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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: Peabody

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 04/26/2016.

**Mandatory One-Year Compliance Date:** **04/27/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 2 | Required and optional assessments | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 17 | Initiation of services at age three and Early Intervention transition procedures | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 21 | School day and school year requirements | 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 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 53 | Use of paraprofessionals | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | 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 13 | Availability of information and academic counseling on general curricular and occupational/vocational opportunities | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Implementation In Progress |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 8 | Declining Entry to a Program | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |

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

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that required observations for students assessed for eligibility at age three in their natural environment or early intervention program and classroom observations for students suspected of having a specific learning disability are not consistently completed. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct regulation training with the Preschool Director and IEP Team Chairperson assigned to the preschool on SE2. At this training, the Administrator of Special Education will review the regulation and provide clear directives regarding the requirement to observe the student in their early intervention program, daycare or home environment. The training will include a directive that a written report of the student must be developed and shared with parents at (or before) the initial eligibility determination meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education, Preschool Director and IEP Team Chairperson for Preschool Level | | **Expected Date of Completion:**  12/30/2016 |
| **Evidence of Completion of the Corrective Action:**  1. The district will provide a training sign-in sheet as evidence that district staff have been trained on SE 2and upload this documentation on or before June 30, 2016.  2. The district will upload monthly observational reports as evidence of observations being completed per the following intervals:  September 30, 2016, October 30, 2016, November 30, 2016 and December 23, 2016.  3. The Administrator of Special Education will report to the DESE the number of files reviewed and the number in compliance with SE 2. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will monitor this by meeting with the Preschool Director (Kristin Hutton Fay) and IEP Team Chairperson (Stacey Horvitz) monthly to get a status update on implementing SE 2 regulation. The Administrator of Special Education will conduct two internal review of 3- 5 student records for each internal record review. The first internal review of records will be done by October 30, 2016 and the second internal record review will be done by December 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring.  The district's proposed corrective action does not address required observations for student suspected of a learning disability, SLD Component 4. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that when a child is assessed to determine eligibility for services at age three (3), an observation of the child's interactions in his/her natural environment or early intervention program is completed. The oversight and tracking system should include periodic reviews by the Director of Special Education to ensure ongoing compliance.  Develop procedures for ensuring that IEP Teams complete all four components used to determine a specific learning disability. Please see http://www.doe.mass.edu/sped/iep/sld/default.html for guidance on implementing these requirements. Provide training to IEP Team chairpersons on these procedures. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence of training for preschool special education staff on the requirement to include observations in their natural environment or early intervention program for children assessed for eligibility at age three. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By October 14, 2016 submit evidence of training for team chairs on the requirement to conduct a classroom observation as a component of the evaluation for students suspected of having a specific learning disability. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.  By February 17, 2017 submit the results of an internal review of approximately five (5) records of three-year-olds with evaluations conducted subsequent to implementation of all corrective actions for inclusion of an observation report. Provide a narrative summary of the internal review including the number of records reviewed and the number found to be compliant. If any non-compliance is identified, determine the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  By February 17, 2017 submit the results of an internal review of approximately five (5) records of students suspected of having an SLD and with evaluations conducted subsequent to implementation of all corrective actions for inclusion of the observation component of the SLD determination. Provide a narrative summary of the internal review including the number of records reviewed and the number found to be compliant. If any non-compliance is identified, determine the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not notify students and parents of the transfer of education decision-making rights one year prior to the student turning 18. Student records also demonstrated that the district does not obtain consent from students with sole or shared decision-making rights upon reaching the age of 18 to continue the student's special education program. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct and submit documentation (signed attendance sheets, training materials, agendas, person conducting the training) that training on SE 7 has been done to ensure compliance with this regulation. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education and High School Level Special Education Administration Staff | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  1. The district will provide a training sign-in sheet as evidence that district administrative staff have been trained on SE 7 and upload this documentation on or before September 30, 2016.  2. The high school special education administrative staff (Team Chairs, Dept. Head) will provide a training to all high school special education staff and will submit sign-in sheet as evidence that staff have been trained on SE 7 and upload this documentation by September 30, 2016.  2. The district will upload monthly Transfer of Parental Rights Notification, student participation at team meeting evidence and Consent at the Age of Majority as evidence of documentation of implementation of this regulation per the following intervals:  September 30, 2016, October 30, 2016, November 30, 2016 and December 23, 2016.  3. The Administrator of Special Education will report to the DESE the number of files reviewed and the number in compliance with SE 2. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal review of records to determine the following: 1. Students & parents are being given the Transfer of Parental Rights Notification (1) year in advance of turning 18 years old. 2. Students age 14 and older are attending special education team meetings and 3. Age of Majority documentation is being completed on or close to the student's 18th birthday. The two internal record reviews will consist of 5 review of records for each review of records and will be completed and documented for submission to the DESE on the following timeline: First record review to be done by December 23, 2016 and second record review to be done by April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's plan includes compliance monitoring through April 2017 and staff training on age of majority requirements.  The district needs to clarify its proposed procedures for 1) informing students and their parents/guardians of the transfer of rights, 2) obtaining consent from 18-year-old students with sole or shared decision-making to continue their special education programs, and 3) monitoring the process to ensure ongoing compliance. | | |
| **Department Order of Corrective Action:**  Develop procedures for notifying students and their parents/guardians of the transfer of rights that will occur at the age of majority, documenting the student’s choice of decision-making authority, and obtaining the consent of the student with sole or shared decision-making rights to continue the special education program upon turning 18. Please see http://www.doe.mass.edu/sped/advisories/11\_1.html for guidance on implementing these requirements. Provide training to relevant staff and IEP Team chairpersons on these procedures.  Develop an internal oversight and tracking system for ensuring that the district is following the requirements for the transfer of parental rights at the age of majority and student participation and consent at the age of majority. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the procedures and evidence of staff training, including an agenda, training materials, and signed attendance sheets, indicating name and role of staff by October 28, 2016.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.    By February 17, 2017 submit the results of an internal review of two groups of students:  1. Review a sample of approximately five (5) records of students who turned 17 subsequent to implementation of all correct actions for documentation of notification of the transfer of rights. Provide a narrative summary of the review including the number of records reviewed and the number with documented notification. If any non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  2. Review a second sample of approximately five (5) records of students who turned 18 subsequent to implementation of all correct actions for evidence that the student with sole or shared decision-making has signed the IEP. Provide a narrative summary of the review including the number of records reviewed and the number with the student's consent. If any non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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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:**  A review of student records indicated that IEP Teams are not consistently convened with all required members, including a representative of the district who acts as chairperson and general education teachers when the student is involved in or may be involved in a general education program. Record review also demonstrated that required Team members are not consistently excused in writing by parents or provide written input to the parent and the IEP Team for the development of the IEP prior to the meeting. A review of records also determined that students aged 14 years and older are not consistently invited to IEP Team meetings when one purpose of the meeting is to discuss transition services. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct a training with all district Principals and IEP Team Chairpersons on SE 8. In turn, the IEP Team Chairpersons will conduct a training on SE 8 with all special education staff across the district. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & IEP Team Chairpersons (Trainers) | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The district's special education administrative team (Administrator of Special Education and Team Chairpersons) will conduct and submit documentation (signed attendance sheets, training materials, agendas, and person(s) conducting the training) to the DESE that training on SE 8 was conducted per the following schedule.  1. The Administrator of Special Education will conduct a training with Principals (Leadership Team) and IEP Team Chairpersons and submit documentation, as evidence of training, to DESE by September 23, 2016.  2. The Administrator of Special Education in collaboration with district IEP Team Chairpersons will conduct a training for all district special education staff on SE 8 and submit documentation evidence of training to DESE by September 30, 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of student records (10 student records per review) to monitor compliance with implementation of SE 8. The Administrator of Special Education will report to the DESE the results of the two internal review of records per the following schedule:  \* First internal review to be conducted and reported on to DESE by December 21, 2016.  \* Second internal review to be conducted and reported on to DESE by April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system to ensure that members of the Team attend Team meetings and if a required Team member is unable to attend, appropriate procedures are followed to excuse the required member. The oversight and tracking system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person  By October 14, 2016 submit the procedures and evidence of training for principals, team chairs, and other special education staff as appropriate on the requirement that all Team members attend IEP Team meetings unless the district and parent agree to excuse a required member's participation and the excused member provides written input into the development of the IEP prior to the meeting, and the requirement to invite the student who is 14 or older when one purpose of the Team meeting is to discuss transition services, or if otherwise appropriate, or if he or she chooses. Include the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By February 17, 2017 submit the results of an internal review of ten (10) records for students whose IEP Team meetings were conducted subsequent to the implementation of all corrective actions. Provide a narrative summary of the review including the number of records reviewed, the number for which all required team members attended the Team meeting, or if a required team member did not attend, the number of records with written excusals and evidence of input from the excused Team member. At least 3-4 records should be for students who are 14 or older. If any non-compliance is identified report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that within thirty school working days after receipt of the parent's written consent to an initial or re-evaluation, the district does not consistently complete all consented-to evaluations. Record review and interviews also demonstrated that within forty five school working days after receipt of the parent's written consent to an initial or re-evaluation, the district does not consistently determine whether the student is eligible for special education and provide to the parent either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct a training with IEP Team Chairpersons and with Special Education Dept. office clerks regarding SE 9. In addition, the Special Education Dept. office clerks will keep an Excel database that includes information pertaining to the date of referral, date(s) the district mailed the evaluation consent form to the parent, the date the district received parental response, the 45th due date for the eligibility determination meeting, the date the meeting was held and the date that the district either mailed the parent the proposed IEP or a notice of finding of no eligibility (N2). | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education, IEP Team Chairpersons and Special Education Dept. Office Clerks | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will submit documentation (signed attendance sheets, training materials, agendas, person conducting the training) as evidence of training to the DESE on or before September 16. 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of the Excel database to monitor compliance with SE 9 and submit documentation of these reviews to the DESE per the following schedule:  \* First internal review will be done and a report submitted to DESE by December 1, 2016  \* Second internal review will be done and a report submitted to DESE by April 14, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district’s ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that the district completes all evaluations within 30 days of receipt of the parent's consent to evaluate, and that eligibility is determined and an IEP and placement are proposed within 45 days of consent. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.  By October 14, 2016 submit the procedures and evidence of training for team chairs, and other special education staff as appropriate on the requirement that assessments are completed within 30 school days and eligibility determinations are conducted within 45 school working days of receipt of written parent consent. Include the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By February 17, 2017 submit the results of an internal review of ten (10) records for students with initial evaluations or re-evaluations conducted subsequent to implementation of all corrective actions, to ensure that students are assessed within 30 school days and eligibility determinations are conducted and provision of the proposed IEP and placement occurs within 45 school working days of receipt of written parent consent.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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| **Criterion & Topic:**  SE 17 Initiation of services at age three and Early Intervention transition procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently develop an IEP for eligible children by their third birthday. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct a training with the Preschool IEP Team Chair and Preschool Director on SE 17. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education, Preschool IEP Team Chairperson & Preschool Director | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will submit to DESE on or before September 30, 2016 documentation (signed attendance sheet, training materials, person conducting the training) that training was conducted. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews (5 student records reviewed per internal review) to monitor compliance with consistent implementation of SE 17 per the following schedule:  \* First internal review to be done and results reported to DESE by December 16, 2016.  \* Second internal review to be done and results reported to DESE by April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 17 Initiation of services at age three and Early Intervention transition procedures | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that the district develops an IEP for eligible children by their third birthday. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the district's procedures to ensure that an IEP is developed and implemented for eligible children by the date of the student's third birthday.  By October 14, 2016 submit evidence of staff training on the requirement to develop an IEP for eligible children by their third birthday. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.  By February 17, 2017 submit the results of an internal review of five (5) records for eligible children two-and-a-half to three-years-old who were referred by local agencies subsequent to implementation of all corrective actions for development of an IEP before the child's third birthday. Provide a narrative summary of the review including the number of records reviewed, and the number with evidence that an IEP was developed no later than the child's third birthday. If any non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when 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 ages for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that although the district provides the parent with a Team meeting summary and two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are issued beyond ten (10) school working days following the IEP Team meeting. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct a training with IEP Team Chairpersons and with Special Education Dept. office clerks regarding SE 18B. In addition, the Special Education Dept. office clerks will keep an Excel database that includes information pertaining to the date of Team meetings and date(s) the district mailed the proposed IEP/Amendment to parents. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & IEP Team Chairpersons | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will submit documentation (signed attendance sheets, training materials, agendas, person conducting the training) as evidence of training to the DESE on or before September 30. 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of the Excel database to monitor compliance with SE 18B and submit documentation of these reviews to the DESE per the following schedule:  \* First internal review will be done and a report submitted to DESE by December 1, 2016  \* Second internal review will be done and a report submitted to DESE by April 14, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that the district provides 2 copies of the proposed IEP and placement to the parent within 10 school days of the Team meeting. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  Review the Department's guidance on immediate provision of the IEP at http://www.doe.mass.edu/news/news.aspx?id=3182.  By October 14, 2016 submit the procedures and evidence of training for team chairs and other special education staff as appropriate on the requirement to provide a proposed IEP and proposed placement along with the required notice within 10 school days of the IEP Team meeting. Include in the submission the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.  By February 17, 2017 submit the results of an internal review of 10 records for students whose IEP Team meetings were conducted subsequent to the implementation of all corrective actions. Provide a narrative summary of the review including the number of records reviewed, and the number with evidence that the proposed IEP and placement were provided within 10 school days of the Team meeting. If any non-compliance is identified report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that IEP Teams do not always state why the removal from the general education classroom is considered critical to the student's program and provide the basis for its 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:**  The Administrator of Special Education will conduct a training with all IEP Team Chairpersons on SE 20. In turn, the IEP Team Chairpersons will conduct a training on SE 20 with all special education staff across the district. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & IEP Team Chairpersons | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The district's special education administrative team (Administrator of Special Education and Team Chairpersons) will conduct and submit documentation (signed attendance sheets, training materials, agendas, and person(s) conducting the training) to the DESE that training on SE 20 was conducted per the following schedule.  1. The Administrator of Special Education will conduct a training IEP Team Chairpersons and submit documentation, as evidence of training, to DESE by September 23, 2016.  2. The Administrator of Special Education in collaboration with district IEP Team Chairpersons will conduct a training for all district special education staff on SE 20 and submit documentation evidence of training to DESE by September 30, 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of student records (10 student records per review with (4) at the PreK-5 level, (3) at the middle school level and (4) at the high school level) to monitor compliance with implementation of SE 20. The Administrator of Special Education will report to the DESE the results of the two internal review of records per the following schedule:  \* First internal review to be conducted and reported on to DESE by December 21, 2016.  \* Second internal review to be conducted and reported on to DESE by April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that Non-participation Justification statements state why the removal from the general education classroom is considered critical to the student's program and provide the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence of training for team chairs and other special education staff on the development of non-participation justification statements that state why the removal from the general education classroom is considered critical to the student's program and provide the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. Include the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.  By February 17, 2017 submit the results of an internal review of 10 records of students with IEP development conducted subsequent to implementation of all corrective actions. Provide a narrative summary of the review including the number of records reviewed, and the number where IEP Teams appropriately justified why the student was removed from the general education classroom. If any non-compliance is identified report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  SE 21 School day and school year requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that extended school year services are not specified on the IEP service delivery grid when recommended by the IEP Team. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct a training with all IEP Team Chairpersons on SE 21. In turn, the IEP Team Chairpersons will conduct a training on SE 21 with all special education staff across the district. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & IEP Team Chairpersons | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The district's special education administrative team (Administrator of Special Education and Team Chairpersons) will conduct and submit documentation (signed attendance sheets, training materials, agendas, and person(s) conducting the training) to the DESE that training on SE 21 was conducted per the following schedule.  1. The Administrator of Special Education will conduct a training IEP Team Chairpersons and submit documentation, as evidence of training, to DESE on or before September 23, 2016.  2. The Administrator of Special Education in collaboration with district IEP Team Chairpersons will conduct a training for all district special education staff on SE 21 and submit documentation evidence of training to DESE on or before September 30, 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of student records (10 student records per review with (5) at the PreK-5 level, (3) at the middle school level and (2) at the high school level) to monitor compliance with implementation of SE 21. The Administrator of Special Education will report to the DESE the results of the two internal review of records per the following schedule:  \* First internal review to be conducted and reported on to DESE by February 30, 2017.  \* Second internal review to be conducted and reported on to DESE by April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 21 School day and school year requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that when an IEP Team recommends an extended school year (ESY) the additional services are reflected in the IEP service delivery grid. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence of training for team chairs and other special education staff as appropriate on specifying ESY services on the IEP service delivery grid for a student whose IEP team recommended an extended school year. Include the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person.  By February 17, 2017 submit the results of an internal review of approximately 5 records of students whose IEP Teams recommended an extended school year and with IEP development conducted subsequent to implementation of all corrective actions. Provide a narrative summary of the review including the number of records reviewed, and the number where any ESY services recommended by the IEP Team were reflected on the IEP service delivery grid. If any non-compliance is identified report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently send written notice to the student's parent(s) within five (5) school days of receiving a referral for an evaluation to determine eligibility for special education. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct a training with IEP Team Chairpersons and with Special Education Dept. office clerks regarding SE 24. In addition, the Special Education Dept. office clerks will keep an Excel database that includes information pertaining to the date of referral, date(s) the district mailed the evaluation consent form to the parent, the date the district received parental response. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education, IEP Team Chairpersons & Special Education Dept office clerks | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will submit documentation (signed attendance sheets, training materials, agendas, person conducting the training) as evidence of training to the DESE on or before September 23. 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of the Excel database to monitor compliance with SE 24 and submit documentation of these reviews to the DESE per the following schedule:  \* First internal review will be done and a report submitted to DESE by December 1, 2016  \* Second internal review will be done and a report submitted to DESE by April 14, 2017. | | |
| 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:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop procedures and an internal oversight and tracking system for ensuring that the district sends written notice to the student's parent(s) within five (5) school days of receiving an evaluation referral to determine eligibility for special education. The tracking system should include oversight and periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the district's procedures for ensuring that written notice is sent to parents within five (5) school days of receiving a referral for an evaluation to determine eligibility for special education. Please ensure that the procedures include sending consent to parents within five (5) days of a referral from an instructional support team.  By October 14, 2016 submit evidence of training for school administrators, team chairs and other special education staff as appropriate on the requirement to send written notice to the student's parent(s) within five (5) school days of receiving a referral for an evaluation. Include the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name and role of the designated person  By February 17, 2017 submit the results of an internal review of approximately ten (10) records of students who were referred for an evaluation subsequent to the implementation of all corrective actions for evidence that a written notice was sent to the parent(s) within 5 days of referral. Provide a narrative summary of the review including the number of records reviewed, and the number with the required notice. If any non-compliance is identified, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that documentation of monitoring plans and all actual monitoring is not consistently maintained in the records of every student who has been placed out-of-district. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct regulation training with the IEP Team Chairperson for Out of District Placements (OOD Coordinator) assigned to implement SE 37. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & OOD Coordinator | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will provide the DESE evidence of a conducted training (signed attendance sheet, agenda, training materials and person conducting the training) that the IEP Team Chairperson for Out of District Placements has been trained on SE 37 on or before September 30, 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will monitor this by meeting with IEP Team Chair for Out of District Placements (Amanda Dionne) monthly to get a status update on implementing SE 37 regulation. The Administrator of Special Education will conduct two internal reviews of 3- 5 OOD student records for each internal record review per the following schedule:  \* First internal review of records will be done and report submitted to DESE by December 21, 2016  \* Second internal record review will be done and report submitted to DESE by April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system for ensuring that monitoring plans and all actual monitoring, including site visits, are documented in the record of every student who has been placed out-of-district. The tracking system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence of training, including the agenda, signed attendance, name and role of presenter and training materials, for the Team Chairperson for Out of District Placements on the requirement to maintain monitoring plans and evidence of actual monitoring in the student record.  By October 14, 2016 submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By February 17, 2017 submit the results of an internal review of five (5) records of out-of-district students for inclusion of monitoring plans and evidence of actual monitoring for the 2016-2017 school year. If any non-compliance is identified report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the following high school special education instructional groups include students whose ages differ by more than 48 months: 1) six periods of learning resource support; 2) one period of transitional skills; 3) one period of Geometry; 4) one period of English 10; and 5) one period of Algebra I. The district has not submitted a written request for approval of a wider age range to the Department of Elementary and Secondary Education for any of these groupings. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct regulation training with the PVMHS Special Education Dept. Head and the IEP Team Chairperson and Principal for PVMHS regarding SE 41. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education, PVMHS SPED Dept. Head, IEP Team Chairperson & Principal | | **Expected Date of Completion:**  02/20/2017 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will complete the follow action steps as evidence of completion and will report to the DESE per the follow schedule:  1. The Administrator of Special Education will provide a training sign-in sheet as evidence that district high school staff have been trained on SE 41 and upload this training documentation by September 30, 2016.  2. The Administrator of Special Education will upload class enrollment documentation pertaining to age span for each special education class at PVMHS per the following intervals: For first semester classes - on or before September 16, 2016 and for second semester- on and before February 17, 2017. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will monitor this by meeting with IEP Team Chair for PVMHS and the Special Education Dept. Head for PVMHS monthly to get a status update on implementing SE 41 regulation. The Administrator of Special Education will submit a report to the DESE per the following schedule: For first semester classes - by September 20, 2016 and for second semester- on or before February 20, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Since the high school had multiple instructional groups with age span violations and did not request any waivers from the requirements, staff procedures for when and how to apply for a waiver should be included in the plan.  The proposed internal monitoring through April 2017 does not include a plan for the district's ongoing compliance monitoring. | | |
| **Department Order of Corrective Action:**  Review the Request for Waiver from Special Education Regulations Instructional Grouping Requirements - Age Span at http://www.doe.mass.edu/forms/waivers/form\_b.pdf. Develop procedures for applying for a waiver from age span requirements.  Develop an internal oversight and tracking system to ensure that when students whose ages differ by more than 48 months are in the same instructional grouping, the district submits a written request for approval of a wider age range to the Department of Elementary and Secondary Education for the grouping or reconfigures the instructional group. The oversight and tracking system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit procedures for applying for a waiver from age span requirements.  By October 14, 2016 submit evidence of training for high school administrators, guidance counselors, and special education staff on age span requirements and the procedures for applying for a waiver. Include the agenda, signed attendance sheets, the name and role of presenter, and training materials.  By October 14, 2016 submit a description of the internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By October 14, 2016 submit the enrollment data for all full year and first semester high school special education classes and instructional groups including course names, a list of students in each group, and the date of birth for each student. Note any age span violations and submit copies of any age span waivers requested.  By February 17, 2017 submit the enrollment data for all full year and second semester high school special education classes and instructional groups including course names, a list of students in each group, and the date of birth for each student. Note any age span violations and submit copies of any age span waivers requested. | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  SE 53 Use of paraprofessionals | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that at the high school level, paraprofessionals are not supervised by licensed special education teachers who are proximate and readily available to provide such supervision. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct training with all district Principals and IEP Team Chairpersons on SE 53. In turn, the IEP Team Chairpersons will conduct training on SE 53 with all special education staff across the district. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education, IEP Team Chair, SPED Dept. Head (PVMHS), Principals | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The district's special education administrative team (Administrator of Special Education and Team Chairpersons) will conduct and submit documentation (signed attendance sheets, training materials, agendas, and person(s) conducting the training) to the DESE that training on SE54 was conducted per the following schedule.  1. The Administrator of Special Education will conduct a training with Principals (Leadership Team) and IEP Team Chairpersons and submit documentation, as evidence of training, to DESE on or before September 23, 2016.  2. The Administrator of Special Education in collaboration with district IEP Team Chairpersons will conduct a training for all district special education staff on SE 54 and submit documentation evidence of training to DESE on or before September 30, 2016.  3. The Administrator of Special Education in collaboration with Principals and IEP Team Chairs will submit a document to DESE on or before 4/26/27 indicating all district paraprofessionals and their assigned supervising special education teacher. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct two internal reviews of paraprofessional assignments to monitor compliance with implementation of SE 54. The Administrator of Special Education will be seeking evidence from the supervising teacher of documentation that demonstrates supervision is being done. The Administrator of Special Education will report to the DESE the results of the two internal reviews per the following schedule:  \* First internal review to be conducted and reported on to DESE on or before December 21, 2016.  \* Second internal review to be conducted and reported on to DESE on or before April 21, 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 53 Use of paraprofessionals | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a narrative description of the district's procedures ensuring that paraprofessionals are always supervised by a licensed and certified professional who is proximate and readily available to provide such supervision, and a description of the ongoing process for monitoring paraprofessional supervision.  By October 14, 2016 submit evidence of staff training for principals and team chairs on these procedures including the agenda, signed attendance sheets, name and role of presenter, and training materials.  By December 9, 2016 submit a sample of supervision schedules for paraprofessionals to demonstrate the proximity of licensed and/or certified professionals available to provide supervision. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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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:**  A review of documents and interviews indicated that special transportation providers and their aides do not receive in-service training or written information for students with disabilities requiring special transportation prior to their transport. | | |
| **Description of Corrective Action:**  The Administrator of Special Education or designee, will conduct an in-service training and provide transportation providers (drivers & aides) with information about students with disabilities. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & Transportation Director | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will submit documentation (signed attendance sheets, training materials, agendas, person conducting the training) to the DESE that training was conducted on or before 9/1/16. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct monthly meetings (or phone calls) with the Director of Transportation to determine if there are any issues or questions pertaining to transporting students with disabilities. A summary report of the monthly meetings will be submitted to the DESE on or before 4/26/17. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence of training for drivers of general and special education vehicles and any attendants or aides for either type of vehicle identified by an IEP Team on a special education student's needs and appropriate methods of meeting those needs; and provide written information on the nature of any needs or problems that may cause difficulties, along with information on appropriate emergency measures.  Include agendas, signed attendance sheets, the name and role of presenter, and training materials. | | |
| **Progress Report Due Date(s):**  10/14/2016 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of facilities demonstrated that at the McCarthy Elementary School, occupational therapy, physical therapy, and reading services are provided simultaneously in the same instructional space, creating auditory distractions and confidentiality concerns. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will meet with the Principal of the McCarthy School to review SE 55 and develop a strategic plan for the provision of OT, PT and Reading services at the McCarthy Elementary School. The plan will ensure that services are to be provided with the school facility in an environment that is free of auditory distractions and maintains confidentiality. | | |
| **Title/Role(s) of Responsible Persons:**  The Administrator of Special Education & Principal of the McCarthy School | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The Administrator of Special Education will submit documentation to DESE, on or before 9/1/16, that a meeting between the Administrator of Special Education & McCarthy School Principal has been conducted and a copy of the plan for the delivery of OT, PT and reading services. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education will conduct (3) site visits to the McCarthy School to determine compliance with the plan per the following schedule:  \* First site visit to occur on or before 9/30/16  \* Second site visit to occur on or before 12/21/16  \* Final site visit to occur on or before 4/17/17  The Administrator will submit a summary report to the DESE of the site visits. The report will outline where within the McCarthy School are OT, PT and Reading services being provided and if auditory distractions and confidentiality were maintained. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a plan for ongoing monitoring of special education instructional facilities to ensure that services are scheduled to prevent distractions which impede instruction or causes breaches of confidentiality.  By October 14, 2016 submit instructional schedules for all occupational therapy, physical therapy, and reading services at the McCarthy Elementary School. For each time slot identify the student(s), the therapist or teacher, and the room location of the service indicating that all services are conducted free of distractions and without breaching student confidentiality.  A representative of the Department will conduct an onsite verification visit before December 9, 2016. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that important information and documents such as handbooks and the code of conduct are not translated into the major languages spoken by parents or guardians with limited English proficiency. | | |
| **Description of Corrective Action:**  Many of the Peabody Public Schools important documents have been translated, however student handbooks and codes of conduct have not yet been translated. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent of Schools | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The district has come a long way in the criterion. With the help of the DESE, we are updating the handbook with all the new mandates and try to translate the document. | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will monitor and update the DESE with progress being made by October 7, 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 9, 2016 submit the updated codes of conduct and student handbooks translated into the district's major languages of Spanish and Portuguese either by uploading the handbooks or providing a link to the handbooks on the district website. | | |
| **Progress Report Due Date(s):**  12/09/2016 | | |

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

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that physical education is not required for all grades at the high school level. | | |
| **Description of Corrective Action:**  A review of documents and interviews indicated that physical education is not required for all grades at the high school level. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent  Director of Health, PE & Athletics  High School Principal | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  A task force at Peabody Veterans Memorial High School will create a senior physical education and health activity fair for Spring 2017 | | |
| **Description of Internal Monitoring Procedures:**  The Director of Health, PE and Athletics progress monitor and submit an agenda of the event as well as senior student participation sign in sheets. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed plan does not clearly indicate how PE/Health will be offered each year of high school beginning in 2016-2017. The district's self-assessment document did not state that sophomores or juniors have required PE, only 9th graders. | | |
| **Department Order of Corrective Action:**  Provide clarification of the district's proposed plan, including how this plan addresses required PE or health for all four years of high school, not just seniors. Please note that the district may provide PE or health in a variety of ways, which can include documenting student participation in district sports. The Department does not require additional credits or full-semester courses; however, the district must be able to document each HS student's participation in some form of PE or health each year. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a description of the Spring 2017 physical education and health activity fair or other required physical education program for senior students to be implemented in 2016-2017.  By October 14, 2016 submit a clarification of how the district will ensure that all students, grades 9-12, will receive required PE or health each year.  By October 14, 2016, submit a signed Structured Learning Time Worksheet for Peabody Veterans Memorial High School as a statement of assurance that all HS students have PE all four years beginning in 2016-2017. This document is available in the WBMS Document Library. | | |
| **Progress Report Due Date(s):**  10/14/2016 | | |

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

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the district's policies ensure equitable access to extracurricular activities on the basis of race, sex, color, religion, national origin, sexual orientation, and disability, they do not address gender identity or homelessness as protected categories. | | |
| **Description of Corrective Action:**  The DESE found that the Peabody Public Schools does not address gender identity or homelessness as protected categories in equitable access to extracurricular activities | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  Peabody Public Schools will update all documents that pertain to extracurricular activities and address gender identity and homelessness as a protected category. (All documents will be submitted/uploaded to the DESE by our first progress report on October 2016 | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will progress monitor and throughout the school year to make sure all documents are updated and make sure all district policies are reviewed with all stakeholders | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the Health/Physical Education & Athletics handbook updated to include homelessness and gender identity as protected categories in the Non-Discrimination and Equal Opportunities statements ensuring equal access to a full range of education programs including extracurricular activities, the Elementary Student & Parent/Legal Guardian Handbook updated to include homelessness and the Higgins Middle School Student & Parent/Legal Guardian Handbook updated to include homelessness and gender identity in the Equal Educational Opportunities statements.  By December 9, 2016 submit evidence of the dissemination of the revised Non-discrimination and Equal Educational Opportunities statements to district families and staff. Examples of such evidence include a memo or email indicating how the Handbooks are disseminated, a letter to families, or a link to a notice on the district's website. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that although the district requires prospective employers recruiting at the high school to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices, this statement does not address religion or gender identity as protected categories. | | |
| **Description of Corrective Action:**  A review of documents demonstrated that although the district requires prospective employers recruiting at the high school to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices, this statement does not address religion or gender identity as protected categories. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  This document will be updated with religion and gender identity as protected categories. | | |
| **Description of Internal Monitoring Procedures:**  This updated document will be submitted/uploaded by the Peabody Public Schools to the DESE by our first progress report in October 2016 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the prospective employer non-discrimination statement revised to include religion and gender identity as protected categories.  By December 9, 2016 submit examples of the revised statement signed by a prospective employer. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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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:**  A review of documents indicated that the district's code of conduct omits the disciplinary procedures for students on 504 plans and for students not yet determined to be eligible for special education. Document review also demonstrated that handbooks do not inform students and parents that students with disabilities may be removed and placed in interim alternative educational settings (IAES) upon the infliction of serious bodily injury in schools or school functions or that students may be placed in an IAES upon the authority of a hearing officer if the district provides evidence that the student is substantially likely to injure him/herself or others. Handbooks also contain several references to outdated Chapter 766 regulations.  In addition, a review of the district's handbooks indicated that procedures for accepting, investigating and resolving complaints alleging discrimination do not address the protected categories of gender identity, religion, and sexual orientation. Document review also demonstrated that these procedures do not include accepting, investigating and resolving complaints alleging harassment. | | |
| **Description of Corrective Action:**  Reviewed at length areas of the handbook that need to be updated and refined to be in compliance | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  Progress of an undated handbook and codes of conduct will be submitted by September 2016 | | |
| **Description of Internal Monitoring Procedures:**  Throughout the summer, a team will be working on updating and refining the handbook with mandates and codes of conduct. The Assistant Superintendent will report to the DESE the progress made by September 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review guidance on Discipline of Special Education Students under IDEA 2004 found at http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CQaCorner%2C7%2C and  http://www.doe.mass.edu/sped/IDEA2004/spr\_meetings/disc\_chart.pdf.  By October 14, 2016 submit handbooks and codes of conduct with revised procedures for the discipline of students on 504 plans and students not yet determined to be eligible for special education, the policy addressing placement of students in interim alternative educational settings (IAES) upon the infliction of serious bodily injury in schools or school functions and upon the authority of a hearing officer if the district provides evidence that the student is substantially likely to injure him/herself or others, and with outdated Chapter 766 references removed.  By October 14, 2016 submit procedures for accepting, investigating and resolving complaints alleging discrimination and harassment which address the protected categories of gender identity, religion, and sexual orientation.  By December 9, 2016 submit evidence, including the agenda, training materials, signed attendance sheets, and the name and role of presenter, indicating that all administrative staff have received training on the district's revised discipline policies for students with disabilities.  By December 9, 2016 submit evidence, including the agenda, training materials, signed attendance sheets, and the name and role of presenter, indicating that all administrative staff have received training on the district's policy for accepting, investigating and resolving complaints alleging discrimination or harassment.  By December 9, 2016 submit evidence that the revised code of conduct has been disseminated to students, parents and staff. Examples of such evidence include a memo or email indicating how the code of conduct is disseminated, a letter to families, or a link to a notice on the district's website.  By December 9, 2016 submit evidence that the revised procedures for resolving complaints alleging discrimination and harassment have been disseminated to students, parents and staff. Examples of such evidence include a memo or email indicating how the procedures are disseminated, a letter to families, or a link to a notice on the district's website. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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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:**  A review of documents demonstrated that student handbooks do not contain amendments that extend protections to students who are bullied by a member of the school staff. As a result, the district has not given parents and guardians annual written notice of the student-related sections of the Plan. | | |
| **Description of Corrective Action:**  This criteria is partially implemented and it will be fully implemented in the 2016-2017 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  Bullying Intervention and Prevention will be fully updated and documented to students, parents/guardians and staff. | | |
| **Description of Internal Monitoring Procedures:**  The district will provide the updated documents to the DESE by the progress report in October 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a Bullying Intervention and Prevention Plan revised to include procedures extending protections to students who are bullied by members of the staff.  By December 9, 2016 submit evidence that the revised Bullying Intervention and Prevention Plan has been disseminated to students, parents and staff. Examples of such evidence include a memo or email indicating how the procedures are disseminated, a letter to families, or a link to a notice on the district's website. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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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:**  A review of documents demonstrated that the district's student discipline data collection process does not address the principal's requirement to assess the extent of suspensions and the impact of such disciplinary action on selected student populations to determine whether to modify the district's disciplinary practices due to an over-reliance on suspensions, expulsions or removals on selected student populations compared with other students. Additionally, document review and interviews demonstrated that the district has not yet completed the procedures for education services and academic progress (School-wide Education Service Plan). | | |
| **Description of Corrective Action:**  A review of documents demonstrated that the district's student discipline data collection process does not address the principal's requirement to assess the extent of suspensions and the impact of such disciplinary action on selected student populations to determine whether to modify the district's disciplinary practices due to an over-reliance on suspensions, expulsions or removals on selected student populations compared with other students. Additionally, document review and interviews demonstrated that the district has not yet completed the procedures for education services and academic progress (School-wide Education Service Plan). | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent  Building Principals  High School Leadership Team | | **Expected Date of Completion:**  04/27/2017 |
| **Evidence of Completion of the Corrective Action:**  Peabody Public Schools will conduct a training on the student discipline law facilitated by our attorneys on or before September 2016. (Attendance sheets and agenda will be submitted to the DESE) | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent and Building Principals will progress monitor this process and update the DESE with student data by the Spring of 2017 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review the Department's Advisory on Student Discipline under Chapter 222 of the Acts of 2012 found at  http://www.doe.mass.edu/lawsregs/advisory/discipline/StudentDiscipline.html, in particular Sections VII and VIII.  By October 14, 2016, submit a description of the district's system enabling principals to disaggregate discipline data to assess the extent of suspensions and the impact of such disciplinary action on selected student populations.  By October 14, 2016 submit the School-wide Education Service Plan to allow students to receive educational services and continue to make educational progress while suspended.  By December 9, 2016 submit evidence, including the agenda, training materials, signed attendance sheets, and the name and role of presenter, indicating that all principals have received training on the requirement to establish a School-wide Education Service Plan allowing students to receive educational services and continue to make educational progress while suspended. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's published materials to students and families do not consistently address the protected category of gender identity. | | |
| **Description of Corrective Action:**  The district's published materials to students and families do not consistently address the protected category of gender identity. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  All Peabody Public School documents that are published will consistently address ALL protected categories. | | |
| **Description of Internal Monitoring Procedures:**  Samples of documents from the Peabody Public Schools will be submitted to the DESE by the first progress report in October 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence that the nondiscrimination policy in district materials used to publicize the district and schools addresses the protected category of gender identity. The district may provide a web link to an online posting of the document(s). | | |
| **Progress Report Due Date(s):**  10/14/2016 | | |

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

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| **Criterion & Topic:**  CR 13 Availability of information and academic counseling on general curricular and occupational/vocational opportunities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that information and academic counseling on general curricular and occupational/vocational opportunities are not consistently available to limited English proficient students. | | |
| **Description of Corrective Action:**  DESE indicated in their review that information and academic counseling on general curricular and occupational/vocational opportunities are not consistently available to limited English proficient students. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  Working with the guidance department and the vocational director, evidence will be provided of consistent practice to ALL students(As evidenced by attendance sheets and meeting notes). | | |
| **Description of Internal Monitoring Procedures:**  Progress monitoring will take place on a regular basis and monthly meetings will occur with guidance, the vocational director and the Building Principal to assure consistency and continuity of practice. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 13 Availability of information and academic counseling on general curricular and occupational/vocational opportunities | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Translation of informational materials into the district's major languages was not addressed. | | |
| **Department Order of Corrective Action:**  Translate the high school Program of Studies and information on occupational/vocational opportunities and extracurricular activities into the district's major languages. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit evidence of training, including agendas, signed attendance sheets, the name and role of presenter, and training materials, for guidance counselors on the need to offer counseling services to English language learners in the student's primary language and to provide information on the full range of general curricular and occupational/vocational opportunities into the district's major languages.  By December 9, 2016 submit evidence that the district consistently translates information on the full range of general curricular, occupational/vocational, and extracurricular opportunities into the district's major languages. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated the following issues with the district's written notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion: 1) the notice is not sent to the student; 2) the notice is not sent within five (5) days from the student's tenth consecutive unexcused absence; 3) the notice does not offer at least two dates and times for an exit interview between the superintendent (or designee) and the student and the parent/guardian; and 4) the notice does not include the option to extend the exit meeting date at the request of the parent/guardian for no longer than 14 days. Additionally, document review indicated that the district does not have a procedure to send an annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school informing them of the availability of publicly funded post-high school academic support programs and encouragement to participate in available programs. | | |
| **Description of Corrective Action:**  A review of documents demonstrated the following issues with the district's written notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion: 1) the notice is not sent to the student; 2) the notice is not sent within five (5) days from the student's tenth consecutive unexcused absence; 3) the notice does not offer at least two dates and times for an exit interview between the superintendent (or designee) and the student and the parent/guardian; and 4) the notice does not include the option to extend the exit meeting date at the request of the parent/guardian for no longer than 14 days. Additionally, document review indicated that the district does not have a procedure to send an annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school informing them of the availability of publicly funded post-high school academic support programs and encouragement to participate in available programs. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent  High School Principal | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Principal will create a procedure with his leadership team addressing the areas in the CPR finding, This team will submit/email the procedure to the DESE and this will be in place for the 2016-2017 school year | | |
| **Description of Internal Monitoring Procedures:**  Principal will progress monitor closely with the Attendance Office and Dean of students to make sure communication and compliance is ongoing | | |
| 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:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review the Department's High School Exit Intervention Model Protocol found at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf.  By October 14, 2016 submit a revised notice and procedures for providing notice to students and parents/guardians 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion, and submit procedures for sending written annual notice for two years to former students who have not yet earned their competency determination and who have not transferred to another school.  By December 9, 2016 submit evidence of training on the procedures for the high school principal, dean of students, and other relevant staff members, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By February 17, 2017 submit the results of an internal review of all students 16 or older  who had 10 consecutive absences subsequent to issuance of the Corrective Action Plan for  evidence the students were sent a notice within 5 days of the 10th absence inviting them to a meeting to discuss their enrollment at APR and other public options for continuing their education.  By February 17, 2017 submit the results of an internal review of all students 16 or older who left the district within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left the district and whether they have transferred to another school. If the student has not transferred to another school, include the date the district sent the student a notice with information on the availability of publicly funded post-high school academic support programs and encouraging them to participate in available programs. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016  02/17/2017 | | |

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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:**  Implementation In Progress |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district meets all current requirements for the use of physical restraint. Document review and interviews demonstrated that the district has begun the revision of its written restraint prevention and behavior support policies, as well as planning the general training for all staff on the revised policies and interventions and the in-depth training for those who will administer restraints to meet the new physical restraint requirements. | | |
| **Description of Corrective Action:**  The Assistant Superintendent, or designee, will review and/or finalize written restraint prevention and behavior support policies for distribution to district staff (and specifically the district Leadership Team) in August 2016. In August/September, the Assistant Superintendent will arrange for professional development on restraint prevention and behavior support policies for district staff. The Assistant Superintendent, or designee, will also post the district's restraint prevention and behavior support policies on the district's website on or before 9/1/16. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  The Assistant Superintendent will provide the DESE of evidence of district training on the district's restraint prevention and behavior support policies (signed attendance sheet and training materials) on or before 9/30/16. The Assistant Superintendent will also provide evidence that the restraint prevention and behavior support policies have been posted on the district's website on or before 9/30/16. | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will internally monitor the implementation of CR 17A twice a year (fall & spring) by directing district Principals to submit restraint reports. The Assistant Superintendent will review them and discuss with district Leadership Team members the progress of implementation of the restraint prevention and behavior support policies. | | |
| 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:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the revised restraint policy and procedures consistent with amendments in 603 CMR 46.00 that took effect on January 1, 2016.  By December 9, 2016 submit evidence, including the agenda, training materials, signed attendance sheets, and name and role of presenter, that all staff have been trained on the updated restraint policy.  By December 9, 2016, submit evidence that the district's revised restraint procedures have been disseminated to families. The district may provide a web link in lieu of uploading a document. | | |
| **Progress Report Due Date(s):**  10/14/2016  12/09/2016 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews demonstrated that at the high school level, the district accommodation plan identifies only special education and English learner education services as remedial reading supports. At the middle school level, in-school suspensions and teacher detentions are listed in the accommodation plan as behavioral supports. Staff and administrative interviews indicated that at the middle school and high school, provision of services such as positive behavioral interventions and supports, behavior improvement plans, and functional behavior assessments to address the needs of students whose behavior may interfere with learning are employed only after students have incurred several suspensions. | | |
| **Description of Corrective Action:**  The Assistant Superintendent will develop a task force to review and update the DCAP for the secondary level (middle and high school). The updated DCAP will be distributed to all secondary level district staff via professional development on or before 4/26/2017. The Assistant Superintendent will also conduct training for district Leadership Team members on positive behavioral interventions and supports and how to use PBIS with students as interventions prior to possible suspension. | | |
| **Title/Role(s) of Responsible Persons:**  The Assistant Superintendent and Principals/Assistant Principals at HMS & PVMHS | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  As evidence, the Assistant Superintendent will provide the DESE on or before 4/26/2017 with a copy of the revised and updated DCAP for the secondary level (HMS & PVMHS). On or before 4/1/2017, the Assistant Superintendent will also provide evidence of district Leadership Team training on PBIS (signed attendance, training materials) to DESE. | | |
| **Description of Internal Monitoring Procedures:**  Twice annually (Fall & Spring), the Assistant Superintendent will solicit from district Leadership Team (Principals) a summary report of student discipline. Principals will be directed to include in the report how PBIS was implemented prior to suspension. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 9, 2016 submit a revised district accommodation plan and revised procedures for instructional support at the middle and high school levels, including Tier 1 Interventions to address academic and behavioral issues in general education and specialist classrooms at all levels.  By December 9, 2016 submit evidence of the district's training for middle and high school principals, assistant principals and other relevant staff to ensure that reading supports are available for students other than those on an IEP or who are English language learners, and that positive behavioral intervention supports are available to address behaviors that may interfere with learning, aimed toward preventing suspensions. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By February 17, 2017 submit a report of approximately 10 middle and high school students who were suspended subsequent to implementation of all corrective actions. Provide a narrative summary of the review including the number of records reviewed, the infraction(s) and date(s) of suspension, and the number with evidence of behavioral interventions provided previous to the suspension. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing noncompliance as well as a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  12/09/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's current job postings omit color as a protected category. | | |
| **Description of Corrective Action:**  The DESE indicated that the district's current job postings omit color as a protected category. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  Peabody Public Schools will update all job postings and add color as a protected category. | | |
| **Description of Internal Monitoring Procedures:**  Samples of documents from the Peabody Public Schools will be submitted/uploaded to the DESE by our first progress report in October 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit samples of job postings that include color as a protected category. | | |
| **Progress Report Due Date(s):**  10/14/2016 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district does not have a process to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  The DESE indicated that the district does not have a process to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  As we continue to review and adopt curriculum resources the Peabody Public Schools will be extra vigilant in this process. Peabody Public Schools use a Material Evaluation Rubric and will complete some training on what indicators to look for throughout the 2016 - 2017 school year. | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent and her curriculum teams will progress monitor this process and submit the material evaluation rubric by April 2017. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 9, 2016 submit the protocol and rubric for individual teachers to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. Submit examples of possible activities such as discussions and /or supplementary materials used to provide balance and context for any stereotypes depicted in educational materials.  By February 17, 2017 submit evidence of staff training on the curriculum review process and rubric, including the agenda, signed attendance sheet, name and role of presenter, and training materials. | | |
| **Progress Report Due Date(s):**  12/09/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The DESE indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent | | **Expected Date of Completion:**  04/26/2017 |
| **Evidence of Completion of the Corrective Action:**  A task force will be create an institutional self-evaluation all district programming and submit it to the DESE by the Spring of 2017. | | |
| **Description of Internal Monitoring Procedures:**  The Superintendent and Assistant Superintendent along with the Leadership Team will review and monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016, submit the plan to review the district's policies and practices 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. The plan will include participants in the process, timelines for data gathering, examples of tools to gather data, and a narrative description of how the district will ensure the evaluation's annual use.  By February 17, 2017 submit evidence of the institutional self-evaluation's implementation, including data gathering, analysis, and plans for dissemination. | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not consistently reclassify ELLs whose annual English language proficiency assessment results demonstrate that they have acquired English proficiency. | | |
| **Description of Corrective Action:**  Peabody Public Schools will consistently reclassify ELLs whose annual English language proficiency assessment results demonstrate acquisition and proficiency. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent/ELL Coordinator | | **Expected Date of Completion:**  04/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Number of students (FLEPPED) during the 2015-2016 school year will be provided, as well as, evidence of students transition from English Language Support Services/Reclassification as Formerly Limited English Proficiency completed forms | | |
| **Description of Internal Monitoring Procedures:**  Students that have been FLEPPED will be monitored three times per year and brought to the LAT Team if concerns arise. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The criteria for exiting students and reclassifying them as FLEP needs clarification. The district's Transition from English Language Support Services Reclassification form identifies ACCESS and MCAS/PARCC as data sources for determining reclassification but does not specify the required proficiency levels for each, or the grades or other criteria, which are included as the basis for the decision. | | |
| **Department Order of Corrective Action:**  After reviewing Department Guidance on Reclassification, found at http://www.doe.mass.edu/ell/guidance/guidance.pdf, determine the specific criteria and revise the procedures for reclassifying ELLs as FLEP.  Develop a monitoring system to ensure that ELLs are not reclassified as FLEP until they meet the criteria for demonstrating proficiency in English. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit a description of the district’s reclassification procedures and other supporting documents such as annual review forms  By February 17, 2017 submit a roster of the reclassified students with their most recent ACCESS scores and other relevant data the district considered for reclassification. The FLEP roster is available in the WBMS Document Library. | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  ELE 8 Declining Entry to a Program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records, documents, and interviews indicated that the district does not monitor ELLs who have opted out of the district's ELE program. Record review and interviews also indicated that the district does not keep parents of opted-out ELLs apprised of student progress. | | |
| **Description of Corrective Action:**  Peabody Public Schools will progress monitor students that have opted-out of the ELE program. | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent/ELL Coordinator | | **Expected Date of Completion:**  04/26/2016 |
| **Evidence of Completion of the Corrective Action:**  Students that have opted out of the ELE program will be progress monitored formally three times per year (using the monitoring form) and informally on a regular basis by the classroom teacher. | | |
| **Description of Internal Monitoring Procedures:**  As described above. A sample of a progress monitoring form will be submitted to the DESE as evidence | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 8 Declining Entry to a Program | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Since the district is not consistently monitoring opt-out students, staff training on the procedures are needed. In addition, the monitoring form submitted with the ELE Self-Assessment is for FLEP students and does not document the same data as that needed to monitor students who opt out.  The Description of Internal Monitoring Process refers to an ongoing system to monitor the implementation of district policies and procedures, in this case to ensure that opt-out ELLs are being provided an equal opportunity to have their English language and academic needs met as non-ELLs. | | |
| **Department Order of Corrective Action:**  After reviewing Department Guidance on Opt-outs, found at http://www.doe.mass.edu/ell/guidance/guidance.pdf, in particular Appendices G and M, revise procedures and the form for the regular monitoring of classroom performance, ACCESS scores and MCAS/PARCC scores of opt-out students until they attain English proficiency, and for the following two years as FLEPs. Procedures should include how parents will be kept informed of their child's academic progress and proficiency in English, and steps the district will take when a student does not make progress.  Provide training for principals, guidance counselors and ESL staff on the monitoring procedures.  Develop an internal monitoring system to ensure that records of opt-out students contain evidence of regular monitoring and parents are kept apprised of their child's progress. | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit revised procedures for regularly monitoring the educational progress of opt-out students, keeping parents informed of their progress, and steps the district will take when a student does not make adequate progress.  By October 14, 2016 submit evidence of training for principals, guidance counselors, and ESL staff on the revised procedures for monitoring opt-out students. Include agendas, signed attendance sheets, the name and role of presenter, and training materials.  By February 17, 2017 submit the results of an internal review of approximately five (5) records of opt-out students for inclusion of a Monitoring of Academic Progress of Opt-Out Students form and notification to the parent of the student's progress. Provide a narrative summary of the review including the number of records reviewed, the number reclassified, and the number that included an Opt-Out monitoring form.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |

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

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records demonstrated that at the elementary and middle school levels, the district does not provide parents and guardians of ELL students with progress reports including, but not limited to, progress in becoming proficient in using English language in the same manner and frequency as progress reports to the other students enrolled in the district. | | |
| **Description of Corrective Action:**  ELL students receive the district progress report, however it doesn't indicate the child's level of English proficiency | | |
| **Title/Role(s) of Responsible Persons:**  Cara Murtagh, Assistant Superintendent/ELL Coordinator | | **Expected Date of Completion:**  04/26/2016 |
| **Evidence of Completion of the Corrective Action:**  The district is creating a progress report that will so student demonstration of English Language Development | | |
| **Description of Internal Monitoring Procedures:**  Progress report will be submitted to the DESE once completed | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 14, 2016 submit the new progress report which includes a report of the student's progress toward becoming proficient in English.  By February 17, 2017 submit a sample of completed progress reports provided to parents of students at each grade level: elementary, middle and high school. | | |
| **Progress Report Due Date(s):**  10/14/2016  02/17/2017 | | |