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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: Palmer

CPR Onsite Year: 2015-2016

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 09/27/2016.

**Mandatory One-Year Compliance Date:** **09/27/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 26 | Parent participation in meetings | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 43 | Behavioral interventions | Partially Implemented |
| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Not 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 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that when a student suspected of having a specific learning disability is evaluated, the district does not consistently complete the four required specific learning disability (SLD) eligibility forms: Historical Review and Educational Assessment (SLD1); Area of Concern and Evaluation Method (SLD2); Exclusionary Factors (SLD3); and Observation (SLD4). | | |
| **Description of Corrective Action:**  The SLD Eligibility process will be added to the Special Education Process and Procedure Manual. This process will be reviewed at the November staff meeting. The forms will be added to the staff forms drive.  Historical Review and Educational Assessment - will be completed by the school psychologist  Area of Concern and Evaluation Method -will be completed | | |
| **Title/Role(s) of Responsible Persons:**  Cynthia Miller, Director of Special Services | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  File reviews will support the consistent use of SLD forms for SLD eligibility.  Updated process and Procedure manual  sign in and agenda for November staff meeting | | |
| **Description of Internal Monitoring Procedures:**  SLD eligibility will be added to the internal IEP review that is completed prior to sending out IEP's | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the procedures developed to ensure that when a student suspected of having a specific learning disability is evaluated, the district consistently completes and documents in the record the four required SLD forms: Historical Review and Educational Assessment (SLD1); Areas of Concern and Evaluation Method (SLD2); Exclusionary Factors (SLD3); and Observation (SLD4) by January 31, 2017.  Submit evidence of training (agenda, materials used, dated attendance list with staff signature/role) provided to special education staff, school psychologists and other Team members responsible for completing the forms, on the district protocols requiring the completion and documentation in the record of the four required SLD forms January 31, 2017.  Conduct a review of records for students with SLD across all grade levels whose initial evaluation or re-evaluation occurs subsequent to implementation of all corrective actions, for evidence of the completion of the four required SLD form: Historical Review and Educational Assessment (SLD1); Areas of Concern and Evaluation Method (SLD2); Exclusionary Factors (SLD3); and Observation (SLD4). Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that parents are invited to IEP Team meetings, but do not consistently attend, and the district does not use other methods to ensure parent participation, including video or conference calls. See also SE 26. | | |
| **Description of Corrective Action:**  This option has been constantly been offered to parents, we did not copy the blank form that was sent home. From this point forward these options will also be placed in the invite letter and a copy of the letter is kept in the students file. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrative Assistance | | **Expected Date of Completion:**  10/20/2016 |
| **Evidence of Completion of the Corrective Action:**  file review  review of process and procedure guide | | |
| **Description of Internal Monitoring Procedures:**  check list created on what information needs to be in a invite | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description indicates the district will place a copy of every invitation letter in the student record and will review the process and procedure guide. However, the district does not clearly address how the district will ensure parents consistently attend IEP Team meetings using other methods to ensure participation, including conference calls. See also SE 26 | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure parents consistently attend IEP Team meetings using other methods to ensure participation, including conference calls, and that the attempts to secure participation are documented. See also SE 26 | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures developed to ensure parents consistently attend IEP Team meetings using other methods to ensure participation, including conference calls, and that the attempts to secure participation are documented by January 31, 2017.  Submit evidence of training (date of discussion, meeting notes) provided to the special education chairs and administrative assistant on these procedures by January 31, 2017.  Conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, to ensure that 1) parents consistently attended IEP Team meetings and/or 2) the district used other methods to ensure parent participation, including conference calls. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that the IEP Team does not review, revise or develop a new IEP to address a student's lack of progress when progress report information reflects a lack of progress towards the annual IEP goals. | | |
| **Description of Corrective Action:**  Each parking period (3x for prek/k & 4x for 1-sp) the IEP liaison will be responsible for completing a spread sheet on all of their assigned students. This sheet will include the students name, grade and goal #... the Liaison is expected review all progress reports and provides the Special Services with any progress report where a student is not making progress toward the goal. The special service office will work with the liaison to create a plan, this may be to set a meeting, contact parent, collect more data etc... | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Services and Special Education Liaisons | | **Expected Date of Completion:**  11/10/2016 |
| **Evidence of Completion of the Corrective Action:**  copies of the spread sheet  copies of students progress reports when they are not making expected progress  team meeting request | | |
| **Description of Internal Monitoring Procedures:**  the spread sheet is the monitoring system | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (a copy of the developed internal spreadsheet, attendance list with staff signature/role) provided to the special education liaisons to ensure that the IEP Team reviews, revises or develops a new IEP to address a student's lack of progress when progress report information reflects a lack of progress towards the annual IEP goals by January 31, 2017.  Conduct a review of records across all grade levels with Team meetings held subsequent to implementation of all corrective actions, for evidence that the IEP Team reviewed, revised or developed a new IEP to address a student's lack of progress when progress report information reflected a lack of progress toward the annual IEP goals. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that the IEP Team does not consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, when the IEP Team's evaluation indicates that a student's disability affects social skills development or when the student's disability makes him or her vulnerable to bullying, harassment or teasing. | | |
| **Description of Corrective Action:**  All Special Education liaison's were informed of the this requirement at the September 2016 meeting. The IEP checklist has been updated to inform staff that this statement needs to be individualized. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Liaisons | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  esped report run for IEP's completed after 10/30/2016 - to pull additional information data | | |
| **Description of Internal Monitoring Procedures:**  IEP liaison/ team chair check lists | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description does not address reconvening the IEP Teams to specifically address in the IEP the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for the three records identified by the Department at the onsite review (AM, AB, SC). The student names and corrective actions were listed on the Student Record Issues Worksheet provided to the district at the Corrective Action Plan Technical Assistance meeting. | | |
| **Department Order of Corrective Action:**  The district must reconvene the IEP Teams to specifically address in the IEP the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for the three records identified by the Department. | | |
| **Required Elements of Progress Report(s):**  Review the Department's guidance: Technical Assistance Advisory SPED 2011-2: Bullying Prevention and Intervention at http://www.doe.mass.edu/bullying/considerations-bully.html.  Provide the procedures developed to ensure that IEP Team consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, when the IEP Team's evaluation indicates that a student's disability affects social skills development or when the student is vulnerable by January 31, 2017.  Submit evidence of training (agenda, materials used to include the IEP checklist and the dated attendance list with staff signature/role) provided to special education liaisons on the procedures developed by January 31, 2017.  For the three records identified by the Department, reconvene the IEP Teams to address in the IEP the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing. Submit copies of the Team Meeting Invitation (N3), the Team Meeting Attendance Sheet (N3A) and a revised or amended IEP with a copy of the Notice of Proposed District Action (N1) by January 31, 2017.  Conduct a review of records for students across all grade levels with Team meetings held subsequent to implementation of all corrective actions, for evidence that the IEP Team consistently considered and specifically addressed the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, when the IEP Team's evaluation indicates that a student's disability affects social skills development or when the student's disability makes him or her vulnerable to bullying, harassment or teasing. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that following the development of the IEP, when the parent does not receive a Team meeting summary, the district does not consistently provide the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice within 3-5 days.  In instances when the district provides the parent with a Team meeting summary, the summary does not consistently include, at a minimum, a completed IEP service delivery grid describing the types and amounts of special education and/or related services proposed by the district and a statement of the major goal areas associated with these services. Additionally, two (2) copies of the proposed IEP and proposed placement along with the required notice are not then sent within two calendar weeks. | | |
| **Description of Corrective Action:**  Team meeting summary has been updated this was initially reviewed with Special education Staff at the September staff meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Special Services Director, Team Chairs & liaisons | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  copies of Team Meeting Summaries & team chair IEP checklist | | |
| **Description of Internal Monitoring Procedures:**  The special services office is in process of redoing the file system. As part of this system we will create a IEP timeline check list. That will be including in student file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description does not address developing procedures to ensure that immediately following the development of the IEP, the parent is provided with two (2) copies of the proposed IEP and proposed placement along with the required notice. | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure that immediately following the development of the IEP, the parent is provided with two copies of the proposed IEP and proposed placement along with the required notice. These procedures must ensure that when a parent does not receive a Team meeting summary, two copies are provided to the parent within 3-5 days; and when the district provides the parent with a Team meeting summary, it must include a completed IEP service delivery grid describing the types and amounts of special education and/or related services proposed by the district and a statement of the major goal areas associated with these services, and two copies are provided to the parent within two calendar weeks. | | |
| **Required Elements of Progress Report(s):**  Review the "Memorandum on the Implementation of 603 CMR 28.05(7): Parent response to proposed IEP and proposed placement" found at http://www.doe.mass.edu/news/news.aspx?id=3182.  Provide the procedures developed to ensure that immediately following the development of the IEP, the parent is provided with two copies of the proposed IEP and proposed placement along with the required notice. These procedures must ensure that when a parent does not receive a Team meeting summary, two copies are provided to the parent within 3-5 days; and when the district provides the parent with a Team meeting summary, it must consistently include a completed IEP service delivery grid describing the types and amounts of special education and/or related services proposed by the district and a statement of the major goal areas associated with these services and two copies are provided to the parent within two calendar weeks. Please provide these procedures by January 31, 2017.  Submit evidence of training (agenda, materials used to include Team meeting summaries, team chair IEP checklist, dated attendance list with staff signature/role) provided to team chairs and special education liaisons on the procedures by January 31, 2017.  Conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, for evidence 1) when the parent does not receive a Team meeting summary, two copies of the proposed IEP and proposed placement along with the required notice are provided within 3-5 days; 2) when the parent is provided a Team meeting summary, it consistently included, at a minimum, a completed IEP service delivery grid describing the types and amounts of special education and/or related services proposed by the district and a statement of the major goal areas associated with these services, and 3) when a summary is provided, the proposed IEP and proposed placement along with the required notice were sent within two calendar weeks. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that the Non-participation Justification statement in the IEP is not specific to each student. In addition, the Non-participation Justification statement does not consistently state why the removal is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  This expectation was initially reviewed at the September 2016 staff meeting. The Process and Procedure Guide reflects the expectation for individualized will be updated to reflect this change and reviewed at an upcoming staff meeting | | |
| **Title/Role(s) of Responsible Persons:**  Special Services Director, Team Chair, IEP liaison and direct service provider. | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  esped report run for IEP's completed after 10/30/2016 - to pull non-justification data | | |
| **Description of Internal Monitoring Procedures:**  Team chair IEP checklist | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the procedures developed to ensure that the Non-participation Justification statement is specific to each student, states why the removal is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily by January 31, 2017.  Submit evidence of training (agenda, materials used, and the dated attendance list with staff signature/role) provided to Team Chairs, special education liaisons and related service providers on the district's procedures by January 31, 2017.  Conduct a review of records for students across all grade levels with Team meetings held subsequent to implementation of all corrective actions, for evidence that the Non-participation Justification statement is specific to each student, states why the removal is considered critical to the student's program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and 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:**  Student record review and interviews indicate that the district's Notice of Proposed School District Action (N1) does not consistently include the action the school district is proposing to take; why the district is proposing to act; a description of any other options that the district considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or other factors relevant to the district's decision. | | |
| **Description of Corrective Action:**  All N1 letters are completed by Special Services Director, Administrative Assistant and Team Chairs. The Special Services Director will meet with these individuals to review the expectation for each section of the letter. | | |
| **Title/Role(s) of Responsible Persons:**  Special Services Director, Administrative Assistant and Team Chairs | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Sample of N1 letters completed after 10/30/2016 | | |
| **Description of Internal Monitoring Procedures:**  The Director will review all letters that are sent to families during the month of November and document any findings. After these letters are reviewed I will meet with Administrative Assistant and Team Chairs to make any recommendations. | | |
| 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:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Sample Notices found at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf#search=%22notice%22  Submit evidence of training (meeting notes, agenda, materials used, dated staff attendance list with signature/role) provided to the administrative assistant and Team Chairs on the district's expectations for each section of the Notice of Proposed District Action (N1) to ensure that the notice consistently includes the action the school district is proposing to take; why the district is proposing to act; a description of any other options that the district considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or other factors relevant to the district's decision by January 31, 2017.    Conduct a review of records across all grade levels with Team meetings held subsequent to implementation of all corrective actions, for evidence that the N1 consistently included the action the school district is proposing to take; why the district is proposing to act; a description of any other options the district considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or other factors relevant to the district's decision. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the two special education resource rooms at Old Mill Pond Elementary School and the four substantially separate Social Emotional Programs located in each of the district schools are comprised of special education and general education students who receive instruction solely from a special education teacher. These general education students are placed in special education classrooms without parental consent to receive special education services. | | |
| **Description of Corrective Action:**  The district received Technical Assistance with department on 9/26 to address this concern. The district will revamp current RTI system to be sure the proper interventions are provided and documented in the LRE. The district will also create a procedure to be sure all sub-separate placements (specifically STEP) will be done through the team process. The team will convene at the request of the principal through a Special Education Referral. The team will meet to discuss concerns and identify initial testing needs. If the team is in agreement that the student’s evaluations would best be completed in a Special Education Sub-Separate classroom this will be documented in the team notes and N1 letter. | | |
| **Title/Role(s) of Responsible Persons:**  Special Services Director and Principals | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Student rosters  N1 and permission to evaluate signed  Signatures from Administration that they have read and understand the protocol. | | |
| **Description of Internal Monitoring Procedures:**  Review of classroom rosters quarterly | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the developed protocol and signatures from each building principal affirming they have read and understood the protocol to ensure that general education students are not placed in special education substantially separate classrooms without parental consent to receive special education services by January 31, 2017.  Provide the student rosters for students in the four substantially separate Social Emotional Programs located in each of the district schools that include each student's IEP beginning and end dates by January 31, 2017.  Provide the name(s) and license number(s) of the teachers in the special education resource rooms at Old Mill Pond Elementary School by January 31, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017 | | |

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| **Criterion & Topic:**  SE 26 Parent participation in meetings | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that parents do not consistently attend and participate in IEP Team meeting discussions and decisions, and the district does not document attempts to ensure parent participation through multiple attempts using a variety of methods, including letters, written notices sent by certified mail, electronic mail (e-mail), or telephone calls. In addition, the district does not document other methods to ensure parent participation, including video or conference calls before holding the meeting without the parent. | | |
| **Description of Corrective Action:**  This option has constantly been offered to parents, we did not copy the blank form that was sent home parents. From this point forward these options will also be placed the invite letter a copy of that letter will be kept in the file. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrative Assistance | | **Expected Date of Completion:**  11/01/2016 |
| **Evidence of Completion of the Corrective Action:**  file review  review of process and procedure guide | | |
| **Description of Internal Monitoring Procedures:**  check list created on what information needs to be in a invite | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 26 Parent participation in meetings | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description indicates the district will place a copy of every invitation letter in the student record and will review the process and procedure guide. However, the district does not clearly address documenting attempts to ensure parent participation in IEP Team meeting discussions and decisions through multiple attempts using a variety of methods before holding the meeting without the parent. | | |
| **Department Order of Corrective Action:**  The district must develop procedures for documenting attempts to ensure parent participation in IEP Team meeting discussions and decisions through multiple attempts before holding the meeting without the parent to include written notices sent by certified mail, electronic mail (e-mail), telephone calls, and conference calls. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures developed to ensure that the district documents its attempts to ensure parent participation in IEP Team meeting discussions and decisions through multiple attempts before holding the meeting without the parent, to include written notices sent by certified mail, electronic mail (e-mail), telephone calls, and conference calls by January 31, 2017.  Submit evidence of training (date of discussion, meeting notes) provided to the special education liaisons and administrative assistant on these procedures to ensure that the district documents its attempts to ensure parent participation in IEP Team meeting discussions and decisions through multiple attempts before holding the meeting without the parent, to include written notices sent by certified mail, electronic mail (e-mail), telephone calls, and conference calls by January 31, 2017.  Conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, to ensure that 1) the parents consistently attended and participated in IEP Team meeting discussions and decisions; and/or 2) the district documented its use of multiple attempts using a variety of methods (telephone calls, e-mails, conference calls) to ensure parent participation. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that when the Home Language Survey indicates the parent requires information in a language other than English, special education documents to include IEPs and assessment summaries are not consistently provided to parents in both English and the primary language of the home. | | |
| **Description of Corrective Action:**  The Administrative team will work on a plan to address this need. Whenever possible, we will work with ESPED to translate appropriate documents. | | |
| **Title/Role(s) of Responsible Persons:**  Administrative Team | | **Expected Date of Completion:**  12/30/2016 |
| **Evidence of Completion of the Corrective Action:**  copies of translated assessments and iep's  copies of bills | | |
| **Description of Internal Monitoring Procedures:**  team chair checklist to be sure that all students in need of this services are provided it. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description does not address providing copies of translated special education documents to include the IEP and assessment summaries to the parents of the two records identified by the Department at the onsite review (EM, ROD). The student names and corrective actions were listed on the Student Record Issues Worksheet provided to the district at the Corrective Action Plan Technical Assistance meeting. | | |
| **Department Order of Corrective Action:**  The district must provide copies of translated special education documents to include the IEP and assessment summaries to the parents of the two records identified by the Department at the onsite review. | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the proposed plan to ensure that when the Home Language Survey indicates the parent requires information in a language other than English, special education documents to include IEPs and assessment summaries are consistently provided to parents in both English and the primary language of the home by January 31, 2017.  For the two records identified by the Department, provide copies of translated special education documents to include the IEP and assessment summaries to the parents. Submit copies of these translated materials, and indicate how they were provided to the parent (reconvening of the IEP Team, mail, e-mail) by January 31, 2017.  Conduct a review of records for students whose parents request translation on the Home Language Survey and whose IEP meetings are conducted subsequent to implementation of all corrective actions, for evidence of translated special education documents to include the IEP and assessment summaries. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district conducts a workshop annually on the rights of students and their parents/guardians under state and federal special education laws. The district, however, has not established a district-wide parent advisory council on special education. | | |
| **Description of Corrective Action:**  Information about the PAC was sent out to all families at the start in the school year. Special Education Liaison's spoke to Parents at their open houses about joining PAC and requested emails of Parents who may be interested. In November 2016 we will conduct our annual parents rights workshop and support any parents who would like to get the PAC started. If we continue to have no interest we will apply for a waiver. | | |
| **Title/Role(s) of Responsible Persons:**  Special Services Director | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  -copy of parent letter  -email to liaisons about open house  -meeting flyer and sign ins | | |
| **Description of Internal Monitoring Procedures:**  Year at a glance to explain expected dates | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please see the Department's Administrative Advisory SPED 2015-2R: Special Education Parent Advisory Councils, Acceptable Alternatives, and Use of Social Media www.doe.mass.edu/sped/advisories/2015-2r.html.  Submit evidence (list of the Parent Advisory Council (PAC) officers, by-laws, and meeting agenda) to indicate that the district has established a district-wide parent advisory council or submit evidence of an application for Waiver for Alternative Compliance (http://search.doe.mass.edu/search.aspx?q=waiver) by January 31, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017 | | |

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

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| **Criterion & Topic:**  SE 43 Behavioral interventions | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that positive behavioral interventions, supports, and IEP goals to address behavior are not always found in the record when the IEP and related documents show the student's behavior impedes their learning or the learning of others. | | |
| **Description of Corrective Action:**  The school adjustment counselors and guidance counselors are responsible for writing the BIP. BIPS are done for Special Education and Regular Education students when needed. These have not always been sent to the Special Services office. Starting the 2016-2017 the expectation is that all BIPS are completed in ESPED and copies sent to the Special Services Office. These students have not always had goals in their IEP's but that will be adjusted.  If a student’s behaviors are not so intense that they need a BIP the accommodations and/or modifications will be in PLEB B.  The team meeting Summary notes will reflect the need for BIP | | |
| **Title/Role(s) of Responsible Persons:**  School Adjustment Counselors | | **Expected Date of Completion:**  12/30/2016 |
| **Evidence of Completion of the Corrective Action:**  IEP Team meeting Summary  Training will Guidance and School Adjustment sign in | | |
| **Description of Internal Monitoring Procedures:**  The team chair IEP review checklist will be completed as a monitoring prior to mailing this will be done for a sample to IEP's | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 43 Behavioral interventions | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description does not address reconvening the IEP Teams to determine if positive behavioral interventions, supports or amended IEP goals are applicable for the two records identified by the Department at the onsite review (AM, CL). The student names and corrective actions were listed on the Student Record Issues Worksheet provided to the district at the Corrective Action Plan Technical Assistance meeting. | | |
| **Department Order of Corrective Action:**  The district must reconvene the IEP Teams to determine if positive behavioral interventions, supports or amended IEP goals are applicable for the two records identified by the Department. | | |
| **Required Elements of Progress Report(s):**  Provide the procedures developed to ensure that all staff members are aware of the requirement to provide positive behavioral interventions, supports, and IEP goals to address behavior when the IEP and related documents show the student's behavior impedes their learning or the learning of others by January 31, 2017.  Submit evidence of training for school adjustment counselors, guidance counselors, IEP liaisons and special education staff (agenda, materials used including IEP checklist, dated attendance list with staff role/signature) provided to Team chairs, school adjustment counselors and guidance counselors on these procedures by January 31, 2017.    For the two records identified by the Department, reconvene the IEP Teams to determine if positive behavioral interventions, supports or amended IEP goals are applicable. Submit copies of the Team Meeting Invitation (N3), the Team Meeting Attendance Sheet (N3A) and a revised or amended IEP with a copy of the Notice of Proposed District Action (N1) by January 31, 2017.  Conduct a review of a sample of records for students across all grade levels whose behaviors interfere with learning, and whose IEP meeting occurs subsequent to implementation of all corrective actions, for evidence of positive behavioral interventions, supports, or IEP goals to address behavior when the IEP and related documents show the student's behavior impedes their learning or the learning of others. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 30, 2017.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

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| **Criterion & Topic:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district contracts with two providers to consult with general education teachers and provide related services to individual students who are deaf or hard of hearing. These individuals are not appropriately licensed to provide such services. | | |
| **Description of Corrective Action:**  All contracts will require that consultants provide a copy of current licenses’ prior to starting services. A copy of this will be kept with the contract. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Services & Administrative Assistant | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Review of contracts | | |
| **Description of Internal Monitoring Procedures:**  The Administrative Assistant will use a check list when creating contracts. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the names and license numbers of any providers who consult with general education teachers and provide related services to individual students who are deaf or hard of hearing for the 2016-2017 school year by January 31, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017 | | |

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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:**  Document review and interviews indicate that the district does not regularly provide training to all special education and general education staff on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom or methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Description of Corrective Action:**  All teachers, paraprofessionals and guidance staff received Differential Instruction training this fall through RIBAS | | |
| **Title/Role(s) of Responsible Persons:**  Administrative Team | | **Expected Date of Completion:**  10/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Sign ins from training & power points | | |
| **Description of Internal Monitoring Procedures:**  Walk through data and staff evaluations | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description of internal monitoring does not indicate how the district plans to ensure that all special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Department Order of Corrective Action:**  The district must provide a description of an internal tracking and monitoring system to ensure that all special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used, dated attendance list with staff signature/role) provided to all special education, general education, guidance and paraprofessional staff on analyzing and accommodating diverse learning styles of all students and the methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students by January 31, 2017.  Provide a description of an internal tracking and monitoring system with individuals designated responsible to ensure that all special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students.  by January 31, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Classroom observations and interviews at Old Mill Pond Elementary School indicate that two substantially separate Social Emotional Programs (SEP) (K-2 and 2-4) and a special education resource room are clustered at one end of the first grade hallway. Also, the substantially separate Life Skills Program, the Read 180 special education resource room and the SEP located at Converse Middle School are clustered and isolated on the first floor of the middle school building. These classroom locations do not maximize the inclusion of special education students into the life of the school. | | |
| **Description of Corrective Action:**  The administrative team met during the summer of 2016 to discuss classroom placement. The team made adjustments to be sure that we provide classroom placements that maximize the inclusion of special education students into the life of the school. | | |
| **Title/Role(s) of Responsible Persons:**  Administrative Team | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  school maps | | |
| **Description of Internal Monitoring Procedures:**  the Special Education Director will meet with the Principals prior to the start of the school year to be sure we continue to provide a classroom placement that maximizes the inclusion of special education students into the life of the school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide floor plans for Old Mill Pond Elementary School and Converse Middle School indicating the former and current locations that were identified, and identifying of all special education and related services instructional spaces by January 31, 2017.  Schedule a date with the Department to conduct an onsite visit prior to the January 31, 2017, progress report due date to verify that the adjustments made to classroom placements in the summer of 2016 at Old Mill Pond Elementary School and Converse Middle School maximize the inclusion of special education students into the life of the school. | | |
| **Progress Report Due Date(s):**  01/31/2017 | | |

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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:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not regularly evaluate its special education programs and services. The district has not conducted an evaluation in over two years. | | |
| **Description of Corrective Action:**  During the fall of 2016 the director of Special Education will create a plan to conduct special education programs and services evaluation | | |
| **Title/Role(s) of Responsible Persons:**  Administrative Team | | **Expected Date of Completion:**  05/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Copy of Plan to complete Evaluation-leadership agendas  Copy of Evaluation Report | | |
| **Description of Internal Monitoring Procedures:**  Copy of Plan to complete Evaluation  Copy of Evaluation Report | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a description of the district's proposed evaluation plan by January 31, 2017.  Submit a copy of the special education program evaluation that includes a summary and analysis of the results, and an action plan for any recommendations based on the results by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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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:**  Document review and interviews indicate that important information and documents provided to parents, including student handbooks and codes of conduct, are not translated into the major languages spoken by parents with limited English skills. | | |
| **Description of Corrective Action:**  During the summer of 2016 the leadership team created a district wide handbook. This handbook is in the process of being translated into Spanish, this will be posted on the website. There is also a disclaimer in the beginning of the handbook in multiple languages that parents can request a copy on handbook in their home language. | | |
| **Title/Role(s) of Responsible Persons:**  Leadership Team | | **Expected Date of Completion:**  12/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Review of handbook on website and paper copy | | |
| **Description of Internal Monitoring Procedures:**  This will be updated annually | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Corrected | |
| **Basis for Decision:**  No further progress reporting is required. The district developed one student handbook and code of conduct for all schools that now provides the opportunity for the document to be translated into the major languages and many other languages spoken by parents with limited English skills. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates that the procedures submitted by the district for the discipline of students with disabilities and for students not yet determined eligible for special education contain all required information; however, these procedures are not included in all of the schools handbooks or codes of conduct.  The Old Mill Pond Elementary School and Palmer High School student handbooks and codes of conduct do not include procedures for the discipline of students with disabilities or students with Section 504 Accommodation Plans.  The Converse Middle School student handbook includes the procedures for the discipline of students with disabilities, however, the procedures do not address:  Convening the Team within 10 days of the decision to suspend to review all relevant information in the student's file, including the IEP;  Special circumstances to place students in an Interim Alternative Educational Setting (IAES) if the behavior involves weapons, illegal drugs, a controlled substance or the infliction of serious bodily injury on another person while at school or a school function;  The use of the authority of a hearing officer when the district provides evidence that the student is "substantially likely" to injure him/herself or others;  Completion of a Functional Behavioral Assessment or behavior intervention plan when the Team determines that the behavior is a manifestation of the disability; or  Notifying the parent of the decision to take disciplinary action.  In addition, the non-discrimination statement in the student handbooks for Converse Middle School and Palmer High School does not include the protected category of gender identity. | | |
| **Description of Corrective Action:**  The district wide handbook was created this summer and the above mentioned information is located on pages 39-42 | | |
| **Title/Role(s) of Responsible Persons:**  Leadership Team | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  review of handbook  copy of school committee notes from handbook approval | | |
| **Description of Internal Monitoring Procedures:**  handbook is updated annually | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The procedures for the discipline of students with disabilities in the student handbook on the district's website are not consistent with the procedures submitted to ESE during the CPR. They do not include 1) Convening the Team within 10 days of the decision to suspend to review all relevant information in the student's file, including the IEP or 2) Notifying the parent of the decision to take disciplinary action.  The district has updated the updated non-discrimination statement in the student handbook to include the protected category of gender identity. | | |
| **Department Order of Corrective Action:**  The district must amend the procedures for the discipline of students with disabilities in the student handbook to include 1) Convening the Team within 10 days of the decision to suspend to review all relevant information in the student's file, including the IEP or 2) Notifying the parent of the decision to take disciplinary action. | | |
| **Required Elements of Progress Report(s):**  Provide evidence (notice to staff, students and parents, with complete procedures attached) that the procedures for the discipline of students with disabilities in the handbook has been amended to include all required content, and have been disseminated to staff, students and parents for the 2016-2017 school year by January 31, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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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:**  Document review and interviews indicate that the student handbook for Palmer High School and the faculty handbook for all district schools do not contain the relevant provisions addressing the bullying of students by a school staff member and do not clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. | | |
| **Description of Corrective Action:**  The sub policy committee will meet in November 2016 to make appropriate adjustments. These adjustments will be added to the school committee agenda for January for approval. | | |
| **Title/Role(s) of Responsible Persons:**  Sub-policy committee | | **Expected Date of Completion:**  01/30/2017 |
| **Evidence of Completion of the Corrective Action:**  policy update  sub-committee meeting notes  school committee notes | | |
| **Description of Internal Monitoring Procedures:**  The policy will be updated if required from DESE | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the updated policy approved by the School Committee that contains the relevant provisions addressing the bullying of students by a school staff member and clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report by January 31, 2017.  Provide evidence that the revised Bullying Prevention and Intervention Plan has been disseminated to staff, students and parents by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates that the district's student discipline policies and procedures do not reference M.G.L. c.71, s. 37H¾ and do not include all required content:  The procedures for emergency removal do not address that the principal may not remove a student from school on an emergency basis for a disciplinary offense until adequate provisions have been made for the student's safety and transportation;  The procedures for in-school suspension do not address the principal's use of in-school suspension as an alternative to a short-term suspension;  The procedures for a superintendent hearing do not address the timeliness of the student's or parent's notice of appeal; the superintendent's obligation to send written notice to the parent of the date, time and location of the hearing; the requirement to arrange for an audio recording of the hearing; and the responsibility to inform all parties before the hearing that an audio copy will be made of the hearing.  Although the district's student discipline policy and procedures include the procedures for in-school suspensions required under M.G.L. 71, s. 37H¾, these procedures are not included in the student handbooks for Old Mill Pond Elementary School and Converse Middle School.  Also, the district did not provide a copy of the School-wide Education Service Plan or its system for periodic review of discipline data by special populations.  Additionally, the written notice of hearing and suspension submitted by the district does not include the location of the hearing and is addressed only to the parent. It does not indicate that written notice has also been provided to the student. | | |
| **Description of Corrective Action:**  The sub policy committee will meet in November 2016 to make appropriate adjustments. These adjustments will be added to the school committee agenda for January for approval. | | |
| **Title/Role(s) of Responsible Persons:**  Sub Policy Committee & School Committee | | **Expected Date of Completion:**  01/30/2017 |
| **Evidence of Completion of the Corrective Action:**  policy update  sub-committee meeting notes  school committee notes | | |
| **Description of Internal Monitoring Procedures:**  The policy will be updated if required from DESE | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's updated discipline policies and procedures that include M.G.L., s. 37H3/4 and contain all required content: 1) The procedures for emergency removal should address that the principal may not remove a student from school on an emergency basis for a disciplinary offense until adequate provisions have been made for the student's safety; 2) The procedures for in-school suspension should include the principal's use of in-school suspension as an alternative to a short-term suspension; 3) The procedures for a superintendent hearing should include a) the timeliness of the student's or parent's notice of appeal; b) the superintendent's obligation to send written notice to the parent of the date, time and location of the hearing; c) the requirement to arrange for an audio recording of the hearing; and d) the responsibility to inform all parties before the hearing that an audio copy will be made of the hearing by January 31, 2017.  Submit the district's School-Wide Education service Plan by January 31, 2017.  Submit the description of the system developed for periodic review of discipline data by January 31, 2017.  Submit a copy of the revised written notice of hearing and suspension that includes 1) the location of the hearing; and 2) evidence that the notice has been provided to the student, as well as the parent by January 31, 2017.  Provide evidence that the updated discipline policy and procedures have been disseminated to staff, students and parents for the 2016-2017 school year by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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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:**  Document review and interviews indicate that written materials and other media used to publicize the district include a non-discrimination statement that references only non-discrimination in employment. The notice does not offer a general statement that the school district does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. | | |
| **Description of Corrective Action:**  The non-discrimination statement was updated during the summer of 2016 to state the following:  Non-Discrimination Statement  The Palmer Public School district does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Tech Department and Administrative Team | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  review website  review of letter head  email to administrative team | | |
| **Description of Internal Monitoring Procedures:**  the principals will review information sent out to families to be sure the statement is included in the appropriate correspondence | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Corrected | |
| **Basis for Decision:**  No further progress reporting is required. The district has updated the non-discrimination statement that affirms that the school district does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. This statement has been added to the district's website and included in written materials such as the student handbook, employment application and student registration forms. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  CR 14 Counseling and counseling materials free from bias and stereotypes | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that English language learners are not always provided the opportunity to receive guidance and counseling in a language they understand. | | |
| **Description of Corrective Action:**  The Director of Special Services has contacted Certified Languages International and will be contracting with them to provide interpretation services. This will provide all staff the opportunity to communicate with families who need this service as well as students guidance and counseling in a language they understand. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Services and Principals | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  copy of contract  email to guidance and other staff about this service | | |
| **Description of Internal Monitoring Procedures:**  copies of billing | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide procedures developed to ensure that English language learners are provided the opportunity to receive guidance and counseling in a language they understand by January 31, 2017.  Submit evidence of training (agenda, dated attendance list with staff signature/role) provided to guidance and responsible staff on the new procedures by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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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:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district has not developed a written notice to provide to students and their parents within five days of the student's tenth consecutive absence that offers at least two dates and times for an exit interview with the superintendent before the student permanently leaves school. This notice to schedule the exit interview must also:  Be provided to the student and the parent/guardian of the student in English and the primary language of the parent or guardian (to the extent practicable);  Include contact information for scheduling the exit interview;  Indicate that all parties shall agree to the date and time;  Explain that the exit interview will occur within 10 days of the notice; and  Indicate that the date and time of the exit interview may be extended an additional 14 days at the request of the parent or guardian.  Additionally, the district has not developed a written notice to send annually to former students who have not yet earned their competency determination and have not transferred to another school. This notice must be sent to the last known address of each such student who attended the high school in the district within the past two years. | | |
| **Description of Corrective Action:**  The High School Principal will create a system to address this need. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  copies of protocol  copy of sample letter | | |
| **Description of Internal Monitoring Procedures:**  drop out tracking and procedures | | |
| 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:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review the following documents:  High School Exit Intervention Model Protocol at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf, and Information for School Districts about Required Notices Regarding Students who Leave High School Without Graduating at http://www.doe.mass.edu/news/news.aspx?id=3051  Submit a copy of the procedures developed to ensure 1) written notice is provided to students and their parents within five days of the student's tenth consecutive absence; and 2) a notice is sent annually to former students who have not yet earned their competency determination and have not transferred to another school by January 31, 2017.  Submit a copy of the notice sent by the district to students and their parents within five days of the student's tenth consecutive absence that includes all required content; and a copy of the notice used by the district to annually inform former students who have not yet earned their competency determination by January 31, 2017.  Provide evidence of training (agenda and dated attendance list with staff signature/role) provided to responsible staff by January 31, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017 | | |

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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:**  Document review and interviews indicate that the district's written restraint prevention and behavior support policy and procedures do not include all required content consistent with new regulatory requirements that went into effect January 1, 2016. The policy and procedures do not include:  Methods for preventing student violence, self-injurious behavior and suicide;  Methods for engaging parents and youth in discussions about restraint prevention and use;  The method of physical restraint to be used in emergency situations;  A statement prohibiting the use of medication restraint, mechanical restraint and prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion and the use of restraint inconsistent with 603 CMR 46.00; and  A procedure for the use of time-out. | | | |
| **Description of Corrective Action:**  The sub policy committee will meet in November 2016 to make appropriate adjustments. These adjustments will be added to the school committee agenda for January for approval. | | | |
| **Title/Role(s) of Responsible Persons:**  Sub-policy committee | | **Expected Date of Completion:**  01/30/2106 | |
| **Evidence of Completion of the Corrective Action:**  policy update  sub-committee meeting notes  school committee notes | | | |
| **Description of Internal Monitoring Procedures:**  The policy will be only updated again in required from DESE | | | |
| 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:** 12/05/2016  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Submit the updated written restraint prevention and behavior support policy and procedures consistent with new regulations under 603 CMR 43.00 that include 1) methods for preventing student violence, self--injurious behavior and suicide; 2) Methods for engaging parents and youth in discussions about restraint prevention and use; 3) The method of physical restraint to be used in emergency situations; 4) A statement prohibiting the use of medication restraint, mechanical restraint and prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion and the use of restraint inconsistent with 603 CMR 46.00; and 5) A procedure for the use of time-out by January 31, 2017.  Submit evidence of training (attendance list with staff signature/role) provided within the first month of the school year for all staff on the updated restraint prevention and behavior support policy and procedures by January 31, 2017. | | | |
| **Progress Report Due Date(s):**  01/31/2017 | | | |

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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 indicate that the district does not consistently promote instructional practices responsive to student needs and ensure that adequate instructional support is available for students and teachers. At the middle and high school levels, staff describe a Teacher Assistance Team (TAT) process, however, student record review and interviews indicate there is not a tiered level of support or response to intervention (RTI) designed to provide instructional support that includes remedial instruction for students, consultative services for teachers, appropriate services for linguistic minority students, and other services consistent with effective educational practices. Additionally, the district curriculum accommodation plan (DCAP) does not include procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program including, but not limited to, direct and systematic instruction in reading and provision of services to address the needs of students whose behavior may interfere with learning. As a result, general education students who are experiencing difficulties with academics or behavior are removed from the general education classroom and placed in a separate learning environment. Specifically, they are placed in the special education resource rooms at Old Mill Pond Elementary School or the substantially separate Social Emotional Programs taught by special education teachers. See SE 25. | | |
| **Description of Corrective Action:**  The leadership team will work to update RTI systems this includes the TAT and DCAP. | | |
| **Title/Role(s) of Responsible Persons:**  Leadership Team | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Protocol for RTI, TAT and DCAPS  Evidence of staff training in new systems | | |
| **Description of Internal Monitoring Procedures:**  School based referrals for special education will require proof of RTI and TAT | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the updated pre-referral process (TAT) or the plan that includes a tiered level of support and response to intervention (RTI) designed to provide instructional support that includes remedial instruction for students, consultative services for teachers, appropriate services for linguistic minority students, and other services consistent with effective educational practices by January 31, 2017.  Provide the updated DCAP or the plan to develop the DCAP that includes procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program including, but not limited to, direct and systematic instruction in reading and provision of services to address the needs of students whose behavior may interfere with learning by January 31, 2017.  Provide evidence of training (agenda, dated attendance list with staff signature/role) provided to staff in these new procedures to ensure principals consistently promote instructional practices that are responsive to student needs and that adequate instructional support is available to students and teachers by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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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:** Document review and interviews indicate that individual teachers in the district do not review educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:** The leadership team will create a CURRICULUM DEVELOPMENT AND REVIEW PROCESS and review it with appropriate staff. This process will be used upon purchase of all curriculum materials by the district. | | |
| **Title/Role(s) of Responsible Persons:**  Leadership Team | | **Expected Date of Completion:**  03/01/2017 |
| **Evidence of Completion of the Corrective Action:** copy of CURRICULUM DEVELOPMENT AND REVIEW PROCESS  copy of sign in when reviewed with staff | | |
| **Description of Internal Monitoring Procedures:**  copies of all review sheets will be attached to purchase requests | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** The district's description identifies that the district will create a curriculum development and review process. The district must ensure that the process addresses how individual teachers are reviewing the materials they are presenting in the classroom. | | |
| **Department Order of Corrective Action:** The district must develop procedures to ensure that individual teachers in the district review their educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Required Elements of Progress Report(s):** Provide a copy of the procedures developed to ensure that individual teachers in the district review educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation by January 31, 2017.  Submit evidence of training (agenda, dated attendance list with staff signature/role) provided to special education and general education teachers to ensure they review all educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  During the fall of 2016 the leadership will create a plan to conduct and institutional evaluation. This has begun with walk through during the Spring of 2016. | | |
| **Title/Role(s) of Responsible Persons:**  Leadership team | | **Expected Date of Completion:**  01/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Copy of the Plan  Copy of Leadership notes  Copy of results | | |
| **Description of Internal Monitoring Procedures:**  The plan will include a timeline will support internal monitoring. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the plan, with timelines, developed to ensure all aspects of the district's K-12 program are evaluated annually and 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 by January 31, 2017.  Submit a copy of the institutional self-evaluation, conclusions reached, and resolution of any identified issues by March 30, 2017. | | |
| **Progress Report Due Date(s):**  01/31/2017  03/30/2017 | | |

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

District: Palmer Public Schools

Corrective Action Plan Review

Program Area: English Learner Education

Prepared by: Cynthia Miller

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: September 13, 2017**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 3 Initial Identification** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Staff interviews and documentation indicate that the district does not use the state required Home Language Survey (HLS) questions and the document is translated in other languages using “Google Translate” feature which often times does not provide accurate translation of the text. The district’s current initial identification practices are not in compliance with 603 CMR 14.02(1) that requires districts to establish procedures in accordance with the Department’s guidelines. Please see the “Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found at* [*http://www.doe.mass.edu/ell/guidance/guidance.pdf*](http://www.doe.mass.edu/ell/guidance/guidance.pdf) | | | |
| **Narrative Description of Corrective Action:**  In the fall 2016 the district adopted all DESE ELL forms this included the Home Language Survey (HLS). This allows us to utilize translated HLS forms.  In Fall 2016 HLS the district created language accessing data teams that reviewed all relevant student data and made services service determinations. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Director of Special Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/2016 | |
| **Evidence of Completion of the Corrective Action:** Data meeting notes, Home Language Survey Samples. | | | |
| **Description of Internal Monitoring Procedures:**  2x per year the data teams will meet to make a determination of services  The Director reviews all HLS | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 3** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   * Copies of all Home Language Surveys completed by the parents upon enrollment in SY 2016-17 and a copy of all the translated home language surveys available for the parents in the district for the same period of time. | | | |
| **Progress Report Due Date(s): January 9, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 4 Waiver Procedures** | | | **Rating: Not Implemented** |
| **Department CPR Finding:** *Student record review and document review indicate that the parent notification letter sent to parents upon identification of their student as eligible for an ELE, does not inform the parent of their right to apply for a waiver. In addition, interviews indicate that school Principals, the ELL Coordinator and ESL teacher do not have a consistent understanding of the waiver procedures.* | | | |
| **Narrative Description of Corrective Action:** Special Services utilizes the parent notifications from DESE. The only addition to this form was a narrative of service type and Director’s signature.  This notification allowed parents the rights to request waiver. One parent requested waiver and district utilized state form for that. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Cynthia Miller, Director of Special Services | | **Expected Date of Completion for Each Corrective Action Activity:** 9/2016 | |
| **Evidence of Completion of the Corrective Action:** Copies of parent notification | | | |
| **Description of Internal Monitoring Procedures:** All notifications reviewed/signed by Director of Special Services | | | |
| 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:**  The district’s description does not address training of principals, the ELE Coordinator and ESL teacher to ensure consistent understanding of the waiver procedures. | | | |
| **Department Order of Corrective Action:**  The district must train principals, the ELE Coordinator and ESL teacher on waiver procedures. | | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used, staff attendance list with role) for principals, the ELE Coordinator and ESL teacher to ensure consistent understanding of the waiver procedures by **January 9, 2017.**  Conduct a review of EL student records to ensure the parent notification letter sent to parents upon identification of their student as eligible for an ELE Program informs the parent of their right to apply for a waiver is maintained in the record. Indicate the number of EL student records reviewed, the number in compliance and for any EL student record that is not in compliance, note the reason for the non-compliance, and detail steps the district is taking to remedy any non-compliance found, if applicable, by **March 20, 2017.**  **\*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, with their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): January 9, 2017; March 20, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 5 Program Placement and Structure** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Interviews and a review of documentation indicate that ELs at the district’s high school receive only 45 minutes of ESL instruction per week and ELs at the elementary school only receive 30 minutes of ESL instruction per day regardless of their proficiency levels. Since the“OELAAA Form 2: Castañeda’s Three-Pronged Test” that should provide an analytical framework to analyze a district's program for ELs was submitted blank, there is no evidence showing that the district has defined the educational approach that will be used to meet the academic and language needs of its EL population and how the district determined that the time dedicated to ESL instruction is sufficient to promote and support the rapid acquisition of English language by these students as is required in G.L. c. 71A.*  *Interviews and the documentation also demonstrated that the district uses Houghton-Mifflin Leveled Readers and an online program called ESL Reading Smart as their ESL curriculum. Reading intervention curricula help the students improve their reading skills, but do not provide systematic, explicit and sustained language instruction to advance students’ English language proficiency in each of the four required domains of English language development instruction: listening, speaking, reading and writing.*  *Therefore, the Department concludes that the district does not have an ELE program with a sound educational approach to meet the academic and language needs of its EL population and consequently to enable them to participate meaningfully in the district’s general education program* | | | |
| **Narrative Description of Corrective Action:** Data teams reviewed the following information on each student: ACCESS, WAPT, MCAS, ELA, SAR and teacher input. The district created a rubric to determine the service amount as reflected by student need. This rubric provides guidance for amount of time to the data team. The district hired a second full time ESL teacher whom begins on 11/7/2016. With 1.67 ESL teachers, the district is confident that students will receive the amount of services they need. Most students receive either 90min or 45 mins per day dependent on their English proficiency.  The district also adopted Pearsons Corner stone/Capstone curriculum for pull out time, which is aligned to the Common Core. Students all have ILP to support needs in General education class. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Director of Special Services, ESL Teacher | | **Expected Date of Completion for Each Corrective Action Activity:** 9/2016 | |
| **Evidence of Completion of the Corrective Action:** Copy of data meeting, Rubric and Curriculum | | | |
| **Description of Internal Monitoring Procedures:** Review of services and data | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 5** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   1. Please complete the *Castañeda* test by the progress report due date. Please ensure that your answers to the questions on the test reflect the changes that the district will implement in order to comply with federal and state laws and regulations. 2. Please explain how the district will monitor the progress and completion of the program goals identified in the *Castañeda* test. Please include the names of the responsible staff who will be involved in the process. 3. Please submit evidence of the training opportunities provided to all staff members to ensure that they are aware of their responsibilities for helping to implement the ELE program as described in the *Castañeda* test completed by the district. Please include materials presented, meeting dates, minutes and sign-in sheets. 4. Please complete district information in the attached spreadsheet labeled *EL Roster* by school for each EL student in the district. | | | |
| **Progress Report Due Date(s): January 9, 2017.** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 7 Parent Involvement** | | | **Rating: Not Implemented** |
| **Department CPR Finding:** *Document review indicates that the district has not developed ways to include parents of English language learner students in matters pertaining to their children’s education and ELE program.* | | | |
| **Narrative Description of Corrective Action:** Tri-annually students will receive ESL progress reports to reflect progress in speaking, listening, reading and writing.ESL teachers will also meet with parents 1 night per year at parent teacher conferences with translators if needed. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Director of Special Services, ESL Teachers | | **Expected Date of Completion for Each Corrective Action Activity:** 12/2016 | |
| **Evidence of Completion of the Corrective Action:** All students have progress reports in their file. | | | |
| **Description of Internal Monitoring Procedures:** Each student file in Special services | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 7** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  ESL progress reports are required to be provided to parents on their student’s progress in the district’s ELE Program. The district must develop additional ways to provide opportunities and outreach to parents and families of EL students to encourage parent/guardian involvement in the life of the school, such as parent organizations, school councils, parent volunteer opportunities or parent surveys. | | | |
| **Department Order of Corrective Action:**  The district must submit evidence of outreach to families of EL students. | | | |
| **Required Elements of Progress Report(s):**  Submit evidence (documentation of outreach to families of EL students) that parents of EL students receive outreach in matters pertaining to their children’s education and ELE programs by **January 9, 2017.** | | | |
| **Progress Report Due Date(s): January 9, 2017** | | | |

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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:** *Student record review and document review indicate that the letter provided to parents upon identification of a student as an English language learner and annually thereafter, does not include the specific exit requirements or the parent’s right to apply for a waiver. In addition, the parent notification letter is not consistently translated into the language of the home when translation has been requested on the Home Language Survey.* | | | |
| **Narrative Description of Corrective Action:** District adopted state parent notification fall 2016. All families were sent this letter in their home language (copy in folder in home language and English) | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Director of Special Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/2016 | |
| **Evidence of Completion of the Corrective Action:** Copies of notification | | | |
| **Description of Internal Monitoring Procedures:** signed by Director of Special Services | | | |
| 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:**  The district’s description indicates the parent notification letter was sent to parents in the primary language of the home in the fall 2016. However, the district must have a process to ensure that when a parent requests written translation on the Home Language Survey the parent notification letter is consistently translated into the language of the home. | | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure that when a parent requests written translation on the Home Language Survey the parent notification letter provided to parents upon identification of a student as an English learner and annually thereafter, is consistently translated into the language of the home. | | | |
| **Required Elements of Progress Report(s):**  Submit the procedures developed by the district to ensure that when a parent requests written translation on the Home Language Survey the parent notification letter is consistently translatedinto the language of the home **by January 9, 2017.**  Conduct a review of EL student records to ensure the parent notification letter provided to parents upon identification of a student as an English learner and annually thereafter, includes all required content, particularly, the specific exit requirements and the parent’s rights to apply for a waiver. Indicate the number of EL student records reviewed, the number of records in compliance, and for any EL student record that is not in compliance, note the reason for the non-compliance, and detail steps the district is taking to remedy any non-compliance found, if applicable, by **March 20, 2017.**  **\*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, with their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): January 9, 2017; March 20, 2017** | | | |

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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 and staff interviews indicated that the district has not conducted periodic evaluations of the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program.* | | | |
| **Narrative Description of Corrective Action:** The Leadership team will create a plan to conduct a ELL program evaluation. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Leadership Team | | **Expected Date of Completion for Each Corrective Action Activity:** 3/2017 | |
| **Evidence of Completion of the Corrective Action:** Created Plan and evidence of the plan completed | | | |
| **Description of Internal Monitoring Procedures:** Added to Year at a glance for Special Services | | | |
| 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:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   1. Please complete the program evaluation tool that is available at <http://www.doe.mass.edu/ell/resources/ProgramEvaluation.pdf> The district must complete all of the components of the attached form in order to evaluate the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the district’s educational program. 2. Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation. 3. Please provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the program at promoting and supporting the rapid acquisition of English language proficiency by ELs as is required in G.L. c. 71A. | | | |
| **Progress Report Due Date(s): March 20, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 18 Records of LEP Students** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Student record review and interviews indicate that report cards and progress reports are not consistently translated into the language of the home when translation has been requested on the Home Language Survey.* | | | |
| **Narrative Description of Corrective Action:** The leadership team is in the process of creating procedures for translation and interpretation. Currently the second language is Spanish so we will be translating all patent documents. We are working with School Brains to have this option added as well for report cards and progress reports. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Leadership Team | | **Expected Date of Completion for Each Corrective Action Activity:** 2/1/207 | |
| **Evidence of Completion of the Corrective Action:** copies of forms, reportcards and progress notes. | | | |
| **Description of Internal Monitoring Procedures:** This will be monitored at the school level. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 18** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  Submit the procedures developed by the district to ensure that report cards and progress reports are consistently translated/interpreted into the language of the home when translation has been requested on the Home Language Survey by **January 9, 2017**.  Conduct a review of EL student records to ensure that report cards and progress reports are consistently translated into the language of the home when translation has been requested on the Home Language Survey. Indicate the number of EL student records reviewed, the number in compliance, and for any EL student record that is not in compliance, note the reason for the non-compliance, and detail steps the district is taking to remedy any non-compliance found, if applicable, by **March 20, 2017.**  **\*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, with their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): January 9, 2017; March 20, 2017** | | | |