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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: Academy Of the Pacific Rim Charter Public (District)

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 02/25/2016.

**Mandatory One-Year Compliance Date:** **02/24/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 1 | Assessments are appropriately selected and interpreted for students referred for evaluation | Partially Implemented |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Not Implemented |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 21 | School day and school year requirements | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 25A | Sending of copy of notice to Special Education Appeals | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 47 | Procedural requirements applied to students not yet determined to be eligible for special education | Partially Implemented |
| SE 48 | Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 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 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | 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 25 | Institutional self-evaluation | Not Implemented |

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

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| **Criterion & Topic:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when re-evaluations are conducted, the charter school does not consistently ensure that information from a variety of sources or relevant functional and developmental information is gathered and considered to determine a student's eligibility for special education services. Additionally, interviews indicated that the charter school does not consistently convey information about the student's language needs to evaluators so they can conduct testing in the student's native language or seek alternative methods to assess the student. | | |
| **Description of Corrective Action:**  When a student is being reevaluated, the student's disability category and evaluation reports from previous evaluations (if applicable and/or available) will be reviewed by the Director of Student Support. All assessments relevant to the continued diagnosis of this disability will be assigned for administration to the School Psychologist, Speech and Language Pathologist, Occupational Therapist, or Learning Specialist. Teachers will also be interviewed to ensure there are no emerging concerns that should be addressed as part of the evaluation process.  In order to ensure that the student's language needs are considered, when a student is being evaluated, the student's primary language will be confirmed on the school database. If the student is identified an ELL student, the student's English Language Proficiency information will be used to determine whether or not the student needs to be evaluated in another language. If the student is not identified as an ELL student, but another language is spoken in the home, an ESL teacher will screen the student to determine whether or not the student needs to be evaluated in another language. A bilingual evaluator will be contracted if the English language proficiency assessment indicates that the student should be assessed in a language other than English. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Evaluators | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 records of students who have been reevaluated, to monitor the variety of sources and evaluation methods. The review will be conducted in June 2016.  An audit of 10 records of students who have been identified as ELL or whose parents speak another language in the home, and are being evaluated, to monitor that testing is conducted in the student's native language or an alternative testing method is used, if needed. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Support maintains a list of students who are being reevaluated, and will notate the assessments/areas of concern in the notes section of the list. The DSS will also email the evaluators indicating the assessments/areas of concern.  The Director of Student Support maintains a list of students who are ELL students who also receive special education services. This list will maintain up to date information on the students' current ELL standing. The Director of Student Support maintains a list of students who are being evaluated, and will notate the home language, if other than English, on the list. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, for the student whose record was identified by the Department, provide the documentation used to change the eligibility finding.  By June 27, 2016, submit the district's procedures for ensuring that assessments conducted for a re-evaluation provide data from a variety of sources. Include the specific criteria to be applied in selecting assessment areas, the staff responsible for selecting them, and the ongoing monitoring system for ensuring continued compliance.  By June 27, 2016, submit the district's procedures for determining whether a student identified as an ELL should be evaluated in the student's primary language. Include in the procedures the specific criteria such as the student's English proficiency level, home language, and communication skills in the primary language to be considered when making the determination; how the student's needs will be communicated to evaluators; the staff responsible for making the determination; and the ongoing monitoring system for ensuring continued compliance.  By June 27, 2016, submit evidence of staff training on the procedures for determining what areas to assess for a re-evaluation including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By June 27, 2016, submit evidence of staff training on the procedures for determining whether a student identified as an ELL or whose home language is not English should be evaluated in the student's primary language, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5-10 records of students with re-evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the number with evidence of a variety of sources of assessment information, and the assessment areas conducted for each re-evaluation. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  By November 18, 2016 submit the results of an internal review of approximately five (5) records of students identified as ELLs or whose home language is not English with initial or 3-year evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the data used to determine the language needs of a student referred for Special Education, the conveyance of this information to the evaluators, the assessments conducted in the student's primary language or the assessments that do not depend on English proficiency to provide valid results, and documentation in the notice (N1) of the IEP team's consideration of English proficiency in determining eligibility and appropriate IEP goals and services. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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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 the charter school does not consistently complete educational assessments, including a history of the student's educational progress in the general curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. | | |
| **Description of Corrective Action:**  Prior to the initial or reevaluation meeting of each student, the Learning Specialist reviews the records (Special Education and General Education records) of the student being evaluated and completes the Educational Assessment: Part A form addressing the history of the student's educational progress in the general education curriculum. The Learning Specialist also conducts an observation of the student in the general education classroom setting. The Learning Specialist, using input from the general education teachers, completes the Educational Assessment: Part B form, to address the attention, participation, and communication skills, as well as the memory and social relations, of the student. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Learning Specialists | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 records of students who have been evaluated, to monitor the completion of Educational Assessments A and B. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Prior to the initial or reevaluation meeting of each student, the Director of Student Support notifies the Learning Specialist of the need to complete Educational Assessments: Part A & B, so that the record review and observation will be scheduled. The DSS sends Outlook reminders of the assessment and evaluation report due dates. Prior to each meeting, the Director of Student Support confirms that all necessary forms have been prepared. A hard copy of the documents is placed in the student's file, and a digital copy is saved in the student's file on the network. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the Learning Specialist may fill out the Educational Assessment: Part B form using data gathered from a specific teacher, state regulations require that a current teacher should describe the student's specific abilities in relation to the learning standards of the Massachusetts Curriculum Frameworks and the district curriculum. Unless the Learning Specialist is a current teacher of the student, s/he would not have the information necessary to document the student's performance. Please note that for middle school and high school students, the assessment should be for a single subject area. Additionally, a special education teacher who teaches a subject area can also submit an Educational Assessment Form B. | | |
| **Department Order of Corrective Action:**  Clarify the district's proposed procedure for completing the Educational Assessment: Part B. Submit this revised procedure, along with evidence of staff training. | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the revised procedures for completing the two components of an educational assessment for initial or re-evaluations which include a history of the student's educational progress in the general curriculum; and an assessment by a teacher with current knowledge of the student's specific abilities in relation to learning standards of the Massachusetts Curriculum Frameworks and the district’s general education curriculum, as well as an assessment of the student’s attention skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults.  By June 27, 2016 submit evidence of training for learning specialists and general education teachers on the required components of educational assessments to be completed as part of a re-evaluation including an agenda, signed attendance sheet, name and role of presenter and a sample of training materials.  By November 18, 2016 submit the results of an internal review of approximately 5-10 records of students with re-evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of educational assessments including a history of the student's educational progress in the general curriculum and an assessment by a teacher with current knowledge of the student's attention skills, participation behaviors, communication skills, memory and social relations. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when a student is suspected of having a specific learning disability (SLD), the charter school does not consistently complete all four components used to determine a specific learning disability: Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and Observation (SLD 4).  Record review also demonstrated that IEP Teams do not create a written determination as to whether or not the student has a specific learning disability. | | |
| **Description of Corrective Action:**  Prior to the initial or reevaluation meeting of each student, the Director of Student Support notifies the Learning Specialist of the need to complete a student observation in the classroom, so that the observation will be scheduled. Prior to each meeting, the Director of Student Support confirms that the observation has been completed, as well as the documentation of the observation in an SLD 4 form. A hard copy of the document is placed in the student's file, and a digital copy is saved in the student's file on the network.  At the initial or reevaluation meeting of each student, the Director of Student Support, along with other members of the Team, will review all evaluation results. The Team will then determine a qualifying disability. If the Team determines a Specific Learning Disability, the Director of Student Support will create a written determination as to whether or not the student has a Specific Learning Disability. Members of the Team including the parent, and student if aged 18 or older, a general education teacher, and at least one person qualified to conduct individual diagnostic examinations, will sign the document. If a Team member disagrees with the conclusions of the Team report, the Team member will submit a separate statement presenting his/her conclusions to the Director of Student Support by the close of the work day. The Director of Student Support will then attach the statement to the written determination form.  At the time of each meeting, the Director of Student Support will create and sign SLD forms 1-3. A hard copy of the documents are placed in the student's file. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 records of students who have been diagnosed with a Specific Learning Disability, to monitor the completion of a written determination as to whether or not the student has a Specific Learning Disability, and to monitor the completion of SLD forms 1-4. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  After each initial or reevaluation meeting in which a student receives a qualifying disability of Specific Learning Disability, the Director of Student Support will confirm that a written determination as to whether or not the student has a Specific Learning Disability was created and signed, as well as SLD forms 1-4. A hard copy of the documents are placed in the student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  As indicated in the Department's SLD training PowerPoint, all components should be completed prior to the Team meeting, with a report offered for each during the meeting (pp. 13-14). The training documents are located at http://www.doe.mass.edu/sped/cspd/mod5.html on the Department's website. | | |
| **Department Order of Corrective Action:**  Revise the district's procedures to ensure that all four components are completed prior to the Team meeting and available for the Team's consideration. | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit the district's revised procedures for ensuring that all four components for making a determination of SLD are completed prior to the Team meeting, along with the district's process for completing the Specific Learning Disability Team Determination of Eligibility (Mandated form 28M/10) and obtaining all Team members' signatures.  By June 27, 2016, submit evidence of staff training on the procedures for making an SLD eligibility determination, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5-10 records of students with SLD determinations conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the number with all 4 components and the Team determination with all members' signatures. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of student records indicated that for students on the autism spectrum, IEP Teams do not consider and specifically address the verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  The Director of Student Support maintains a list of students with an Autism Spectrum Disorder. A new Team Meeting Notes template was created to ensure that all areas of concern related to Autism Spectrum Disorders are addressed in the meeting. These areas of concern are also included in the Additional Information section of the IEP, as well as in IEP goals and services, if necessary. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Team Meeting Chairs | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  New Team Meeting Notes template, with completed examples.  Agenda, materials and sign-in sheet for staff training on implementation of new meeting notes.  An audit of 5 records of students who have a diagnosis that places them on the Autism Spectrum, to monitor that the seven areas of need are addressed in the meeting and in the IEP. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Each trimester, the Director of Student Support will review the records of all students with an ASD disability category. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the corrective actions, review the Department's guidance on IEP development for students with autism at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  By June 27, 2016, submit the district's procedures for ensuring that IEP Teams consider and specifically address all seven areas of need for all students on the autism spectrum, including any checklist or document used by the Team.  By June 27, 2016, submit evidence of staff training on the procedures for ensuring that for students with ASD, all seven areas of need are considered and specifically addressed by IEP Teams, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of records of ASD students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of all seven areas considered and specifically addressed. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Transition Planning Forms (TPF) are not always updated annually. | | |
| **Description of Corrective Action:**  Prior to the annual review or re-evaluation meeting of each student aged 14 or older, the Learning Specialist meets with the student to conduct an age-appropriate transition planning assessment and interview. The information gathered through this process is used to update the Transition Planning Form in preparation for the student's annual review or re-evaluation meeting, and finalized, including adding the goals and vision statement, during the Team meeting, with input from parents/guardians, general education teachers, service providers and college counselors (for upperclassmen). | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support, Learning Specialists | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  A review of 10 records of students 14 years old or older, to monitor the completion of the pre-meeting transition assessment and interview, and the creation/update of the Transition Planning Form. This review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Support maintains a list of students who are 14 or older, and notifies Learning Specialists in advance of any Team meetings, so that the pre-meeting transition assessment and interview can be scheduled. Prior to each meeting, Team meeting chairs (the Director of Student Support or the Transition Coordinator in the high school) confirms that all necessary forms have been prepared in advance of the meeting. After the meeting, the Director of Student Support confirms that the Learning Specialist has updated the Transition Planning Form, using the agreed upon goals, vision statements and other information, as recorded in the meeting notes, and that a hard copy has been placed in each student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the corrective actions, review the Department's guidance on transition planning at http://www.doe.mass.edu/sped/advisories/13\_1ta.html, http://www.doe.mass.edu/sped/advisories/2014-4ta.html and http://www.doe.mass.edu/sped/advisories/2016-2ta.pdf.  By June 27, 2016, for the students whose records were identified by the Department, provide evidence that the students' transition plans have been appropriately developed, including the Transition Planning Form (TPF) and documentation from reconvening the IEP Team as appropriate.  By June 27, 2016, submit evidence of staff training on the procedures for developing TPFs for all students aged 14+, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5-10 records of students with transition planning & TPF development conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, and the number with evidence of transition planning and appropriately completed TPFs. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that, one year prior to the student reaching the age of 18, the charter school does not consistently inform both the parent and the student of the transfer of decision-making rights that will occur at the age of majority. Additionally, the charter school does not implement procedures to obtain consent from students with sole or shared decision-making rights to continue the student's special education program once the student has turned 18. | | |
| **Description of Corrective Action:**  The Director of Student Support maintains a list of students who are 16 or older. The Director of Student Support checks this list at the beginning of each month in order to identify students turning 17 (18 in one year). The Director of Student Support then sends home a letter informing students and families of the transfer of decision making rights at the age of majority. The letter is addressed to the student, and a second copy is included for the parent. The month before a student turns 18, a meeting is set up for the month the student turns 18, yet not before the student's birthday. The student, parents, learning specialist, and Director of Student Support attend. Meeting Notes are taken, an Age of Majority notice is signed by the student indicating the transfer of decision making rights at the age of majority, and a copy of the IEP is presented to the student to sign, when applicable. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  The list of students on special education who are 16 or older.  An audit of 5 records of students aged 17 years or older to monitor the completion of a written notice informing students and families of the transfer of decision making rights at the age of majority.  An audit of 5 records of students aged 18 years or older to monitor that a meeting is held to determine decision making rights at the age of majority, as well as that consent from students is obtained to continue their special education program.  The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Support maintains a spreadsheet of students who are 16 or older. The following dates are recorded: student's date of birth, the month the letter informing students and parents of the transfer of decision making rights at the age of majority is sent, the date the Age of Majority meeting is held, and as the student's decision.  Records will be reviewed for all students who have turned 18 each trimester. | | |
| 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:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please note that following the notification of students and parents one year prior to the student attaining the age of majority, the district must document this notification in the Additional Information section of the IEP.  While there is no required timing for obtaining the student's decision whether to share, delegate, or assume educational decision-making, the student should not be asked to sign the IEP prior to turning 18. The district's procedures are unclear as to whether the meeting to determine the student's choice will occur before or after the 18th birthday.  It is recommended that the district include a review of IEPs in its internal monitoring procedures to ensure that Teams are appropriately documenting the notification of parents & students of the AOM procedures in the IEP's Additional Information section. | | |
| **Department Order of Corrective Action:**  Review the Department's guidance on Age of Majority at http://www.doe.mass.edu/sped/advisories/11\_1.html, specifically item #2 IEP Documentation Requirements and item #3 Transfer and sharing or delegation of rights. | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, for students whose records were identified by the Department, provide the student's IEP signature page and placement page, demonstrating that the students' signatures have been obtained.  By June 27, 2016, submit the district's revised procedures for ensuring that parents and students are notified one year prior to the student turning 18 of the transfer of educational decision-making rights, along with the district's revised procedures for documenting this notification and the district's clarified procedures to document whether the student will share or delegate educational decision-making and when s/he will sign the IEP, depending on the student's decision.  By June 27, 2016, submit evidence of staff training on the district's Age of Majority procedures including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of two samples of students:  Review one sample of students who are 17 for evidence of documentation of notification of AOM in the Additional Information subsequent to the implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with AOM documentation. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  Review a second sample of students who have turned 18 for evidence that the student has signed the current IEP when s/he has sole or shared educational decision-making subsequent to the implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with student consent as appropriate. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that required IEP Team members are not consistently excused in writing by the parent, including general and special education teachers when the student is involved in these programs. In addition, record review demonstrated that required Team members do not provide written input to the parent and the IEP Team for the development of the IEP prior to the meeting. | | |
| **Description of Corrective Action:**  Once a meeting is scheduled, the Director of Student sends an Outlook meeting invitation to all Team members who are required to be in attendance. If a Team member cannot attend the meeting, he/she declines the Outlook meeting invitation and notifies the Director of Student Support. The Team member provides a written narrative of student progress, addressing progress towards relevant IEP goals, and makes recommendations for a new goal and service delivery hours. The Director of Student Support sends this information home to the parent, along with an IEP Team Member excusal form for the parent to sign, at least two days prior to the meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  IEP Team Member excusal form.  Agenda, materials and sign-in sheet for staff training on effective implementation of Team Member excusal.  An audit of 5 records of students with an excused Team Member to ensure parents were notified in advance, the Team member is excused in writing, and the Team member provides written input into the IEP prior to the meeting. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Records will be reviewed for all students every trimester. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please note that when one of the student's general education teachers cannot attend the scheduled Team meeting, the district should invite another general education teacher. The parent should be asked to excuse the presence of a required general education teacher -- not an individual -- only if no other of the student's general education teachers can attend. The parent has the right to reschedule a Team meeting if a required general and/or special education teacher cannot be in attendance. The district may also use alternative forms of attendance for any Team member, such as a video conference or a conference call. | | |
| **Department Order of Corrective Action:**  Review the district's procedures for Team composition, ensuring that all IEP Teams consistently include a general education teacher and special education teacher as appropriate, and written excusals & input are done in advance of the meeting. | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit the district's revised procedures for ensuring that IEP Teams include all required Team members, and the excusal process consistently includes prior written agreement from the parent and written input from the excused Team member.  By June 27, 2016, submit evidence of staff training on the Team composition and excusal process, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5-10 records of students with Team meetings convened subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of Team excusals signed in advance and input from the excused Team member.  In addition, determine if the district could have invited another individual in lieu of excusing a required Team member for each of the records reviewed.  If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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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 and staff interviews indicated that within forty-five school working days after receipt of the parent's consent to an initial evaluation or a re-evaluation, the charter school 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 Director of Student Support maintains a list of students who are being initially evaluated or reevaluated. This spreadsheet contains the date the evaluation consent form was received, the date testing is due, the date the report is due, and the date by which the meeting needs to be held. This list is sent to all evaluators when evaluations are scheduled, and is available to them on the network at all times.  An Outlook meeting invitation is sent to all evaluators for the date testing is due.  The Director of Student Support monitors that assessments are completed no later than 30 days after consent is received.  An Outlook meeting invitation is sent to all evaluators for the date the report is due.  The Director of Student support monitors that reports are placed in the student's digital file no later than 40 days after consent is received.  A second copy of the list of students who are being initially evaluated or reevaluated is maintained by the Director of Student Support. This spreadsheet contains the date the evaluation consent form was received, the date testing is due, and the date by which the meeting needs to be held. This list also has a section in which the Director of Student Support can record attempts to reach the parent to schedule a meeting within 45 days of testing.  Parents are called or emailed the day before the meeting as a reminder, in additional to the Meeting Invitation that is previously.  If a parent/guardian cancels a scheduled meeting, or does not show up to a scheduled meeting, every attempt will be made to reschedule with that parent within 45 working school days after receipt of their consent. If the parent cannot attend within this timeframe, the Team meets without the parent and sends home copies of the reports and Meeting Notes. The Team also offers the parent another date to meet to discuss the results of the testing. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 records of students who were initially evaluated or reevaluated to ensure that a meeting is held within 45 working school days of receipt of consent. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Records will be reviewed every trimester for students who were initially evaluated or reevaluated. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please note that the district should clearly document when the meeting has been rescheduled at the parent's request. In addition, the district should explore alternative methods of attendance for parents, including video conferencing and conference calls.  By June 27, 2016, submit evidence of staff training on the procedures for convening Team meetings within 45 days of receipt of written parent consent for initial and re-evaluations, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 10 records of students with initial evaluations and re-evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, and the number where Team meetings were convened within 45 days of receipt of parental consent.  If the Team meeting was convened beyond 45 days because of rescheduling at the parent's request, indicate how this was documented in the student records. Additionally, indicate if the district offered the parent an alternative method of attending the Team meeting.  If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that IEP Teams do not consistently consider the student's progress when the Team convenes annually to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  A spreadsheet of all students identified as receiving Special Education services is maintained by the Director of Student Support. This spreadsheet includes the meeting month and reevaluation month.  The Student Support Assistant schedules a meeting with the parents/guardians within the given meeting month, whether it be an annual review or evaluation meeting.  The Team convenes and reviews student's progress. All team members are in attendance.  In the case of evaluation meetings, if an extended evaluation is requested, the Team clearly indicates whether there is enough information to draft an IEP or if the Team must wait to draft the IEP until the results of the extended evaluation can be reviewed.  In the case of annual review meetings, if the Team does not have enough information about a student, either because the student is new and APR does not have previous evaluation records, or the Team has concerns about an area of functioning that has not been yet been evaluated, an evaluation may be requested.  Within 10 days of the meeting, a new IEP is developed to address student's current performance, unless otherwise determined by the Team. The IEP is revised to reflect the student's progress, as discussed at the Team meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Student Support Assistant; Learning Specialists; Service Providers | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 records of students across grades 5-12. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Each month, the Director of Student Support reviews records of students who had an annual review or evaluation meeting in the past month to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, for the student whose record was identified by the Department, provide the reviewed IEP referenced in the student issues worksheet.  By June 27, 2016, submit evidence of staff training on reviewing IEPs annually and documenting student progress, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5-10 records of students with annual reviews conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number of IEPs that demonstrated documented student progress. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that for students who are identified with a disability on the autism spectrum, IEP Teams do not consistently consider and address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing in the IEP. | | |
| **Description of Corrective Action:**  The Director of Student Support maintains a list of students with Autism Spectrum Disorders.  A new Team Meeting Notes template has been created to ensure that all areas of concern related to Autism Spectrum Disorders are addressed in the meeting, which specifically addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing.  These areas of concern are also included in the Additional Information section of the IEP, as well as in IEP goals and services, if necessary. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Team Meeting Chairs | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  New Team Meeting Notes template.  Agenda, materials and sign-in sheet for staff training on the implementation of new meeting notes and review of skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing.  An audit of 5 records of students who have a diagnosis that places them on the Autism Spectrum, to monitor that the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing are addressed in the meeting and in the IEP. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Records will be reviewed for all students with an ASD disability category every trimester. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the corrective actions, review the Department's guidance on developing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing in the IEP for students with disabilities at http://www.doe.mass.edu/sped/advisories/11\_2ta.html and http://www.doe.mass.edu/bullying/considerations-bully.html.  By June 27, 2016, submit evidence of staff training on the procedures to ensure that IEP Teams consider and specifically addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing in the IEP for students on the autism spectrum, including the agenda, signed attendance sheet, name and role of presenter, and training materials (Team Meeting Notes template).  By November 18, 2016 submit the results of an internal review of approximately 5 records of ASD students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the number with evidence of skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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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 the IEP Teams do not consistently state why the removal from the general education classroom is critical to the student's program and 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:**  Staff training on how to write the Nonparticipation Justification of the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Learning Specialists; Service Providers | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Sign-in, agenda and materials from staff training on removal from general education classroom.  An audit of 10 records of students to review the Nonparticipation Justification of the IEP. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  Records will be reviewed every month to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By June 27, 2016, submit evidence of staff training on the development of non-participation justification statements that state why the removal from the general education classroom is critical to the student's program, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number where IEP Teams appropriated justified why the student was removed from the general education classroom. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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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 demonstrated that although IEP Teams consistently indicate that the need for an educational program that is less than or more than the regular school day or school year has been considered in the IEP, interviews confirmed that the charter school does not have a process to document if the student has demonstrated or is likely to demonstrate substantial regression in his or her learning skills and/or substantial difficulty in relearning such skills if an extended program is not provided. | | |
| **Description of Corrective Action:**  If the Team determines that extended school year services should be considered, the student's Learning Specialist and Service Providers (if applicable) will track the student's progress towards each goal on four occasions in the two weeks before and two weeks after a school vacation of a week or more. These progress reports will be reviewed at a Team meeting scheduled with the parent. If the student demonstrates substantial regression in skills, an extended year program will be proposed.  In early December of each year (at the beginning trimester 2), Learning Specialists and Service Providers will compile a list of students they work with for whom extended school year services should be considered. The Director of Student Support will discuss their recommendation with the parent, and given the parent's permission, schedule the skill tracking with the Learning Specialist and Service Providers, to take place before and after December break and before and after February break. The Director of Student Support will schedule a Team meeting in March or April to review the skill tracking, and determine whether or not extended school year services will be proposed. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Learning Specialists; Service Providers | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Skill regression progress report templates  Samples of team meeting notes and regression progress reports (if available) | | |
| **Description of Internal Monitoring Procedures:**  In January and March of each year, The Director of Student Support will review the files of all students for whom extended school year services were considered to ensure that skill tracking is taking place and that the Team meeting is scheduled to determine whether ESY services are proposed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 21 School day and school year requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review the Department's guidance on extended school day/year at http://www.doe.mass.edu/pqa/ta/esyp\_qa.html.  By June 27, 2016, submit evidence of staff training on the procedures for determining whether students need ESY, along with the skill regression report template and how the district will indicate ESY services in the IEP. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5 records of students who had ESY the previous summer (e.g., summer 2016), following implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the number with documented regression, and ESY services in the service delivery grid. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently have IEPs in effect for eligible students at the beginning of each school year. | | |
| **Description of Corrective Action:**  The Director of Student Support maintains a spreadsheet that states the date the IEP is sent to parents and the date the signed IEP is received. If an IEP is not received two weeks after the IEP is sent, the Learning Specialist reaches out to the parent to ensure receipt of the IEP and to answer any questions that the parents/guardians have. Another copy of the IEP is sent if a signed copy of the IEP is not received within the month after the meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Learning Specialists | | **Expected Date of Completion:**  08/31/2016 |
| **Evidence of Completion of the Corrective Action:**  The spreadsheet spreadsheet that states the date the IEP is sent to parents and the date the IEP is received.  An audit of 10 student records to ensure that all IEPs are signed prior to the start of the school year. The review will be conducted in August 2016. | | |
| **Description of Internal Monitoring Procedures:**  An annual audit of student records will be completed every August to ensure that APR has a signed IEP on file for each student. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district's proposed procedure is appropriate for SE 25, e.g., ensuring that IEPs are signed in a timely manner or sent to the BSEA as rejected, the district's process for ensuring that all students have a consented-to IEP at the beginning of each school year requires specific actions before school starts. | | |
| **Department Order of Corrective Action:**  Develop a process to ensure that the district has reviewed all student IEPs before the school year starts, including incoming students, for evidence that all students have a current, consented-to IEP. Include the steps the district will take to ensure that unsigned IEPs are signed or sent to the BSEA as rejected. | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, for students whose records were identified by the Department, provide the LEA/parent signature & signed placement page for each student's current IEP. Please include student LJ, although the student worksheet references only SE 25.  By June 27, 2016, submit the district's process for ensuring that, at the beginning of each school year, the district has a consented-to IEP in effect for each eligible student within its jurisdiction.  By June 27, 2016, submit evidence of training to relevant staff on the process to ensure that at the beginning of each school year, the district has a consented-to IEP in effect for each eligible student within its jurisdiction. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By September 30, 2016 submit the results of the district's internal review of all student records for evidence of a current, consented-to IEP. Provide a detailed narrative summary of the review, including the number of records reviewed and the number of records with parent consent.  For each record that is not current (e.g., expired) or not signed by the parent, report the specific actions taken to correct each individual student record, and identify and report the root cause(s) of the ongoing non-compliance. Describe subsequent adjustments to the district's process based on the results of this internal review.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016 | | |

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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 demonstrated that the charter school's Notice of Proposed School District Action (N1) does not consistently include a description of any other options that the Team considered and the reasons why those options were rejected or a description of each evaluation procedure, test, record, report, or other factors the Team used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  Before completing the N1, the Director of Student Support will review the meeting notes, and make note of any options that were considered, discussed, or requested and record those in the N1. The Director of Student support will explain the reason for the decision not to pursue any options and provide supporting evidence for that decision. The Director of Student Support will also indicate if any other documents were considered such as an IEP Amendment or FBA. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  08/31/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 student records to ensure that all N1s properly state which options have been rejected and the reason for the rejection. The review will be conducted in August 2016. | | |
| **Description of Internal Monitoring Procedures:**  An audit of all N1s will be reviewed each trimester to ensure that the Team records any options that the Team considered and rejected during the Team meeting, as well as states the reason for the proposed rejection. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit evidence of staff training on the procedures to ensure that Notices of Proposed School District Action (N1) consistently include a description of any other options that the Team considered and the reasons why those options were rejected and a description of each evaluation procedure, test, record, report, or other factors the Team used as a basis for the proposed or refused action, along with the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the number with N1s that include a description of any other options that the Team considered and the reasons why those options were rejected and a description of each evaluation procedure, test, record, report, or other factors the Team used as a basis for the proposed or refused action. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently obtain consent to the services proposed on a student´s IEP before providing such services. | | |
| **Description of Corrective Action:**  The Director of Student Support maintains a spreadsheet that states the date the IEP is sent to parents and the date the signed IEP is received. If an IEP is not received two weeks after the IEP is sent, the Learning Specialist reaches out to the parent to ensure receipt of the IEP and to answer any questions that the parents/guardians have. Another copy of the IEP is sent if a signed copy of the IEP is not received within the month after the sending of the initial IEP.  After three IEPs have been sent, at 10 days after the meeting, 2 weeks after that, and 1 month after the last IEP is sent, APR will notify the parents via letter that their actions are considered a denial of FAPE. If the parent does not respond to the letter, APR will seek resolution through the BSEA | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Spreadsheet for sent and received IEPs  Agenda, materials and sign-in sheet for staff training on the implementation of services proposed on a student's IEPs after consent is received.  Parent notification letter of denial of FAPE. | | |
| **Description of Internal Monitoring Procedures:**  Every two weeks, the Director of Student Support conducts a review of IEPs sent and received. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See SE 22 for remediation of student worksheet issues.  By June 27, 2016, submit evidence of training to relevant staff members on the procedures to ensure that parent consent to proposed IEPs are obtained, including the agenda, signed attendance sheet, name and role of presenter, and training materials. This process must include 1) documentation of follow-up, including phone calls, letters, etc.; and 2) when the district will submit the IEP to the BSEA.  By November 18, 2016 submit the results of an internal review of approximately 15 records of students with IEPs development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, and the number of IEPs with parent consent &/or evidence of follow-up to obtain consent. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 25A Sending of copy of notice to Special Education Appeals | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and interviews indicated that the charter school does not consistently refer a rejected IEP, proposed placement, or finding of no eligibility for special education to the Bureau of Special Education Appeals. | | |
| **Description of Corrective Action:**  The Director of Student Support maintains a spreadsheet that states the date the IEP is sent to parents and the date the signed IEP is received. When an IEP is received, the acceptance, partial acceptance, or rejection of the IEP is recorded on the IEP spreadsheet, in the school database, and the checklist in the student's paper file.  All students found ineligible will be recorded on the evaluation spreadsheet, along with the date the N2 was sent to parent.  Any rejected or partially rejected IEPs or rejected findings of no eligibility will be referred to the BSEA within 5 working school days of receipt of the partially rejected IEP. A letter will also be sent to the parents/guardians. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  IEP spreadsheet  Sample checklist from paper file  Evaluation spreadsheet  Parent notification letter of BSEA involved in a rejected or partially rejected IEP | | |
| **Description of Internal Monitoring Procedures:**  A file audit of all rejected or partially rejected IEPs will be reviewed every trimester to ensure that the BSEA has been made aware of these cases.  An annual review of findings of ineligibility will be conducted to determine if any of these findings were rejected, and to ensure that the BSEA was notified, when applicable. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25A Sending of copy of notice to Special Education Appeals | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit evidence of training to relevant staff on the procedures for sending rejected IEPs, placements & findings of no eligibility to the BSEA, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5 records of students with IEPs/placements/findings of no eligibility rejected subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of documented follow-up to the BSEA. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently provide translated documents or interpreters for parents whose primary language of the home is other than English. | | |
| **Description of Corrective Action:**  The Director of Student Support has a list of students school wide whose parents/guardians have requested documents translated into a language other than English. The DSS arranges with the ESL Teachers (or other translators, as needed) to schedule Team meetings with these parents, and to attend these meetings to serve as translators. All IEPs and related documents, including but not limited to the Meeting Invitation, Attendance Sheet, Evaluation reports, and N1s, are translated for parents/guardians who have requested translated documents. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; ESL Teachers and other Translators, as needed | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  List of parents/guardians who have requested translations  Sample translated documents  A file audit of all students whose parents have requested translation services and translated documents to review whether IEPs and all related documents have been translated into requested language  Attendance Sheets from IEP meetings indicating that a translator was provided to the parent | | |
| **Description of Internal Monitoring Procedures:**  Records will be reviewed every month to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district does not indicate how it will determine a parent's "request" for translated documents. All students entering the district should have a Home Language Survey (HLS) filled out by the parents. The Department's HLS template is now required. See http://www.doe.mass.edu/ell/resources.html for the HLS & translations. | | |
| **Department Order of Corrective Action:**  Revise the district's procedures to ensure that all documents are translated into the family's home language as indicated on the HLS, and interpreters attend IEP meetings & sign off on the N3A. | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit the district's revised procedures for identifying which families require translation of special education documents using the HLS, including IEPs, assessment summaries, progress reports, etc., and interpreters.  By June 27, 2016, submit evidence of staff training on the procedures to ensure that families identified on the HLS receive translations and interpreters, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5 records of students whose families identified the need for translations/interpreters on the HLS subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of translated documents/interpreters. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff and parent interviews indicated that the charter school's Parent Advisory Council (PAC) is not active. Although document review and staff interviews demonstrated that the charter school has conducted outreach to all parents of students with disabilities and other interested parties within the school, the PAC does not currently have officers. Document review indicated that the charter school has planned at least one workshop annually on the rights of students and their parents and guardians under the state and federal special education laws; however, interviews indicated that parents have not attended any meetings. | | |
| **Description of Corrective Action:**  APR will seek approval from PQA through PQA's Alternative Compliance Waiver. Based on parent input and feedback, APR will plan at least three district level activities and trainings specifically designed for parents of students with disabilities. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Director of Community and Family Engagement | | **Expected Date of Completion:**  12/23/2016 |
| **Evidence of Completion of the Corrective Action:**  PQA approval for an Alternative Compliance Waiver  Invitations, materials and sign-in sheets of at least three planned district level parent trainings and participation events  Materials used to gather topics of interest from parents  Materials use to gather feedback from parents | | |
| **Description of Internal Monitoring Procedures:**  A review of parent feedback after every event (once per trimester). | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 30, 2016, submit the approved Alternative Compliance Waiver for conducting PAC activities.  By November 18, 2016, submit evidence of district activities & trainings, including fliers, signed attendance sheets, and materials from the meetings. | | |
| **Progress Report Due Date(s):**  09/30/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 36 IEP implementation, accountability and financial responsibility | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that the charter school does not ensure that its local representative consistently signs IEPs prior to proposing them to parents, certifying that the goals in the IEP are those recommended by the Team and that the indicated services will be provided. | | |
| **Description of Corrective Action:**  After each IEP is completed by the caseload manager, the IEP is handed over to the Director of Student Support. The Director of Student Support will ensure that the IEP contains up to date information based on the Team Meeting Notes. The Director of Student Support then signs the IEP, before it is sent to the parent. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  An audit of 10 student records to ensure that the local representative signs IEPs prior to proposing them to parents. The review will be conducted in June 2016. | | |
| **Description of Internal Monitoring Procedures:**  A review of a random sampling of 10 records conducted each trimester to ensure that the local representative signs IEPs prior to proposing them to parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit evidence of staff training on the procedures to ensure that IEPs are signed by the LEA prior to sending to parents, along with the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, and the number with LEA signatures dated at the time of the IEP's proposal to parents. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that prior to suspending a student that would constitute a change in placement, the charter school convenes a meeting to review all relevant information; however, according to student records and interviews, the team makes the determination whether the behavior was caused by or had a direct and substantial relationship to the disability or was the direct result of the district's failure to implement the IEP without the parent or the student.  Document review and interviews also indicated that the charter school does not have procedures for placing students in Interim Alternative Educational Settings (IAES). Additionally, the charter school's procedures for suspension of students with disabilities reference only students with learning disabilities, thereby suggesting that students with other disabilities are not covered by these procedural safeguards. | | |
| **Description of Corrective Action:**  The Manifestation Determination note taking template will be reviewed and updated.  A procedure for placing students in an Interim Alternative Educational Setting will be developed.  The Procedure for Suspension of Students with Disabilities will be reviewed and amended to reflect all students with disabilities are covered by these procedural safeguards.  The Manifestation Determination note-taking template, the IAES procedure, and the Procedure for Suspension of Students with Disabilities will be disseminated to appropriate staff.  The Director of Student Support will train Learning Specialists, Deans of Students, Service Providers, Principals and other administrators in the use of the Manifestation Determination note-taking template, the procedure for placing students in an IAES and the updated procedure for Suspension of Students with disabilities. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Principals; Deans of Students; School Psychologist | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Updated Manifestation Determination note taking template  Interim Alternative Educational Setting procedure  updated procedure for Suspension of Students with Disabilities  Agenda, materials and sign-in sheet of administrative training on the updated Manifestation Determination motes template, the IAES procedure and the procedure for Suspension of Students with Disabilities | | |
| **Description of Internal Monitoring Procedures:**  Suspension records will be reviewed monthly by the Director of Student Support to account for students with disabilities and the total number of suspension days and reasons for suspension to ensure procedures are followed and enforced.  Annual review of all discipline procedures with staff through staff training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016, submit the revised procedures for conducting a manifestation determination, placing a student in an IAES, and providing procedural safeguards for disciplining students with disabilities, including students with 504 plans.  By June 27, 2016, submit evidence of staff training on these procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By November 18, 2016 submit the results of an internal review of approximately 5 records of students with suspensions subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number of IEPs that demonstrated 1) appropriate use of procedural safeguards; 2) an appropriately conducted manifestation determination; and/or 3) use of an IAES.  For each student reviewed, provide specific context for the disciplinary actions taken by the district, including the number of days of suspension leading to the MD or the circumstances leading to the IAES.  If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:** Although a review of documents demonstrated that the charter school has procedures for the discipline of students not yet determined to be eligible for special education, the procedural requirements are not included in the student code of conduct. Interviews also indicated that staff members are not familiar with the procedures. | | |
| **Description of Corrective Action:** The procedure for Suspension of Students not yet determined to be eligible for special education will be included in the student code of conduct in both the faculty and family handbook.  The procedure for Suspension of Students not yet determined to be eligible for special education will be disseminated to the administrative team and other appropriate staff.  A staff training will occur to review the procedures with all relevant staff members. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Students Support; Principals; Deans of Students; School Psychologist | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Applicable sections of the updated student/family and faculty handbooks  Agenda, materials and sign-in sheets for staff training | | |
| **Description of Internal Monitoring Procedures:** Annual review of procedure with staff through a staff training.  Suspension records will be reviewed monthly by the Director of Student Support to account for students not yet determined to be eligible for special education and the total number of suspension days and reasons for suspension to ensure procedures are followed and enforced. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By June 27, 2016 submit evidence including the agenda, training materials, signed attendance sheets and the name and role of presenter, indicating that administrative and appropriate special education staff have received training on the district's procedures for the discipline of students not yet determined to be eligible for special education.  By September 30, 2016 submit the 2016-2017 Student and Family Handbook, including a revised code of conduct that outlines the procedures for the discipline of students not yet determined to be eligible for special education. | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016 | | |

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

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| **Criterion & Topic:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:** A review of student and occupational therapy (OT) schedules and staff interviews demonstrated that high school students are regularly scheduled for OT services during their lunch periods. | | |
| **Description of Corrective Action:** The state and federal regulations regarding equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs will be reviewed with the Learning Team through a staff training.  The Director of Student support will create schedules for the related service providers in the summer for the upcoming school year, ensuring that no students are schedule for OT or other services during their lunch hours. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; Service Providers; Learning Specialists | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Schedules for related service providers  Schedules for students receiving related services  Agenda, materials and sign-in-sheet of staff training | | |
| **Description of Internal Monitoring Procedures:** Annual staff training in August of every school year.  Annual creation and review of Learning Team schedules. This will take place in August of every school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By September 30, 2016 submit the results of an internal review of related services scheduling for all OTs/PTs/speech language pathologists to ensure that students are not scheduled for consented-to services during their lunch period or other required class times such as physical education.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  09/30/2016 | | |

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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 contracted related service providers do not receive training on special education state and federal laws and regulations or local special education policies and procedures. | | |
| **Description of Corrective Action:**  Every August the entire APR staff is trained in the special education state and federal laws and regulations and local special education policies and procedures. The invitation will be extended to all contracted related services providers, currently totaling one contracted physical therapist. The opportunity to attend in person or through a web conference will be offered. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Support; contracted Physical Therapist | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Agenda, materials and sign-in sheet of staff training | | |
| **Description of Internal Monitoring Procedures:**  Annual review of special education state and federal laws and regulation and local special education policies and procedures through a staff training with all APR staff. This will take place in August of every school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please note that this should not be offered as an optional training. In particular, contracted staff must be familiar with the district's local special education policies and procedures to ensure consistency among special education staff in programmatic and IEP development, especially assessments & assessment summaries, translation of documents, and scheduling. | | |
| **Department Order of Corrective Action:**  Submit evidence of training for contracted related service providers in special education state and federal laws and regulations and local special education policies and procedures. This training does not have to be in person or via webinar; for example, the contracted staff may review the policies & provide written assurance that they have reviewed the materials. | | |
| **Required Elements of Progress Report(s):**  By September 30, 2016, submit evidence of contracted related service providers' participation in the district's special education state and federal laws and regulations and local special education policies and procedures, including training materials, date of training, and evidence of participation. | | |
| **Progress Report Due Date(s):**  09/30/2016 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the charter school has a policy that ensures equal access to a full range of education programs for all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, or disability, this policy does not address the protected category of homelessness. | | |
| **Description of Corrective Action:**  The applicable sections of the faculty and student/family handbooks have been amended to include the protected category of homelessness. The updated student/family handbook has been uploaded to the school website. The protected category of homelessness will be included in Civil Rights training during faculty orientation before the start of the 2016-17 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Copies of the amended sections in the faculty and student/family handbooks for 2015-16  Amended student/family handbook uploaded to the school website: www.pacrim.org  Copies of student/family and faculty handbooks for 2016-17 | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will confirm that the protected category of homelessness is included in faculty and student/family handbooks in the future, and in Civil Rights training during faculty orientation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 30, 2016 submit the 2016-2017 Student and Family Handbook updated to include homelessness as a protected category in the district policy ensuring equal access to a full range of education programs.  By September 30, 2016 submit evidence of staff training on the revised policy including an agenda, training materials that specify homelessness as a protected category, signed attendance sheets and the name and role of presenter.  By September 30, 2016 submit evidence of the dissemination of the 2016-2017 Student and Family Handbook to district families. Examples of such evidence include a memo or email indicating how the Handbook is disseminated, a letter to families, or a link to a notice on the district's website. | | |
| **Progress Report Due Date(s):**  09/30/2016 | | |

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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 demonstrated that important information and documents such as the charter school's handbook and code of conduct have not been translated into the major languages spoken by parents or guardians with limited English proficiency. | | |
| **Description of Corrective Action:**  The student/family handbook, including the code of conduct, has been translated into Spanish and French, and is being distributed to those parents who have requested school documents in a language other than English. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer | | **Expected Date of Completion:**  04/30/2016 |
| **Evidence of Completion of the Corrective Action:**  The translated versions of the student/family handbook, in hard copy and posted on the school website: www.pacrim.org | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will contract with a translator each school year to translate the student/family handbook and distribute it to those parents who have requested school documents in a language other than English. If additional language groups become major languages spoken by APR students and/or their parents/guardians, the Federal Programs and Compliance Officer will ensure that the handbooks are translated into those languages. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 30, 2016 submit the Spanish and French translations of the 2016-2017 Student and Family Handbook by uploading the Handbooks or providing a link to the Handbooks on the district website. | | |
| **Progress Report Due Date(s):**  09/30/2016 | | |

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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 staff interviews indicated that the charter school does not ensure that all high school students receive physical education. | | |
| **Description of Corrective Action:**  Since extracurricular activities are required for graduation, the high school principal tracks the extracurricular activities that each student has completed. The high school principal identifies those students who have not completed at least one semester of physical activity for an extracurricular activity each year, and works with those students to find a physical activity they can participate in. If no physical activity can be completed within the school year, the high school principal will arrange for a physical education class for those students to complete at school.  This policy will be included in the 2016-17 student/family handbook. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Extracurricular activities tracker, with physical activities broken out and students who have not completed any physical activities identified.  Description of support offered by the principal to students who have not completed any physical activities.  Description of physical education class designed for those students who need to complete a physical education class at school.  Applicable sections of the 2016-17 student/family handbook | | |
| **Description of Internal Monitoring Procedures:**  The High School Principal will track the physical activities of high school students each trimester, identify students who have not completed any physical activities, work with them to find a physical activity to participate in, or schedule them for physical education classes during Skill Building Block. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit a detailed plan for how the district will regularly track and monitor students fulfilling the physical education requirement which may be through school-based classes or alternative measures, such as participation in interscholastic athletics, independent study of health-related curricula or through a private instructor or community program requiring that students in all grades 5-12 participate in physical education or health.  By September 30, 2016 submit evidence of the publication of the four year physical education graduation requirement in the 2016-2017 Student and Family Handbook. | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016 | | |

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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:**  A review of documents demonstrated that although the charter school's policies ensure equitable access to extracurricular activities on the basis of race, sex, gender identity, color, religion, national origin, sexual orientation, and disability, they do not address homelessness as a protected category. | | |
| **Description of Corrective Action:**  The applicable sections of the faculty and student/family handbooks have been amended to include the protected category of homelessness. The updated student/family handbook has been uploaded to the school website. The protected category of homelessness will be included in Civil Rights training during faculty orientation before the start of the 2016-17 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Copies of the amended sections in the faculty and student/family handbooks for 2015-16  Updated student/family handbook posted on the school website: www.pacrim.org  Student/family and faculty handbooks for the 2016-17 school year | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will confirm that the protected category of homelessness is included in faculty and student/family handbooks in the future, and in Civil Rights training during faculty orientation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the 2016-2017 Student and Family Handbook updated to include homelessness as a protected category in the district policy ensuring equal access to a full range of education programs including extracurricular activities.  By September 30, 2016 submit evidence of the dissemination of the 2016-2017 Student and Family Handbook to district families. Examples of such evidence include a memo or email indicating how the Handbook is disseminated, a letter to families, or a link to a notice on the district's website. | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016 | | |

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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 charter school 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 gender identity as a protected category. | | |
| **Description of Corrective Action:**  The PREP Coordinator has amended the employer assurances statement to include gender identity as a protected category. | | |
| **Title/Role(s) of Responsible Persons:**  PREP Coordinator | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  The amended employer assurances statement  Examples of completed employer assurances statement | | |
| **Description of Internal Monitoring Procedures:**  The PREP Coordinator will distribute the employer assurances statement that has been amended to include gender identity as a protected category. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the prospective employer non-discrimination statement revised to include gender identity as a protected category.  By September 30, 2016 submit a sample of the revised statement signed by a prospective employer. | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016 | | |

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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:**  Interviews indicated that administrative staff members are not familiar with the charter school's procedures for accepting, investigating and resolving complaints alleging discrimination or harassment. See also SE 47. | | |
| **Description of Corrective Action:**  The Federal Programs and Compliance Officer will hold a training for administrative staff, including Principals, Deans, the Director of Student Support, and the Executive Director, in the school's procedures for accepting, investigating and resolving complaints alleging discrimination or harassment, brought by students or staff.  The Federal Programs and Compliance Officer will include the school's procedures for accepting, investigating and resolving complaints alleging discrimination or harassment in the faculty training before the start of the school year each year. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Meeting agenda, sign-in sheet and training materials. | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will include the school's procedures for accepting, investigating and resolving complaints alleging discrimination or harassment in the faculty training before the start of the school year each year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 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. | | |
| **Progress Report Due Date(s):**  06/27/2016 | | |

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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 charter school's written notice of suspension does not include the following: 1) evidence the notice is provided to the student; 2) an opportunity for the student to dispute the charges; and 3) the right of the student and the student's parent to interpreter services at the hearing if needed to participate. Although the charter school asserts that its disciplinary data collection system can disaggregate information by selected student populations, interviews confirmed that administrative staff do not know how to access information from the system to enable them to periodically review discipline data by special populations such as race and ethnicity, gender, socioeconomic status, English language learner status, and students with disabilities. | | |
| **Description of Corrective Action:**  The written notice of suspension has been amended to include space for signatures for acknowledging receipt; a statement regarding the opportunity of the student/parent to dispute the charges; and the right of the student/parent to interpreter services.  The Administrative team has created a task team to create a data snapshot that will allow administrators to disaggregate discipline data by special populations. The task team includes the recently appointed permanent Executive Director, the high school and middle school Principals, the Director of Student Support, the Federal Programs and Compliance Officer, and the Data Coordinator. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer; High School Principal; Middle School Principal | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Amended written notice of suspension.  Examples of disaggregated discipline data, using the new snapshot function. | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will confirm that principals have signed copies of the suspension notices on file.  The Administrative team will review discipline data, disaggregated for special populations, at the end of each trimester. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27 2016 submit the charter school's notice of suspension revised to include evidence the notice is provided to the student, an opportunity for the student to dispute the charges, and the right of the student and the student's parent to interpreter services.  By June 27, 2016, submit a description of the charter school's system for disaggregating discipline data by special populations. | | |
| **Progress Report Due Date(s):**  06/27/2016 | | |

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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 charter school does not include the name(s) of the person(s) designated to coordinate compliance under Title IX and Section 504 in its published materials to students and families. | | |
| **Description of Corrective Action:**  The faculty and student/family handbooks have been amended to include the names of the designated persons.  The amended student/family handbook has been uploaded to the school website. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Copies of the amended handbooks.  Amended student/family handbook uploaded to the school website: www.pacrim.org  Student/family and faculty handbooks for the 2016-17 school year | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will confirm that the names of the designated persons are included in faculty and student/family handbooks before the start of school each year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** The 2015-2016 Student and Family Handbook posted on the district's website does not specifically note the name and phone number of the Title IX and Section 504 coordinators for the purposes of coordinating compliance under each regulatory area. | | |
| **Department Order of Corrective Action:** Revise the section(s) of the Student and Family Handbook to include the name and phone number of the individual responsible for coordinating compliance under Title IX and the individual responsible for coordinating compliance under Section 504. Submit the updated 2016-2017 Student and Family Handbook or provide a link to the Handbook on the charter school's website. | | |
| **Required Elements of Progress Report(s):** By September 30, 2016 submit the section(s) of the Student and Family Handbook that have been revised to include the name and phone number of the individual responsible for coordinating compliance under Title IX and the individual responsible for coordinating compliance under Section 504.  By September 30, 2016 submit the revised 2016-2017 Student and Family Handbook or provide a link to the Handbook on the charter school's website. | | |
| **Progress Report Due Date(s):**  09/30/2016 | | |

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

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| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  According to document review, the charter school's policies for the non-discriminatory administration of scholarships, prizes and awards do not address the protected categories of race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Description of Corrective Action:**  The Federal Programs and Compliance Officer, in conjunction with the High School and Middle School Principals, will draft a policy for the non-discriminatory administration of scholarships, prizes and awards that addresses all protected categories.  The policy will be presented for approval to the Board of Trustees, at their June 2016 meeting.  Once approved, the policy will be included in the student/family and faculty handbooks for 2016-17. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer; Principals | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Policy for the non-discriminatory administration of scholarships, prizes and awards  Minutes of Board meeting where policy is presented for approval  Student/family and faculty handbooks for 2016-17 | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will monitor the inclusion of this policy in student/family and faculty handbooks each year.  The Administrative team will review the administration of scholarships, prizes and awards at the end of each school year to ensure that they are awarded in a non-discriminatory fashion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the charter school's policy for the non-discriminatory administration of scholarships, prizes and awards addressing the protected categories of race, color, sex, gender identity, religion, national origin, sexual orientation and disability.  By September 30, 2016 submit the 2016-2017 Student and Family Handbook and Faculty Handbook or links to the Handbooks on the charter school's website updated to include the policy for the nondiscriminatory administration of scholarships, prizes, and awards.  By September 30, 2016 submit evidence of staff training on the requirement to administer scholarships, awards and prizes in a nondiscriminatory manor. Include the agenda, training materials, signed attendance sheets and the name and role of presenter. | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016 | | |

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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:**  Document review demonstrated the following issues with the charter school'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; and 2) the notice is not sent within five (5) days from the student's tenth unexcused consecutive absence.  Additionally, document review indicated that the charter school has a written notice for 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 encouraging them to participate in available programs. However, interviews demonstrated that the school does not have a procedure to send this notice to the last known address of each such student who attended its high school within the past two years. | | |
| **Description of Corrective Action:**  The High School Principal will monitor the attendance of students 16 or over, and contact the parent/guardian of any students who are absent from school for 5 consecutive days. If no acceptable reason is provided for the continued absence, and the student does not return to school, the High School Principal will send the notice to the student and/or their parent/guardian by the day of the student's 10th consecutive absence by mail and email (if available), keep a dated copy of the notice on file, and log this into a spreadsheet created to track this process.  The High School Principal will monitor the transfer status of any student who withdraws from APR before earning their competency determination. If the student does not enroll at another school within one month of withdrawing from APR, the High School Principal will send the notice regarding the availability of post-high school academic support programs to the student's last known address. In September and January each year, the High School Principal will review the transfer status of students who withdrew from APR before earning their competency determination, and if there are any such students who are not yet enrolled in another school within two years of withdrawing from APR, the High School Principal will send the notice regarding post-high school academic support programs to those students' last-known addresses. The High School Principal will keep dated copies of those notices on file. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Spreadsheet logging activities regarding students (if any) who have been absent from school for 5 consecutive days with no acceptable reason.  Copies of dated notice sent to student by the day of their 10th consecutive absence.  Spreadsheet logging activities regarding students (if any) who withdrew from APR and did not enroll in another school in the last two years.  Copies of dated notices regarding post-high school academic support programs sent to those students. | | |
| **Description of Internal Monitoring Procedures:**  The High School Principal will report to Administrative team at the end of each trimester on the status of any students who have been absent for 10 or more consecutive days, and the transfer status of any students who withdrew from APR and did not enroll at another school within two years of withdrawing from APR. | | |
| 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:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the procedures the district will follow for monitoring the status of students 16 or older who left Academy of the Pacific Rim within the previous two years without a diploma.  By November 18, 2016 submit a sample of a notice, issued subsequent to issuance of the Corrective Action Plan, sent to a student 16 or older within 5 days of the student's tenth consecutive absence.  By November 18, 2016 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 November 18, 2016 submit the results of an internal review of all students 16 or older who left APR within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left APR and whether they have transferred to another school. If the student has not transferred to another school, include the date APR 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):**  06/27/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Implementation In Progress |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school meets all current requirements for use of physical restraint. Document review and interviews demonstrated that the school has begun the revision of its written restraint prevention and behavior support policy and procedures, alternatives to physical restraint and the prohibition of medication restraint, mechanical restraint, prone restraint, and seclusion. | | |
| **Description of Corrective Action:**  All faculty and staff completed training in the revised restraint procedures in September 2015. Individual faculty members also completed intensive training in the revised restraint procedures in October 2015.  The restraint prevention and behavior support policy has been revised, and will be presented to the Board of Trustees for approval at the April Board Meeting.  Pending Board approval, the updated restraint policy will be included in the faculty and student/family guidebooks for the 2016-17 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Federal Programs and Compliance Officer | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Updated restraint prevention and behavior support policy.  Board of Trustees minutes confirming approval of the updated policy.  Faculty and student/family handbooks for the 2016-17 school year. | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will submit the updated restrain prevention and behavior support policy to the Board of Trustees for approval.  Pending Board approval, the Federal Programs and Compliance Officer will confirm the inclusion of the revised restraint prevention and behavior support policy in the faculty and student/family handbooks for the next school year. | | |
| 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:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the revised restraint policy and procedures consistent with amendments in 603 CMR 46.00 that took effect on January 1, 2016.  By September 30, 2016 submit minutes or other evidence documenting that the revised policy and procedures have been approved by the Board of Trustees.  By September 30, 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 September 30, 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):**  06/27/2016  09/30/2016 | | |

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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 indicated that the charter school's curriculum accommodation plan does not include instructional support for teachers and students within the general education program for students with diverse learning needs, specifically linguistic minority students, students identified with a disability, and students whose behavior may interfere with learning. Interviews determined that school administrators are not familiar with the provisions of the curriculum accommodation plan. Student record review and interviews also verified that the documentation of instructional strategies and results are not consistently available as part of the evaluation information reviewed by IEP Teams when determining eligibility. | | |
| **Description of Corrective Action:**  The High School and Middle School Principals will revise the Curriculum Accommodation Plan to include instructional support for teachers and students in the general education program to address the needs of linguistic minority students, students with disabilities and students whose behavior may interfere with learning. The Principals will review this revised draft with the Director of Student Support and the ELL Coordinator, and make any necessary further revisions. The Principals will review the final Curriculum Accommodation Plan with the Administrative team, before presenting it to the Board of Trustees for approval at their June 2016 meeting. The revised Curriculum Accommodation Plan will be included in the faculty and student/family handbooks for the 2016-17 school year.  The Administrative team will review Child Study Team, RTI and PBIS data each trimester to monitor the implementation of the Curriculum Accommodation Plan . | | |
| **Title/Role(s) of Responsible Persons:**  High School and Middle School Principals; Director of Student Support | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Revised Curriculum Accommodation Plan  Board of Trustees meeting minutes recording the Board's approval of the Curriculum Accommodation Plan  Faculty and student/family handbooks for the 2016-17 school year  Administrative team meeting notes from review of trimester Curriculum Accommodation Plan data review | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer will confirm the inclusion of the revised Curriculum Accommodation Plan in the faculty and student/family handbook each school year.  The Administrative team will review Child Study Team, RTI and PBIS data each trimester to monitor the implementation of the Curriculum Accommodation Plan | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27, 2016 submit the revised District Curriculum Accommodation Plan (DCAP) specifically addressing the needs of linguistic minority students, students with disabilities and students whose behavior may interfere with learning.  By June 27, 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 revised DCAP.  By September 30, 2016 submit minutes or other evidence documenting that the revised DCAP has been approved by the Board of Trustees.  By November 18, 2016 conduct an internal review of records of approximately 5 students with initial evaluations completed subsequent to the implementation of all corrective actions for verification that instructional supports provided to the student before the student was evaluated were documented in the educational assessment. Provide a detailed narrative summary of the review including the number of records reviewed, the number that included a description of instructional supports provided to the student. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016  11/18/2016 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that the charter school does not evaluate all aspects of its 5-12 programming 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 Administrative team has created a task team to create a data snapshot that will allow administrators to disaggregate data by special populations. The task team includes the recently appointed permanent Executive Director, the high school and middle school Principals, the Director of Student Support, the Federal Programs and Compliance Officer, and the Data Coordinator. The Federal Programs and Compliance Officer will use this snapshot to review participation in all programs, including athletics and extracurricular activities, and disaggregate that data by those special populations.  The Administrative team, in conjunction with the Instructional Leadership Team and the Deans of Students, will draft a comprehensive institutional self-evaluation, using several sources, including the data described above, as well as input from the faculty Racial Equity Council, the Parent Council and the Board of Trustees, along with results of the bi-annual Parent Survey already in place. The Administrative team will analyze the results of this self-evaluation, and determine areas in need of improvement 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:**  Administrative and Instructional Leadership teams; Director of Family and Community Engagement | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Results of the Institutional Self-Evaluation | | |
| **Description of Internal Monitoring Procedures:**  The Administrative team will review the data analysis regarding equal access at the end of each trimester.  The Administrative team will coordinate the implementation of the Institutional Self-Evaluation at the end of each school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/19/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 27 2016 submit evaluation tools, the timeline for implementation, and key staff responsible for an institutional self-evaluation to ensure the district provides equal access to all programming across all grades 5-12.  By September 30, 2016 submit the preliminary results of the self-evaluation with evidence documenting the implementation of the plan to evaluate policies and programming access.  By November 18, 2016 submit a brief narrative summary on the outcomes of the institutional self-evaluation and changes the district is implementing to address any barriers to equal access. | | |
| **Progress Report Due Date(s):**  06/27/2016  09/30/2016  11/18/2016 | | |

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

Charter School: Academy of the Pacific Rim Charter Public School

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Marthali Nicodemus

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report to the school or district.

**Mandatory One-Year Compliance Date: February 17, 2017**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 3 Initial Identification | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *According to the documentation submitted, the district started to implement initial identification procedures recently and administered the screening test W-APT in September 2015 to the students with a Home Language Survey (HLS) that indicated a language other than English being spoken at home. However, staff interviews indicated that students who were enrolled in the district before did not always have a completed HLS and therefore these students have not been screened for the eligibility to the ELE program.* | | | |
| **Narrative Description of Corrective Action:**  We are currently in the process of collecting Home Language Surveys for those previously enrolled students for whom we do not have a HLS on file. We are contacting these parents/guardians by phone and/or email, and once initial contact has been made, sending home a new HLS by mail and/or the student. At the start of the new school year, we will screen any of these students on whose HLS a language other than English is indicated to determine their eligibility for ELE services.  We have also revised the procedure of collecting HLS from new students – the HLS is sent, along with other school registration materials, to the parent/guardian of each student whose name is picked in the lottery and is therefore being offered a seat. The parent/guardian is required to bring the completed registration materials back to the school in person. At that time, the Director of Community and Family Engagement meets with the parent/guardian to review all the registration forms, including the HLS. The Director of Community and Family Engagement will assist the parent/guardian in completing the HLS, if necessary. If it is apparent that the parent/guardian is not proficient in English, the Director of Community and Family Engagement will engage the services of one of the ESL teachers (for Spanish, Haitian Creole or French) or a contracted translator to act as interpreter during that meeting. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Federal Programs and Compliance Officer; ELL Coordinator; Director of Community and Family Engagement | | **Expected Date of Completion for Each Corrective Action Activity:**  Collection of HLS for previously enrolled students – 6/30/2016  Screening of previously enrolled students – 9/30/2016  Collection of HLS for new students – 9/15/2016  Screening of new students – 9/30/2016 | |
| **Evidence of Completion of the Corrective Action:**  For previously enrolled student: spreadsheet indicating when the HLS was received, whether the student will be screened, the results of the screening, and the determination of eligibility for ELE services.  For new students: spreadsheet indicating when the HLS was received, whether the student will be screened, the results of the screening, and the determination of eligibility for ELE services. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Community and Family Engagement will register a new student only when all the registration forms, including the HLS, are completed and submitted, and pass on the HLS to the ELL Coordinator.  The ELL Coordinator will use the HLS to identify new students for English proficiency screening, and will manage the files of students eligible for ELE services, and ensure that the HLS is included in those files. The HLS of students not eligible for ELE services will be returned to the students’ cumulative files.  The Federal Programs and Compliance Officer will annually review all ELE files for completion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 3 Initial Identification | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** Please submit the documents that the district proposed as evidence of the corrective action by the progress report due date.   * For students enrolled in 2015-16: spreadsheet indicating when the HLS was received, whether the student was screened, the results of the screening, and the determination of eligibility for ELE services by **June 27, 2016**. * For students enrolled for the 2016-17 SY: spreadsheet indicating when the HLS was received, whether the student will be screened, the results of the screening, and the determination of eligibility for ELE services by January 27, 2017. | | | |
| **Progress Report Due Date(s): June 27, 2016; January 27, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Documentation provided indicated that the district utilizes the ELL component of a reading intervention program as their ESL curriculum. Reading intervention curricula help students improve their reading skills when they need intervention, yet does not meet the needs of ELLs who must be provided rigorous English language development instruction that is designed to promote and support the rapid acquisition of English language proficiency as is required in G.L. c. 71A.*  *The district completed Castañeda’s Three-Pronged Test as a part of the documentation they provided to the Department for the Coordinated program Review (CPR) process. However, the responses they submitted do not answer the questions on the test and therefore, do not clarify whether the district has defined the educational approach that they use to meet the academic and language needs of its ELLs and to have an ELE program that is effective in producing results indicating that ELLs’ language barriers are actually being overcome.*  *Following a review of staff interview notes, documentation submitted by the district and student performance data such as progress in English language development and academic progress, the Department concluded that ELE services provided by the district do not reflect a sound educational approach recognized as a legitimate educational strategy to teach ELL students English language skills in the four language domains: speaking, listening, reading and writing.* | | | |
| **Narrative Description of Corrective Action:**  ESL Curriculum: We are in the process of identifying possible ESL curricula to use as a basis for our comprehensive ESL curriculum, starting in the 2016-17 school year. We are gathering information from other charter and district school ELL personnel, and following up with meetings and sample materials from various vendors. We are planning on identifying the basis for our ESL curriculum by the end of this school year, and will be formalizing our curriculum over the summer, so be implemented in the next school year.  Castañeda’s Three-Pronged Test: A review of the school’s responses revealed that the school answered the 14 questions regarding *Elements of an Educationally Sound ELE Program*, instead of the 14 preceding questions. The school will complete OELAAA Form 2, answering the correct questions. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Federal Programs and Compliance Officer; ELL Coordinator; ESL Teachers | | **Expected Date of Completion for Each Corrective Action Activity:**  ESL Curriculum identification – 6/30/2016  ESL Curriculum writing – 8/31/2016  ESL Curriculum implementation – 9/30/2016  Responses to Castañeda’s Three-Pronged Test – 4/30/2016 | |
| **Evidence of Completion of the Corrective Action:**  Shortlist of identified ESL curricula to use as a basis for APR’s comprehensive ESL curriculum  ESL Curriculum to be implemented in 2016-17  Responses to Castañeda’s Three-Pronged Test | | | |
| **Description of Internal Monitoring Procedures:**  The ELL Coordinator will monitor the implementation of the ESL curriculum through unit/lesson plan review and classroom observation on an ongoing basis.  The Federal Programs and Compliance Officer and the ELL Coordinator will use Castañeda’s Three-Pronged Test to assess the efficacy of APR’s ELE Program in the 3rd trimester of each school year. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 5 Program Placement and Structure | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**   1. Please complete the *Castañeda* test by the progress report due date. Please ensure that your answers to the questions on the test reflect the changes that the district will implement in order to comply with federal and state laws and regulations. 2. Please explain how the district will monitor the progress and completion of the program goals identified in the *Castañeda* test. Please include the names of the responsible staff who will be involved in the process. 3. Please provide a reasonable timeline on how the district will come into compliance by providing all ELLs appropriate services they are entitled to by law and addressing the areas of improvement the district will identify as a result of the program evaluation prong 3 of the test requires. Please note that all corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report to the school or district. | | | |
| **Progress Report Due Date(s): June 27, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 7 Parent Involvement | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents and interviews indicated that the district has not developed ways to include parents or guardians of ELL students in matters pertaining to their children’s education and ELE programs.* | | | |
| **Narrative Description of Corrective Action:**  Starting in September 2016, after the annual written notices have been sent home, we will schedule meetings with the parents/guardians of all ELL students, to review their ACCESS and/or W-APT scores, what that means in terms of English proficiency, what their ELE program will look like, and answer any questions they may have. We will make interpreters available for these meetings, as needed.  In addition to these annual ELE review meetings, we will also schedule parent-teacher conferences for ELL students’ parents/guardians at the end of each trimester, to discuss their English language development, as described in their ELE progress reports, which will be provided to parents along with their trimester report cards. We will make interpreters available for these conferences, as needed.  We will also survey the parents of ELL students annually to gather their feedback on APR’s ELE Program. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Federal Programs and Compliance Officer; ELL Coordinator; ESL Teachers; Director of Community and Family Engagement | | **Expected Date of Completion for Each Corrective Action Activity:**  AnnualELEreview meetings **–** 12/23/2016  Parent-teacher conferences – 12/23/2016  ELL Parent Survey – 07/31/2016 | |
| **Evidence of Completion of the Corrective Action:**  Invitations and meeting notes for annual ELE review meetings and parent-teacher conferences  Results of ELL Parent Survey | | | |
| **Description of Internal Monitoring Procedures:**  The ELL Coordinator will maintain a spreadsheet of annual ELE review meetings, and ensure that meeting invitations and notes are kept in each student’s ELL file.  The Federal Programs and Compliance Officer will annually review all ELE files for completion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 7 Parent Involvement | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **By January 27, 2017** provide evidence of parent-teacher conferences, review meetings and the results of the parent survey. | | | |
| **Progress Report Due Date(s): January 27, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 10 Parent Notification | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of student records, documents, and staff interviews demonstrated that* *the charter school does not send annual written notice to students identified as English Language Learners. Additionally, record review and interviews indicated that the charter school* *does not report on students’ progress in becoming proficient in using English language in the same manner and the frequency as report cards and progress reports to the other students enrolled in the district.* | | | |
| **Narrative Description of Corrective Action:**  We have created ELL files for all students identified as having LEP, sent annual written notices to their parents/guardians, and sent English language development progress reports at the same time as trimester 1 and trimester 2 report cards, and will do the same for trimester 3. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Federal Programs and Compliance Officer; ELL Coordinator; ESL Teachers | | **Expected Date of Completion for Each Corrective Action Activity:**  Annual written notices sent – 9/30/2015  ELE progress reports sent home with report cards – 6/30/2016 | |
| **Evidence of Completion of the Corrective Action:**  Samples of dated annual written notices  Samples of ELE progress reports | | | |
| **Description of Internal Monitoring Procedures:**  The ELL Coordinator will compile and send home annual written notices to parents/guardians of all ELL students in September of each school year.  The ELL Coordinator will coordinate the creation and dissemination of ELE progress reports to be sent home with trimester report cards.  The Federal Programs and Compliance Officer will annually review all ELE files for completion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 10 Parent Notification | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **Please note:** The Department has developed a template parent notice for district use, available at <http://www.doe.mass.edu/ell/resources.html>, that contains the information as indicated by ELE 10. While the charter school may use other methods to inform parents of their students’ educational rights (brochure, enrollment forms), the district’s own initial and annual notices must contain all the required elements.  **By June 27, 2016,** submit the charter school’s parent notice (both initial and annual) and the form for English as a Second Language (ESL) progress reports.  **By June 27, 2016**, submit evidence of training on the revised parent notices, report card translations, and the progress report template, including an agenda, training materials and a signed attendance sheet for ELL staff and relevant record keeping staff  **By January 27, 2017** conduct an administrative review of approximately 15 ELL records for students whose parents received notification following the implementation of all corrective actions and representing the charter school’s, grade levels, proficiency levels, and language diversity (including low incidence languages) for evidence of the following: 1) use of the initial and annual parental notice; 2) translations of report cards; and 3) ESL progress reporting. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district’s plan to remedy the non-compliance**.**  **\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review;**  **c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): June 27, 2016; January 27, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 13 Follow-up Support | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of records, documents, and staff interviews indicated that the charter school does not actively monitor students who have exited an ELL program for two years.* | | | |
| **Narrative Description of Corrective Action:**  Starting in September of 2016, we have identified all students who have exited an ELL program, and created tracking sheets for those who exited the program within the past two years. Those tracking sheets are completed each trimester by the ELL Coordinator, with input from the students’ content teachers and learning specialists (where applicable). We are currently expanding this to students who exited an ELL program in the past four years, in anticipation of the change in regulations when the new Every Student Succeeds Act goes into effect.  FLEP students have also been coded in the school’s database, according to the length of time since they exited an ELE program. Files have been created for FLEP students, and the ELL Coordinator maintains those files. If a FLEP student with a tracking sheet is not making effective progress, the ELL Coordinator will convene a meeting with the student’s teachers, advisor and learning specialist (where applicable) to discuss the reason/s for the student’s lack of progress. If this team concludes that the student’s lack of progress is due to a lack English proficiency, the ELL Coordinator will arrange for the students to be screened using the W-APT, to determine what level of ELE services should be reinstated for the student. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  ELL Coordinator; Federal Programs and Compliance Officer | | **Expected Date of Completion for Each Corrective Action Activity:**  Completion of FLEP tracking sheets – 6/30/2016  Screening and restoration of ELE services for applicable students – 6/30/2016 | |
| **Evidence of Completion of the Corrective Action:**  Samples of FLEP tracking sheets  Samples of FLEP team meeting notes  Spreadsheet tracking the meetings held and actions taken of FLEP students | | | |
| **Description of Internal Monitoring Procedures:**  In October of each school year, the ELL Coordinator identifies all FLEP students, and creates tracking sheets for those who exited an ELE program within the past four years.  At the end of each trimester, the ELL Coordinator reports to the high school and middle school principals on the progress of those FLEP students, and actions taken for those who are not making effective progress.  The Federal Programs and Compliance Officer annually reviews all ELE files, including those for FLEP students, for completion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 13 Follow-up Support | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **By June 27, 2016** provide the completed FLEP Roster, the tracking sheet used to monitor FLEP students and the spreadsheet used to track meetings and actions taken on behalf of FLEP students.  By **January 27, 2017** conduct a review of FLEP student records to determine whether active monitoring forms have been completed and meetings were held to review student progress in the general education curriculum by the ELL Coordinator, the student’s SEI endorsed teachers and a learning specialist, if appropriate. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district’s plan to remedy the non-compliance.  **\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review;**  **c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): June 27, 2016 and January 27, 2017** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 17 Program Evaluation | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Document review and interviews indicated that the district does not have a formal process for evaluating the effectiveness of its ELE programming and does not document steps taken to make appropriate program adjustments or changes, if needed.* | | | |
| **Narrative Description of Corrective Action:**  We plan to evaluate the effectiveness of our ELE programming at the end of the 2015-16 school year, so that we can make adjustments based on that evaluation during the summer of 2016. We plan on using the DESE’s proposed program evaluation form, in combination with the results of the parent surveys and Castañeda’s Three-Pronged Test. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Federal Programs and Compliance Officer; ELL Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:**  ELE Program Evaluation – 8/31/2016 | |
| **Evidence of Completion of the Corrective Action:**  Completed ELE Program Evaluation | | | |
| **Description of Internal Monitoring Procedures:**  The Federal Programs and Compliance Officer and ELL Coordinator will annually review APR’s ELE Program, using input from faculty, parents and students, and adjust programming accordingly. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 17 Program Evaluation | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**   1. Please provide a copy of the program evaluation conducted by the district to identify the strengths and areas of improvement in developing ELLs’ English language skills and increasing their ability to participate meaningfully in the district’s educational program. 2. Please submit the description of program adjustments or changes made in response to the most recent ELE program evaluation. | | | |
| **Progress Report Due Date(s): June 27, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 18 Records of ELL Students | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of records indicated that the following documents are not consistently documented in the student record: 1) home language surveys; 2) results of identification and proficiency tests and evaluations; 3) information about students’ previous school experiences; 4) parent notification letters; 5) progress reports and report cards in the native language, if necessary; and 6) evidence of follow-up monitoring, if applicable.* | | | |
| **Narrative Description of Corrective Action:**  We have created ELL files for all students identified as LEP or as FLEP. We have created a checklist for each file listing all the required documents. We are in the process of conducting an audit of the ELL files, to determine which documents are missing from which records, and to remedy those omissions (where possible). | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  ELL Coordinator  Federal Programs and Compliance Officer | | **Expected Date of Completion for Each Corrective Action Activity:**  ELL file audit – 6/30/2016  Provision of missing documents – 12/23/2016 | |
| **Evidence of Completion of the Corrective Action:**  Samples of completed ELL file checklists  Samples of audited ELL files that are in process of being completed | | | |
| **Description of Internal Monitoring Procedures:**  The ELL Coordinator will identify all LEP and FLEP students in October of each school year, and ensure that a file exists for each LEP and FLEP student.  The ELL Coordinator will collect all available documentation for each LEP and FLEP student, and work to collect any missing documentation.  The Federal Programs and Compliance Officer annually reviews all ELE files for completion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 18 Records of ELL Students | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  The Department has developed a template student record checklist for district use, available at <http://www.doe.mass.edu/ell/resources.html>, that contains all required information as indicated by ELE 18.  Submit evidence of training including the district’s record maintenance checklist, an agenda, training materials, and a signed attendance sheet for ELL staff and relevant record keeping staff on the district’s ELL Student Records Checklist and the required content of ELL student records by **June 27, 2016.**  **By** **January 27, 2017** conduct an administrative review of approximately 15 ELL records for students following the implementation of all corrective actions and representing the district’s schools, grade levels, proficiency levels, and language diversity for evidence of all required content in each record, including initial identification testing, parent initial and annual notices, and evidence of follow-up monitoring for exited ELLs. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district’s plan to remedy the non-compliance.  **\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review;**  **c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): June 27, 2016 and January 27, 2017** | | | |