attend a student's IEP meeting. If they do not attend the Administrator will email asking why they did not attend. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit evidence of staff training on the requirement to provide written input for IEP development and the process for obtaining an excusal in writing from parent when the general education teacher of a student is not in attendance, including agenda, signed attendance sheets, and examples of training materials.  By February 24, 2016, conduct an internal review of 15 records with IEP Team meetings held subsequent to implementation of all corrective actions for evidence that the excusal process is consistently used and excused Team members submitted written input for IEP development prior to the Team meeting.  Include the following in the district's narrative: 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 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):**  12/07/2015  02/24/2016 | | |

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that the district does not consistently conduct a re-evaluation every three years for eligible students. | | |
| **Description of Corrective Action:**  Using a data collection system, liaisons will develop a three year evaluation list.  Establish a telephone contact system. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Review of student records to ensure completion of parental consent. | | |
| **Description of Internal Monitoring Procedures:**  Administrator will review student records to ensure completion of parental consent to assess. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the updated procedures to ensure that re-evaluations are conducted every 3 years unless the parent and district agree it is not necessary, along with evidence of staff training including a training agenda, signed attendance sheet and copies of the materials presented.  By February 24, 2016 conduct an internal review of approximately 10 student records with reevaluation conducted following the implementation of all corrective actions for evidence that re-evals were conducted within 3 years unless the parent & district agreed otherwise. Include the following in the district's narrative: 1) the number of records reviewed, 2) the number found to be compliant, 3) an explanation of the root cause for any continued noncompliance and 4) 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):**  12/07/2015  02/24/2016 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently provide progress reports to parents as frequently as non-disabled parents receive report cards. In addition, student records indicated that progress reports do not always provide information on the student's progress toward the annual goals in the IEP. | | | |
| **Description of Corrective Action:**  Staff training on completion of and content of progress reports. | | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/01/2016 | |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets from training on completion and content of progress reports.  Record review of completion and content of student progress reports | | | |
| **Description of Internal Monitoring Procedures:**  Development of data base system for administrator of Special Ed to verify completion of student progress reports. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015 provide evidence of training on the timely completion and content of progress reports, including agenda, signed attendance sheets, and examples of training materials.  By February 24, 2016, conduct an internal review of records for students following the district's Fall 2015 marking period for evidence that the progress reports are issued at the same frequency as report cards and the progress reports address the student's progress towards current IEP goals.  Include the following in the district's narrative: 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 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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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that annual IEP Team meetings are not consistently held on or before the anniversary date of the IEP to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | | |
| **Description of Corrective Action:**  The Administrator of Special Education has developed an internal tracking system that is overseen by the student liaisons as well as the two dept. secretaries to assure meetings are scheduled within the state mandated time frames. | | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Ed | | **Expected Date of Completion:**  04/01/2016 | |
| **Evidence of Completion of the Corrective Action:**  The Special Ed secretaries review the form 1-2X monthly | | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Ed will monitor the tracking system | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the district's revised procedures to ensure that annual IEP Team meetings are convened on or before the anniversary date of the current IEP, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 24, 2016, conduct an internal review of approximately 10 records with annual reviews convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the following: 1) the number of records reviewed; 2) the number of records where the IEP Team meeting was convened on or before the anniversary date of the current IEP; 3) if non-compliance is identified, report the specific actions taken to correct each individual student record and 4) identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | | |
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| **Criterion & Topic:**  SE 19 Extended evaluation | | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of student records indicated that IEP Teams do not use the extended evaluation process when the IEP Team finds a student eligible for special education and the evaluation information is insufficient to develop a full or partial IEP. | | | |
| **Description of Corrective Action:**  Staff training is being set up that will explain exactly what an extended evaluation is. | | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  05/05/2015 | |
| **Evidence of Completion of the Corrective Action:**  A follow up and review of students records following all re-evaluations will be conducted. | | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will include the above on the newly developed Special Education Cover Sheet. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 19 Extended evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The district's revised procedures must include the use of the extended evaluation process with initial evaluations. | | | |
| **Department Order of Corrective Action:**  Revise the district's procedures to ensure that special education staffs are aware that the extended evaluation process can be used for both initial and re-evaluations. | | | |
| **Required Elements of Progress Report(s):**  By December 7 2015, submit the district's revised procedures to ensure that when IEP Teams find that evaluation information is insufficient to develop a full or partial IEP, an extended evaluation is conducted for either initial evaluations or re-evaluations.  Please include the newly developed cover sheet described by the district.  By December 7 2015, submit evidence of staff training, including signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 24, 2016, conduct an internal review of records with extended evaluations convened following the implementation of all corrective actions. Include the following in the district's detailed narrative: 1) the number of records reviewed, 2) the number of records where the IEP Team meeting was convened on or before the anniversary date of the current IEP, 3) if non-compliance is identified, report the specific actions taken to correct each individual student record, and 4) identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | | |
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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 Notices of Proposed School District Action (N1s) do not consistently include a description of the action proposed or refused by the district; an explanation of why the district proposed or refused to take the action; a description of any other options that the district considered and the reasons why those options were rejected; or a description of each evaluation procedure, test, record, report, or other factors the Team used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  The Administrator of Special Education has developed and implemented a guide sheet that each liaison must follow when typing up a student's N1 to ensure that each and every question is answered in detail. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  04/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The form is listed on the newly developed IEP Cover sheet - both secretaries review the form prior to giving the IEP packet to the Administrator of Special Ed. to make sure the liaison has competed it. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education check the form to be sure the N1 is completed prior to signing the IEP as being compete. | | |
| 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:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the N1 guide sheet that has been provided to each liaison, along with evidence of training on developing complete N1s. Include the agenda, signed attendance sheets, and examples of training materials.  By February 24, 2016, conduct an internal review of approximately 3 records for each liaison for IEPs developed after the implementation of all corrective actions for evidence that N1s are appropriately developed. Include the following in the district's detailed narrative: 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 monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |

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

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| **Criterion & Topic:**  SE 40 Instructional grouping requirements for students aged five and older | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews demonstrated that three special education instructional groupings exceed the required student to staff ratios. Specifically, English III (section 1) has an instructional group of 13 students with one licensed special education teacher and one paraprofessional; Resource (section 1) has an instructional group of 13 students with one licensed special education teacher and one paraprofessional; and Resource (section 2) has an instructional group of 14 students with one licensed special education teacher and one paraprofessional. | | |
| **Description of Corrective Action:**  Met with and actually did the special Ed scheduling so the student numbers did not exceed staff ratios. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  05/05/2016 |
| **Evidence of Completion of the Corrective Action:**  Reviewed all special Ed student schedules to ensure our students numbers were in compliance with state regulations. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Special Ed will continue to do the scheduling with the other administrators involved to ensure student numbers are in compliance with state regs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7 2015, submit the staffing plan and the excel spreadsheet for special education instructional groupings for the 2015-2016 SY.  If instructional groups continue to exceed regulatory limits, submit the results of the district's root cause analysis, including the corrective actions and the associated timelines for correction. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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

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| **Criterion & Topic:**  SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and interviews demonstrated that the district has not developed procedures for disciplining students not yet determined to be eligible for special education. | | |
| **Description of Corrective Action:**  A new student handbook is being developed that will include a section on disciplining students not yet determined to be eligible for special education. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  05/05/2016 |
| **Evidence of Completion of the Corrective Action:**  The administrator of Special Ed will review the new section of the student handbook prior to full acceptance to ensure students not yet found eligible for special Ed services are being properly disciplined. | | |
| **Description of Internal Monitoring Procedures:**  The completion and implementation of the new student handbook. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, provide the procedural requirements for students not yet determined eligible for special education from the student handbook, along with evidence of its dissemination.  Provide evidence of training for special education and general education staff members (principal, guidance counselors, etc) on the procedural requirements and process when students are disciplined who are not yet determined to be eligible for special education. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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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 documents and interviews indicated that special education teachers, 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; methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. | | | |
| **Description of Corrective Action:**  Mandated staff development pertaining to state and federal Special Ed requirements and related local special education policies and procedures was implemented on June 24, 2015. | | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  05/05/2016 | |
| **Evidence of Completion of the Corrective Action:**  A full workshop was presented on June 24, 2015 to the entire Special Ed staff, including the special Ed secretaries and the school psychologist. | | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will oversee a newly developed cover sheet to ensure all state mandated forms are properly filled out and completed with state time frames. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  Although the district has conducted training for Special Education staff and related individuals, it does not address training of general education teachers on state and federal special education requirements and local special education policies and procedures, as well as ensuring that the training is provided on a continuous basis. | | | |
| **Department Order of Corrective Action:**  Conduct staff training for general education staff on 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; methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. | | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit evidence of general education and special education teachers training on special education state and federal laws and regulations and local special education policies and procedures. Include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. | | | |
| **Progress Report Due Date(s):**  12/07/2015 | | | |

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

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews demonstrated that the district does not regularly evaluate its special education programs and services. | | |
| **Description of Corrective Action:**  The Administrator is looking into companies that can come to Northeast to conduct a full independent program evaluation .  The last evaluation was completed in 2008 by Stephen Levine. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  05/05/2016 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will follow through until an agency/professional is found. | | |
| **Description of Internal Monitoring Procedures:**  Once evaluation is conducted, The Administrator of Special Ed will review the results/recommendations with the staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015 submit evidence that the district has established plans to conduct a special education program evaluation. Include documentation that demonstrates areas of focus, data gathering methods, and date for the completion of the evaluation. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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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:**  Although the district describes how it ensures equal access to a full range of education programs for all students, regardless of race, color, sex, religion, national origin, sexual orientation, or disability, this policy does not address the protected categories of gender identity or homelessness. | | |
| **Description of Corrective Action:**  Revise statement of non-discrimination to include all protected categories ensuring that gender identity and homelessness are included. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services | | **Expected Date of Completion:**  12/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Upload revised student handbook page regarding non discrimination and provide evidence of online revisions to handbook. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Student Services will verify updated materials on website as well as printed materials. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the updated equal access policy with the added protected categories of gender identity or homelessness, along with evidence of its provision to staff and students. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that program recruitment and promotional materials disseminated to residents in the area served by the district are not translated into the major languages spoken by residents with limited English skills. | | |
| **Description of Corrective Action:**  Have the new recruitment brochure (and any promotional materials) translated into Spanish prior to recruitment for the class of 2020. Inform parents of available of translation available in other languages as needed. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services | | **Expected Date of Completion:**  12/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Upload translated brochure and promotional materials (if available) and English version with instructions for translation services. | | |
| **Description of Internal Monitoring Procedures:**  Ongoing communication with Recruitment Coordinator and Admissions Secretary regarding the availability of the materials and monitoring the usage of them. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a sample of the updated recruitment and promotional materials translated into the major languages of the home, as well as how the district will inform district residents of the availability of document translation into other languages upon request. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the statement signed by employers recruiting at the school to ensure compliance with applicable federal and state laws prohibiting discrimination in hiring or employment practices does not address gender identity as a protected category. | | |
| **Description of Corrective Action:**  Add gender identify a protected category on the statement signed by employers recruiting at the school for cooperative education students. Meet with cooperative education coordinator to review this requirement to ensure compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student of Services | | **Expected Date of Completion:**  12/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Upload new form; upload sample signed employer forms. | | |
| **Description of Internal Monitoring Procedures:**  Review signed employer forms in ongoing manner. Ensure no usage of old forms. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the updated statement for prospective employers of students that include the protected category of gender identity in the non-discrimination statement, along with evidence of provision of information to the cooperative education coordinator. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the non-discrimination notice in the district's written materials and other media to publicize its programming does not address the protected category of gender identity. In addition, document review indicated that the district does not include the names, office addresses, and phone numbers of the person(s) designated to coordinate compliance under Title IX and Section 504 in its published materials to students and families. | | |
| **Description of Corrective Action:**  Add gender identity to the non-discrimination notice in the district's written materials and other media. Identify name, title, address, and phone number of the Title IX and Section 504 Coordinator, in the student handbook, program of studies, teacher handbook, and student application. Include information in teacher annual training and new orientation training. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services | | **Expected Date of Completion:**  09/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Upload sample documents (student handbook, program of studies) and evidence of online version.  Provide material from teacher training. | | |
| **Description of Internal Monitoring Procedures:**  Ensure all necessary documents include the title IX coordinator and 504 coordinator information. Utilize teacher sign off sheet for training documentation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7 2015, submit evidence of the updated non-discrimination policy that includes the protected category of gender identity and inclusion of the name, title, address, and phone numbers of the Title IX and Section 504 Coordinator(s) in district materials. This can include uploaded documents, pages from identified documents, or webpage links to the documents.  Submit evidence of the dissemination of these updated documents to staff and families of students. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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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 demonstrated that following a student's 15th consecutive unexcused absence, the district sends a written notice to students 16 or over and their parents/guardians to meet with school representatives to discuss why the student is leaving school; however, this notice does not provide a time extension of not longer than 14 days for the meeting to take place, if necessary. In addition, document review demonstrated that the district's annual written notice to former students who have left school without a high school diploma, certificate of attainment, or certificate of completion does not inform students of the availability of publicly funded post-high school academic support programs. | | |
| **Description of Corrective Action:**  Administrator of Student Services will send written notice to all students over the age of 16 and their parents/guardians to meet with appropriate team members to discuss why they have left school following their 15th consecutive unexcused absence. The notice will include a time extension of not longer than 14 days for the meeting to take place if necessary. Additionally, the Administrator of Student Services will annually contact students who have not graduated within the past two years and inform them of available publicly funded academic support programs. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services | | **Expected Date of Completion:**  12/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Submission of copies of letters sent to students. | | |
| **Description of Internal Monitoring Procedures:**  Review of student attendance weekly at Student Study Team Meeting(SST) and monitoring by Administrator of Student Services and Guidance Staff. | | |
| 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:** 10/22/2015  **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 (initial notice & annual outreach) to conform with the regulatory changes. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, using the revised legal requirements, develop a procedure and initial/annual notice to students 16+ and their parents that conform to MGL c76, s18.  By February 24, 2016, and upon approval from the DESE, the district will train relevant staff and implement use of the notices/procedures for submission. | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |

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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 and staff interviews indicated that the district does not implement staff training on the use of restraint consistent with regulatory requirements within the first month of each school year and, for employees hired after the school year begins, within a month of their employment. A review of documents and interviews also indicated that the district has not developed individual waiver procedures for physical restraint. | | |
| **Description of Corrective Action:**  Implement documentation of annual staff training of restraint policy consistent with regulatory requirements within the first month of school. Include restraint policy training as part of new employee orientation and document staff training. Develop individual waiver procedure for physical restraint consistent with regulatory requirements. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services | | **Expected Date of Completion:**  12/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Submitted copy of staff training and log of staff trained. Submit restraint policy with included individual waiver procedure included. | | |
| **Description of Internal Monitoring Procedures:**  Annual maintenance of staff log of training. Review at crisis team meetings. | | |
| 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:** 10/22/2015  **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. 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 to the regulatory changes. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, 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 24, 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 24, 2016, submit evidence of the dissemination of the revised restraint policies to staff, students, and parents. | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews demonstrated that the district does not consistently ensure that documentation on the use of instructional support services for students is provided as part of the evaluation information reviewed by IEP Teams when determining eligibility. Additionally, a review of documents and interviews demonstrated that although the district has a curriculum accommodation plan, staff members are not familiar with its provisions. | | |
| **Description of Corrective Action:**  When a student has been referred for special education services, the case has been reviewed multiple times by the Student Study Team (SST). The IEP team will consider the instructional support services that SST has identified in use and recommended at the initial evaluation and document at the meeting.  The Administrator of Student Services will chair a Curriculum Accommodation Plan Committee to review the districts DCAP, update it, and train on staff. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services/Administrator of Special Education | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence by SST notes, IEP initial meeting notes.  Updated DCAP, staff training, staff utilization of updated DCAP. | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education to monitor the initial special education referrals to ensure that documentation of the use of instruction support services is provided.  Administrator of Student Services will monitor the development and utilization of the updated DCAP. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the district's revised process to ensure that instructional support is documented in student records for consideration by IEP Teams during eligibility determinations, along with evidence of general and special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 24, 2016, conduct an internal review of approximately 5-6 records with initial evaluations for students with previous instructional supports conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where documentation of instructional supports were present in the record for IEP Teams to review during the eligibility process. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Staff interviews and a review of documents demonstrated that the district does not provide in-service training for all school personnel at least annually regarding civil rights responsibilities. | | |
| **Description of Corrective Action:**  In-service training on civil rights will be provided to all district personnel and will also be made available electronically. All district personnel will be required to sign off that they have received this annual training. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services/ | | **Expected Date of Completion:**  12/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Upload training material. Submit documentation of training of school personnel on civil rights responsibilities. | | |
| **Description of Internal Monitoring Procedures:**  Maintaining annual records of civil rights training of all school personnel. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit evidence of training for all school personnel on civil rights responsibilities including training materials, agenda, and signed attendance sheets indicating staff name and role. | | |
| **Progress Report Due Date(s):**  12/07/2015 | | |

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

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| **Criterion & Topic:**  CR 22 Accessibility of district programs and services for students with disabilities | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Observations indicated that the facility is not accessible to students with disabilities, as the lift used to access the second floor is not operable. | | |
| **Description of Corrective Action:**  The lift used to access the second floor needs to be repaired and operable. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services/Principal | | **Expected Date of Completion:**  05/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Accessibility of the second floor to all students. Demonstration of the lift in working order. | | |
| **Description of Internal Monitoring Procedures:**  Monitor the progress of the lift being repaired and back in working order. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 22 Accessibility of district programs and services for students with disabilities | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015 submit documentation that the lift to the second floor has been repaired and is operable. This documentation can include work order, invoice, or other evidence demonstrating that the repair has been completed.  A representative from the Department will conduct a site visit to verify that the lift to the second floor of the school is in working order by February 24, 2016. | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not have a process by which individual teachers review educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  The Academic Coordinator, in collaboration with the curriculum committee and department heads, will establish a process by which teachers review educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identify, religion, national origin and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Coordinator | | **Expected Date of Completion:**  05/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Submission of curriculum committee notes, curriculum review process, and teacher training protocol. | | |
| **Description of Internal Monitoring Procedures:**  Academic coordinator to monitor the process and track the identification of material through this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit the curriculum committee notes and the curriculum review process for ensuring that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation.  By February 24, 2016, submit the teacher training protocol, training agenda(s), signed attendance sheets, and training materials as evidence of teacher training on the procedures to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |

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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:**  A review of documents and staff interviews demonstrated that the district does not annually evaluate all aspects of its 9-12 programming to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The Administrator of Student Services, Special Education, and the Academic Coordinator will develop an evaluation tool to ensure that all students, regardless of race, color, sex, gender identify, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. The results will be utilized to improve access. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Student Services, Academic Coordinator, Administrator of Special Education | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Upload survey developed; survey results; action plan from survey. | | |
| **Description of Internal Monitoring Procedures:**  Administrative team to utilize weekly administrative meeting to discuss ongoing program development. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 10/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2015, submit detailed plans for how the district will conduct annual evaluation of its programming 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 in the description the name and roles of staff members involved, planned meetings, a timeline for data gathering, etc.  By February 24, 2016, submit the data analysis and report format, with a date for its completion and release for 2015-2016. | | |
| **Progress Report Due Date(s):**  12/07/2015  02/24/2016 | | |