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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: North Middlesex

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 08/24/2016.

**Mandatory One-Year Compliance Date:** **08/24/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 8 | IEP Team composition and attendance | 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 41 | Age span requirements | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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| **Criterion & Topic:** SE 3A Special requirements for students on the autism spectrum | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents, student records and staff interviews indicate that, although the district has developed a process for IEP Teams to follow when a student has a disability on the autism spectrum, IEP Teams are not consistently considering and specifically addressing all of the following areas: 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 the 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 root cause of the district's failure to inconsistently comply with this regulation is due to lack of awareness and/or training on the need for the checklist to be used for all students with a primary or secondary diagnosis of ASD. During individual special education building meetings, both director and assistant director will train all special education liaisons on specifically how to use the document addressing all 7 components of students with ASD. These meetings will be completed by the end of September for the entire district. |
| **Title/Role(s) of Responsible Persons:**Dir of Spec EducAsst Dir of Spec EducSpec educ liaisonsPrincipals | **Expected Date of Completion:**11/01/2016 |
| **Evidence of Completion of the Corrective Action:**District will reconvene meetings for the 3 students identified by the department as not having the checklists in their files.District will share meeting agenda with sign in sheet for liaisons of all buildings in the district.District will share evidence of reconvene for all 3 students identified by the department. |
| **Description of Internal Monitoring Procedures:** Brad Brooks, Director of Special Education, and John Judge, Assistant Director of Special Education, will implement internal reviews of student files who have been diagnosed with ASD to ensure proper documentation of all 7 requirements. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Review the Department's guidance: Technical Assistance Advisory SPED 2007-1:Autism Spectrum Disorder at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.Submit evidence of training (agenda, materials used to include the Autism guidance document and dated attendance list with staff signature/role) provided to Special Education Liaisons on the district procedures to specifically address and document in the IEP all seven special requirements for students on the autism spectrum by December 23, 2016.For the student record identified by the Department, reconvene the IEP Team to specifically address and document in the IEP all seven special requirements for students on the autism spectrum. Submit a copy of the Team Meeting Invitation (N3), the Team Meeting Attendance Sheet (N3A) and a revised or amended IEP by December 23, 2016. Conduct a review of records for students with a disability on the autism spectrum who have IEP development meetings subsequent to implementation of all corrective actions, for evidence that the IEP Teams specifically address and document in the student's IEP all seven special requirements for students on the autism spectrum. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause (s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 24, 2017.\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 12/23/201603/24/2017 |

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| **Criterion & Topic:** SE 8 IEP Team composition and attendance | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records and staff interviews indicate that the district does not always invite a representative of a public agency who may be responsible for providing or paying for transition services when one purpose of the Team meeting is to discuss transition services. |
| **Description of Corrective Action:** The root cause of this corrective action lies with the fact that the district did not consistently invite to transition team meetings a representative from a human service agency who would be responsible for or paying for transition services for students. |
| **Title/Role(s) of Responsible Persons:**Dir of Spec EducAsst Dir of Spec EducSpec educ liaisons | **Expected Date of Completion:**01/01/2017 |
| **Evidence of Completion of the Corrective Action:**The Dir of Spec Educ and Asst Dir of Spec Educ will meet with liaisons from our high school teams as well as our Gatweay post secondary program and explain the importance of inviting a representative from these transition agencies to team meetings. District internal forms will be revised to include public agencies in the checklists. |
| **Description of Internal Monitoring Procedures:** The Dir of Spec Educ and/or the Asst Dir of Spec Educ will implement an internal review of team meeting notes/attendance pages to ensure that these transition agencies are being invited. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training (dated meeting notes, the revised internal forms) provided to liaisons at the high school level to ensure a representative of a public agency who may be responsible for providing or paying for transition services is consistently invited to the Team meeting by December 23, 2016.Conduct a review of student records at the high school level whose IEP meetings are conducted subsequent to implementation of all corrective actions, for evidence that a representative of a public agency who may be responsible for providing or paying for transition services is consistently invited to the Team meeting. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 12/23/201603/24/2017 |

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| **Criterion & Topic:** SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records demonstrates that the school district's Notice of Proposed School District Action (N1) includes a description of the action proposed or refused by the school district, an explanation of why the school district proposed or refused to take the action, and a description of each evaluation procedure, test, record, report; however, the N1 form does not consistently include a description of any other options that the school district considered and the reasons why those options were rejected, or other factors the school district used as a basis for the proposed or refused action. |
| **Description of Corrective Action:** A review of district N1 letters revealed that the district did not consistently answer question #4: Were there any rejected options discussed? The district did not describe what action was proposed or refused or why the district refused to take any action. |
| **Title/Role(s) of Responsible Persons:**Dir of Spec EducAsst Dir of Spec EducSped liaisonsPrincipals | **Expected Date of Completion:**11/15/2016 |
| **Evidence of Completion of the Corrective Action:**The Dir of Spec Educ and Asst Dir of Spec Educ will meet with each building liaison team and provide them with a training on content of N1 letters, specifically, questions #4. Examples will also be provided. Sign in sheets from these meetings, along with training agenda, will be uploaded to the department. |
| **Description of Internal Monitoring Procedures:** The Dir of Spec Educ and Asst Dir of Spec Educ will randomly review N1 letters prior to being sent to parents and address with any liaisons any letters which may need revision. |
| 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:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please review the Department's example of an appropriately developed Notice of Proposed School District Action (N1) form available at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf prior to the district's corrective actions.Submit training to special education staff related to the proper completion of its Notice of Proposed School District Action Form (N1), specifically ensuring that teams include a description of any other options that the school district considered and the reasons why those options were rejected, or other factors the school district used as a basis for the proposed or refused action. Evidence of training will include training agenda, attendance sheet with name(s)/role(s), copies of the materials presented and name/role of presenter by December 23, 2016Conduct a review of student records with IEP meetings conducted subsequent to implementation of all corrective actions, for a completed Notice of the Proposal to Act or Refusal to Act. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 12/23/201603/24/2017 |

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| **Criterion & Topic:** SE 41 Age span requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that at Varnum Brook Elementary School, the ages of the youngest and oldest student differ by more than 48 months in the Therapeutic Learning Center class and the district has not submitted a written request for approval of a wider age range to the Department of Elementary and Secondary Education for this grouping. |
| **Description of Corrective Action:** A review of documents/class lists noted that the district exceeded the 48 month window of instruction for its TLC Program located at Varnum Brook Elementary School. |
| **Title/Role(s) of Responsible Persons:**The Dir of Spec Educ and Asst Dir of Spec Educ Principals | **Expected Date of Completion:**10/01/2016 |
| **Evidence of Completion of the Corrective Action:**District reviewed class lists for the start of the 2016-2017 school year and this 48 month window is no longer exceeded due to 4th grade students transitioning to the middle school. No corrective action needed at this time. |
| **Description of Internal Monitoring Procedures:** The Dir of Spec Educ and Asst Dir of Spec Educ will meet with all program teachers/administrators and reaffirm the protocol with regards to the 48 month window. Additionally, class groupings will be monitored for this window as new students join programs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 41 Age span requirements | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Corrected |
| **Basis for Decision:** The district documented that the oldest student within the TLC Program at Varunum Brook Elementary School transitioned to middle school, leaving all special education instructional groupings with age spans within 48 months. Please conduct ongoing monitoring of age span requirements in all special education groupings to ensure continued compliance. |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  |
| **Progress Report Due Date(s):**  |

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| **Criterion & Topic:** SE 51 Appropriate special education teacher licensure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that one teacher at North Middlesex Regional High School who designs and/or provides direct special education services described in IEPs is not appropriately licensed. |
| **Description of Corrective Action:** Review of documents and licensure indicated that one special education teacher at North Middlesex Regional High School was not appropriately licensed. |
| **Title/Role(s) of Responsible Persons:**The Dir of Spec Educ and Asst Dir of Spec Educ Human Resources Director | **Expected Date of Completion:**10/01/2016 |
| **Evidence of Completion of the Corrective Action:**Teacher in question has been transferred to the Varnum Brook Elementary School (working under her appropriate license). Corrective action not needed. |
| **Description of Internal Monitoring Procedures:** Working with the director of human resources, the Dir of Spec Educ and Asst Dir of Spec Educ will monitor, annually, licensed teachers and their roles and address with anyone needing appropriate certification. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Corrected |
| **Basis for Decision:** District documented that the teacher working at North Middlesex Regional High School has been moved to classroom appropriate to her licensure. Please continue the ongoing monitoring of staff licensure and assignments to ensure that all special education teachers and related service providers are appropriately licensed or certified. |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  |
| **Progress Report Due Date(s):**  |

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| **Criterion & Topic:** SE 54 Professional development | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that although the district provides training for paraprofessionals, the content of the training does not include the following topics: state and federal special education requirements and related local special education policies and procedures; analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. |
| **Description of Corrective Action:** Review of paraprofessional trainings provided by the district revealed that the district did not provide training on the following topics: state and local sped requirements/procedures; analyzing and accommodating diverse learners and methods of collaboration amongst teachers and paras to accommodate these learners in general education classrooms. |
| **Title/Role(s) of Responsible Persons:**The Dir of Spec Educ and Asst Dir of Spec Educ | **Expected Date of Completion:**12/01/2016 |
| **Evidence of Completion of the Corrective Action:**The district provides para training monthly during 1/2 PD days. The scheduled PD day for 9/27 will include the following topics: state and local sped requirements/proceduresanalyzing and accommodating diverse learnersmethods of collaboration amongst teachers and paras to accommodate these learners in general education classrooms. |
| **Description of Internal Monitoring Procedures:** Annual para trainings will include the discussed topics |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training for paraprofessionals on state and federal special education requirements and related local special education policies and procedures; analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom.Include agendas, signed attendance sheets, the name and role of presenter, and training materials and submit this by December 23, 2016. |
| **Progress Report Due Date(s):** 12/23/2016 |

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| **Criterion & Topic:** CR 3 Access to a full range of education programs | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents indicates that the nondiscrimination statement on the school district website omits the protected categories of "gender identity" and "homelessness" and the school committee- approved nondiscrimination policy, updated in June of 2012, omits "homelessness." |
| **Description of Corrective Action:** NMRSD will update its nondiscrimination statement on the school district website and will include the protected categories of "gender identity" and "homelessness." NMRSD will update the school committee the nondiscrimination policy, updated in June of 2012 and include "homelessness."The district will update all additional locations including emails, school websites, and handbooks to include all protected categories. |
| **Title/Role(s) of Responsible Persons:**SuperintendentAssistant SuperintendentDirector of TechnologyBuilding based administration | **Expected Date of Completion:**06/30/2017 |
| **Evidence of Completion of the Corrective Action:**Updated websiteUpdated nondiscrimination policyUpdated handbooks and school websites |
| **Description of Internal Monitoring Procedures:** Once implemented, these locations will be checked twice a year, once in the summer, prior to school beginning and once in the new year (early winter) by the administration team to maintain accuracy. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 23, 2016:Submit a copy of each district policy noted in the description of corrective action that ensures equal access to a full range of education programs for all students, regardless of race, color, sex, religion, national origin, sexual orientation, disability, gender identity, and homelessness, along with evidence of notification of the revised policy to the school community. Alternatively, provide links to the appropriate documents on the district's website.Submit a description & documentation of the methods of dissemination to the school community of the revised policies. |
| **Progress Report Due Date(s):** 12/23/2016 |

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| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that training on the district's Bullying Prevention and Intervention Plan is not consistently provided to all staff, including several paraprofessionals, related service providers, and special education teachers. Additionally, the employee handbook's bullying definition has not been amended to extend protections to students who may be bullied by a member of the school staff. |
| **Description of Corrective Action:** NMRSD will include the Bullying Prevention and Intervention Plan in its mandatory training for all staff members, including teachers, paraprofessionals, related service providers, and special education teachers. The employee handbook will also be updated to include the extended protections to students who may be bullied by a member of the school staff. |
| **Title/Role(s) of Responsible Persons:**SuperintendentAsst. SuperintendentPrincipalsDir. of Special EducationBusiness Director | **Expected Date of Completion:**06/30/2017 |
| **Evidence of Completion of the Corrective Action:**The district will update the mandatory training and include a sign off of the BPIP for all staff members by October 15th of each year. NMRSD will update the employee handbook to include the extended protections to students who may be bullied by a member of the school staff. |
| **Description of Internal Monitoring Procedures:** Sign off sheets will be reviewed in October of each year to confirm everyone has completed the mandatory training and reviewed the BPIP.Each summer, the employee handbook will be reviewed to make sure it has all necessary information according to state regulations and MGL. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Review the amended regulations relative to bullying in schools that expands the definition of perpetrator to include students and members of a school staff, including, but not limited to, educators, administrators, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to an extracurricular activity and paraprofessionals at https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section37o. Ensure that the district's Bullying Prevention and Intervention Plan includes these 2013 amendments.Submit evidence of professional development training on the district's revised BullyingPrevention and Intervention Plan for all staff, specifically including paraprofessionals, related service providers, and special education teachers, by December 23, 2016. This documentation should include a link to the updated Bullying Prevention and Intervention Plan, agendas with date of training/name of presenter, and signed attendance sheets. |
| **Progress Report Due Date(s):** 12/23/2016 |

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| **Criterion & Topic:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents indicates that the district-wide website's nondiscrimination statement omits "gender identity" as a protected category. Additionally, the high school's Student Services Discrimination Statement website link omits "gender identity" and "disability" as protected categories. |
| **Description of Corrective Action:** NMRSD will update the district-wide website's nondiscrimination statement to include "gender identity." Additionally, the high school's Student Services Discrimination Statement website link will include "gender identity" and "disability" as protected categories. |
| **Title/Role(s) of Responsible Persons:**Director of TechnologyHigh School administration | **Expected Date of Completion:**06/30/2017 |
| **Evidence of Completion of the Corrective Action:**Updated district websiteUpdated high school website |
| **Description of Internal Monitoring Procedures:** Once implemented, these locations will be checked twice a year, once in the summer, prior to school beginning and once in the new year (early winter) by the administration team to maintain accuracy. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit the links to the district's non-discrimination policy webpage and the high school's Student Services Discrimination Statement webpage to ensure the district does not exclude students on the basis of race, sex, gender identity, color, religion, national origin, sexual orientation, disability, or homelessness and provide evidence of dissemination to the school community, by December 23, 2016. |
| **Progress Report Due Date(s):** 12/23/2016 |

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| **Criterion & Topic:** CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that the district has revised its written restraint prevention and behavior support policy and procedures. The district has identified program staff to serve as school-wide resources for the administration of restraint and provided them with in-depth training on both de-escalation and the administration of restraints. A district-hired attorney conducted training for administrators, related service staff, and members of the Crisis Intervention Team on the new physical restraint regulations that went into effect January 1, 2016 and plans to conduct training for all staff during the district's first all-staff training in September 2016. Administrative interviews indicate, however, that the district's revised restraint prevention and behavior support policy and procedures have not been provided to parents. |
| **Description of Corrective Action:** NMRSD will provide the district's revised restraint prevention and behavior support policy and procedures to parents. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationBuilding principalsDirector of Technology | **Expected Date of Completion:**06/30/2017 |
| **Evidence of Completion of the Corrective Action:**Updated websites to include restraint prevention and behavior support policy and procedures for parents |
| **Description of Internal Monitoring Procedures:** Once implemented, these locations will be checked twice a year, once in the summer, prior to school beginning and once in the new year (early winter) by the administration team to maintain accuracy. |
| 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:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that the district's revised restraint procedures have been disseminated to families. Include any memo or email sent to parents to alert them of the website posting. The district may provide a web link in lieu of uploading a document. Please submit this by December 23, 2016. |
| **Progress Report Due Date(s):** 12/23/2016 |

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| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that although the district has a process for staff to review instructional materials for simplistic and demeaning generalizations, the district review omits "gender identity" as a protected category. |
| **Description of Corrective Action:** NMRSD will include "gender identity" as a protected category when reviewing instructional materials for simplistic and demeaning generalizations. |
| **Title/Role(s) of Responsible Persons:**Assistant SuperintendentBuilding PrincipalsCurriculum review teams- building based | **Expected Date of Completion:**06/30/2017 |
| **Evidence of Completion of the Corrective Action:**Updated instructional materials review protocol to include "gender identity" within its review. |
| **Description of Internal Monitoring Procedures:** Once implemented, these locations will be checked twice a year, once in the summer, prior to school beginning and once in the new year (early winter) by the administration team to maintain accuracy. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit the updated Instructional Materials Review protocol for individual teachers to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and provide evidence of dissemination to staff, by December 23, 2016.Submit evidence of staff training on the updated protocol, including an agenda with date of training/name of presenter and signed attendance sheets, by December 23, 2016. |
| **Progress Report Due Date(s):** 12/23/2016 |

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| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that the civil rights institutional self-evaluation does not include "gender identity" as a protected category. |
| **Description of Corrective Action:** NMRSD will ensure that the civil rights institutional self-evaluation includes "gender identity" as a protected category during the evaluation process. |
| **Title/Role(s) of Responsible Persons:**District administrationBuilding principals | **Expected Date of Completion:**06/30/2017 |
| **Evidence of Completion of the Corrective Action:**Evaluation process criteria will explicitly include all protected categories, including "gender identity" |
| **Description of Internal Monitoring Procedures:** NMRSD will review evaluation process criteria yearly for all necessary components. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 09/23/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit the updated civil rights institutional self-evaluation that includes "gender identity" as a protected category, by December 23, 2016. |
| **Progress Report Due Date(s):** 12/23/2016 |