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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: Arlington

CPR Onsite Year: 2016-2017

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 06/05/2017.

**Mandatory One-Year Compliance Date:** **06/05/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| 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 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 21 | School day and school year requirements | Partially Implemented |
| SE 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 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |

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

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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 the district does not consistently invite students aged 14 and older to attend part or all of Team meetings at which transition services are discussed or proposed. | | |
| **Description of Corrective Action:**  The District will train all secondary (middle, high school, and out-of-district) special education staff including special education teachers (liaisons for annual reviews,) Team Chairpersons, and Special Education Coordinators on the need to invite students who are 14 years and older to attend part of all of their Team meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheet/agenda/training material.  Team meeting invitations will include students names and Attendance Sheets will show student present if parent allowed participation. | | |
| **Description of Internal Monitoring Procedures:**  Team Chairpersons will review all meeting invitations sent from liaisons during the first quarter of implementation. Quarterly, special education administrators will review five files from the secondary level to ensure students were invited to attend meetings when transition services are discussed or proposed. For files that were not in compliance, Teams will reconvene to include the student. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of special education staff training on inviting students 14 or older to meetings at which transition will be discussed or proposed, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By March 12, 2018 submit the results of an internal review of approximately ten (10) records of students aged 14 or older with IEP meetings held subsequent to implementation of all corrective actions for evidence the district invited the student to the meeting and encouraged the student to attend. Provide a detailed summary of the internal review including the number of records reviewed, the number showing that the district invited the student, and the number showing the student attended the meeting. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as 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):**  11/01/2017  03/12/2018 | | |

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

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the district does not consistently inform students and parents at least one year prior to the student reaching age 18 of the rights that will transfer from the parent to the student upon the student's 18th birthday. Record review and staff interviews also indicated that upon the student reaching age 18, the district does not consistently obtain consent from the adult student with sole or shared decision-making authority to continue his or her special education program. | | |
| **Description of Corrective Action:**  The District will train all high school and out-of-district special education staff including special education teachers (liaisons for annual reviews,) and Team Chairpersons on the need to inform students and families during the IEP period in which the student will turn 17 years old of the transfer of rights at age 18. They will be trained to reflect this in the N1 under "Next Steps" and in the Team Meeting Summaries. At the beginning of the school year, the Team Chairperson will pull the names of students turning 17 during the upcoming school year and flag these names for distribution to the special education liaisons.  A second list will be created for students turning 18. This list will be shared with the Secondary Special Education Clerk who will input these birthdays into her calendar. She will be responsible for notifying these families of the requirement for the adult student to sign his or her IEP. She will keep record of outreach and notify the High School Special Education Coordinator when three attempts have been made and the IEP remains unsigned. High School Special Education Coordinator will request meeting with families as next step. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheets/agendas/training materials. Team Meeting Summaries and IEPs signature pages. | | |
| **Description of Internal Monitoring Procedures:**  The Team Chairperson and Special Education Coordinator will monitor the list created annually. On a quarterly basis, they will check against the Team Meeting Summaries and IEPs to ensure that this was discussed. The Secondary Special Education Coordinator will review monthly the list from the Clerk on IEPs that need to be signed. | | |
| 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:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of high school and out-of-district special education staff training on the transfer of rights procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  For those student records identified by the Department, submit a copy of the current IEP with the student's signature by November 1, 2017.  By March 12, 2018 submit the results of an internal review of approximately five (5) records of students who turned 17 subsequent to implementation of all corrective actions for evidence the student and parent were notified at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district notified the student and parent at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18.  By March 12, 2018 submit the results of an internal review of approximately five (5) records of students who turned 18 subsequent to implementation of all corrective actions for evidence the district gained the student's consent to continue their special education program and placement, or documentation of the student's choice to delegate decision-making rights. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district obtained the student's consent or documented the student's choice to delegate their rights. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as 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):**  11/01/2017  03/12/2018 | | |

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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 when required Team members do not attend a Team meeting, the district does not consistently obtain the parent's agreement in writing to excuse the Team member's participation, and the absent member does not consistently provide written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  The District will train all special education staff including special education teachers (liaisons for annual reviews) and Team Chairpersons on the need to obtain written agreement from families to waive a required Team members attendance in advance of the meeting. Team Chairpersons will then request written input from that Team member in the form of an ED B (initial or re-evaluation) or Teaching Inquiry Form (annual reviews.) | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheets/agendas/training materials. Attendance waivers. Written input from Team members (ED B or Teacher Inquiry Form). | | |
| **Description of Internal Monitoring Procedures:**  On a quarterly basis, special education administrators will gather from liaisons and Team Chairpersons the names of students in which parents waived team member participations. From these names, they will review a random sampling of these files to check for compliance with this requirement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of special education staff training on procedures for excusing a Team member from an IEP meeting, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By March 12, 2018, submit the results of an internal review of approximately ten (10) records of students across all grade levels with Team meetings convened subsequent to implementation of all corrective actions and at which one or more Team member was absent. Provide a detailed narrative summary of the review including the number of records reviewed and the number at which the parent excused an absent Team member in writing and the excused Team member provided written input to the Team before the 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):**  11/01/2017  03/12/2018 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and parent interviews indicated that although progress reports are provided to parents at least as often as parents are informed of the progress of non-disabled students, the progress reports do not consistently include specific written information on the student's progress toward the annual goals in the IEP. | | |
| **Description of Corrective Action:**  The District will train all special education staff including special education teachers, related service providers, and Team Chairpersons on the need to answer BOTH questions on the student progress report "(1) What is the student’s progress toward the annual goal?  (2) Is the progress sufficient to enable the student to achieve the annual goal by the end of the IEP period?" | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  11/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Memo to all staff. Signed participant attendance sheet/agenda/training materials. | | |
| **Description of Internal Monitoring Procedures:**  Team Chairpersons will review all progress reports before they are sent to parents to ensure they meet this criteria. Special Education Coordinators will pull a random sampling of 10 records during each progress reporting period to ensure that they meet these requirements. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of training for special education teachers, related service providers, and Team Chairpersons on writing progress reports that provide written information on the student's progress toward each IEP goal. Include training materials, agenda, attendance lists with signature and role of participants, and name and role of presenter.  By March 12, 2018 submit the results of an internal review of approximately fifteen (15) records across all grade levels with progress reports completed subsequent to implementation of all corrective actions for evidence that progress reports include written information on the student's progress towards each annual goal in the IEP. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that progress reports included details on the student's progress toward meeting each IEP goal. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as 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):**  11/01/2017  03/12/2018 | | |

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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 parent interviews indicated that Team meetings are not consistently held on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. In addition, record review and parent interviews indicated that IEP Teams do not consistently convene to review and revise the IEP to address any lack of expected progress towards the annual goals and in the general curriculum. | | |
| **Description of Corrective Action:**  All special education staff, including special education teachers (liaisons for annual reviews), related service providers, and Team Chairpersons will be trained on the requirement to hold a team meeting before the expiration of the IEP. Parents requesting delay past the anniversary date of the IEP will be informed that the District must meet on or before the expiration date and will make three attempts to include them in this meeting, however it will be held without them if a mutually agreeable time cannot be found. By the end of September, special education liaisons will schedule all Annual Reviews for the school year and submit these to the Team Chairperson & Special Education Coordinator. The Team Chairperson will tentatively schedule all re-evaluations by the second week of October and submit this list to the Special Education Coordinator.  After each progress reporting period, Team Chairpersons and Special Education Coordinators will review progress reports /report cards and note any student who is not making expected progress toward their annual goals or in the general education curriculum. These teams will be scheduled to reconvene to review and revise, if necessary, the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  01/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheets/agendas/training materials. Meeting invitations, IEPs. | | |
| **Description of Internal Monitoring Procedures:**  Our IEP software company has created a dashboard noting IEPs out of compliance. This will be reviewed monthly with Special Education Coordinators for patterns of non-compliance. Identified schools and or individuals will be provided additional training and supervision. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district noted in its response to the draft report that the BSEA has advised the district that with written agreement the parties can extend the provisions of the IEP and hold a meeting after the anniversary date. As indicated by the Department, this evidence of written documentation was not present in the reviewed student records.  Therefore, the district proposal to make three attempts to include the parents in the annual IEP Team meeting but meet without them if a mutually agreeable date and time can not be found before the one-year anniversary is not acceptable.  The date and time proposed in the Meeting Invitation (N3) should be sufficiently in advance of the one-year anniversary to allow the parent and district to establish mutually agreed upon dates before the one-year anniversary. However, when the meeting is rescheduled beyond the one-year date, the district must clearly document that the Team meeting has been rescheduled after the IEP's anniversary date at the parent's request. It is recommended that the district document this request in the Meeting Invitation (N3).  Additionally, the internal monitoring process does not address that the parent's request to reschedule the annual Team meeting after the anniversary date must be clearly documented in the student record. | | |
| **Department Order of Corrective Action:**  Revise the district's procedures to ensure that annual Team meetings are scheduled sufficiently in advance to allow for rescheduling proposed meeting date/time before the one-year anniversary and for clearly documenting in the student record that the Team meeting has been re-scheduled after the IEP's anniversary date at the parent's request. It is recommended that the district document parent requests in the re-issued Meeting Invitation (N3).  Develop an internal oversight and tracking system for ensuring that when annual IEP Team meetings are scheduled beyond the anniversary date of the IEP at the parent's request, this request is clearly documented in the student record. The oversight system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit the revised procedures for scheduling annual Team meetings and documenting parent requests to reschedule beyond the anniversary date of the current IEP.  By November 1, 2017 submit evidence of special education staff training on the revised procedures and include the agenda, training materials, attendance lists with names and roles of participants, and name and role of presenter.  By November 1, 2017, submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the person designated for oversight  By March 12, 2018, submit the results of an internal review of approximately 15 records across all grade levels and with annual meetings held subsequent to implementation of all corrective actions, to ensure that annual Team meetings were held on or before the anniversary date of the IEP or, if rescheduled beyond the anniversary date at parent request, were documented in the student's record.  By March 12, 2018, submit the results of a second internal review of approximately 5-6 records with progress reporting subsequent to the implementation of all corrective actions, to ensure that Teams reconvene to review and revise the IEP to address any lack of expected progress towards the annual goals and in the general curriculum.  \*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 the student names and grade levels for the records reviewed; b) date of the review; and c) name of person(s) who conducted the review, their role(s), and signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  03/12/2018 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff and parent interviews indicated that parents leave with summary notes at the conclusion of the IEP Team meeting, which include a completed IEP service delivery grid describing the types and amounts of special education and related services proposed by the district and a statement of the major goal areas associated with these services. Although the district provides the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are not consistently sent within two calendar weeks of the Team meeting. | | |
| **Description of Corrective Action:**  The District has created a timeline for paperwork submission that begins with the IEP meeting. Team Chairpersons will be responsible for ensuring compliance from Team members and notify building administrators when staff members are non-compliant. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed and completed timeline checklists. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Coordinators will review timeline checklists monthly with the building administrator & team chairperson to identify patterns or individual staff members who are not meeting timeline compliance requirements. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of training or communication such as a memorandum to special education staff on the timeline for completing IEPs for provision to the parent within two (2) calendar weeks of the Team meeting. Include the agenda, training materials, and attendance lists with signature and role of participants, or memorandum outlining the timeline, and email documentation of the recipients of memorandum.  By March 12, 2018 submit the results of an internal review of approximately 15 records across all grade levels with IEP Team meetings held subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which the IEP was provided to the parent within two (2) calendar weeks of the 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):**  11/01/2017  03/12/2018 | | |

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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 district does not consistently state why removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  The District will train all special education staff including special education teachers, related service providers, and Team Chairpersons on the requirement that Teams must clearly identify times when a student is removed from the general education classroom and give good reason for such removal and cannot simply explain that the service cannot be provided in the general education classroom. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheets/meeting agenda/training materials. IEPs with C grid services will reflect the Non-participation justification fully completed. | | |
| **Description of Internal Monitoring Procedures:**  On a quarterly basis, special education administrators will review a random sampling of records from students receiving services outside of the general education classroom at each level to ensure this portion of the IEP is completed. If patterns emerge at certain schools or levels that this portion of the IEP is not completed additional training will be provided to that school team. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of training for special education staff on writing Non-participation Justification statements that explain why removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.  By March 12, 2018 submit the results of an internal review of approximately ten (10) records across all grade levels with IEP 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 for which the Non-participation Statement specifies why removal from the general education classroom is considered critical to the student's program. 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 21 School day and school year requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that IEP Teams do not consistently consider extended year programming when 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:**  The District will train all special education staff including special education teachers (liaisons for annual reviews) and Team Chairpersons on the need to consider extended year programming at the time they are developing the IEP. They cannot "wait to see" or delay a decision in an effort to gather more data. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  12/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheets/agenda/training materials, IEPs, and Team Meeting Summaries | | |
| **Description of Internal Monitoring Procedures:**  On a quarterly basis, special education administrators will pull a random sampling of records from each level to ensure that this consideration has been made. In the event that teams have not considered the need for extended year services then the Team will reconvene to make this consideration. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 21 School day and school year requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of training for special education staff on the need for Teams to consider extended year programming when 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. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.  By March 12, 2018 submit the results of an internal review of approximately ten (10) records across all grade levels with IEP 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 for which Teams considered extended year programming when the student demonstrated or was likely to demonstrate substantial regression. 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):**  11/01/2017  03/12/2018 | | |

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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, staff and parent interviews, and parent surveys indicated that when the IEP of the student in need of special education has been accepted in whole or in part by the student's parent, the school district does not consistently provide the mutually agreed upon services without delay. Specifically, due to the late hiring of related service providers, speech and language services were not fully implemented at Dallin Elementary School for the start of the 2016-2017 school year until December 2016, and physical therapy services were not provided at Brackett Elementary School until the beginning of October 2016. Record review and staff and parent interviews indicated that, unless specifically requested by the parent, the district does not immediately inform parents in writing of any delayed services, reasons for delay, actions that the school district is taking to address the lack of space or personnel and does not offer alternative methods to meet the goals on the accepted IEP. | | |
| **Description of Corrective Action:**  The speech & language pathologist and physical therapist have been providing compensatory services throughout the school year to identified students. A list of all students who are owed services will be created and checked against services already delivered. Any student who is still owed services will be noticed by letter outlining the number of hours missed and the proposed compensatory service delivery plan. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Compensatory services delivered, to whom and dates. List of eligible students. Letter to families. Copies of agreements. | | |
| **Description of Internal Monitoring Procedures:**  Director of Human Resources, the building principal, and special education administrators will create a list of any unfilled positions or vacancies at the start of the year and add to this list during any period of time a vacancy occurs. If a vacancy occurs parents will be notified in a letter by the building administrator of the delay in services, reasons for the delay and actions the District is taking to address the lack of services, and the proposal of alternative methods to meet the goals of the accepted IEP. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit a list of all Dallin School students who received/are owed compensatory speech and language services for the months of September to December 2016, and Brackett School students owed compensatory physical therapy services for September 2016. Include in each list the student name, school, type of services, and the starting/ending dates of compensatory services.  By March 12, 2018 submit the results of an internal review of records of students whose IEP implementation was delayed due to lack of classroom space or personnel subsequent to implementation of corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which parents were notified of the absence or vacancy and were offered alternative methods to meet the goals on the accepted 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):**  11/01/2017  03/12/2018 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that information included in the narrative description of the Notice of Proposed School District Action (N1) does not contain sufficient detail of the district's proposed actions, specifically a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  District will train Team Chairpersons on the requirement to note with sufficient detail in the N1 the type of assessments/categories of testing they considered, in addition to the other information (ex. reports cards, progress reports, etc). We will change the default setting on our IEP software to list these questions separately in the N1. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheet/agenda/training materials, and N1s. | | |
| **Description of Internal Monitoring Procedures:**  On a quarterly basis, special education administrators will review a random sampling of IEPs from each level to ensure that this information is listed clearly in the N1. Patterns will be analyzed to identify particular school teams or individuals who require additional training in this requirement. | | |
| 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:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of training for Team Chairpersons on including sufficient detail in the description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action on page 2 of the Notice of Proposed School District Action (N1) or Refusal to Act (N2). Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.  By March 12, 2018 submit the results of an internal review of approximately 15 records across all grade levels with IEP 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 for which the N1 or N2 provides sufficient detail in the description of each evaluation procedure, test, record, or report the agency 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):**  11/01/2017  03/12/2018 | | |

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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 staff interviews indicated that the district ensures that all staff, including both special education and general education staff, are trained on 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. However, document review and staff interviews indicated that the district does not ensure that all general education teachers are trained in methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom and on state and federal special education requirements and related local special education policies and procedures. | | |
| **Description of Corrective Action:**  The District will work with the school principals and Assistant Superintendent to include in the annual training methods to collaborate among teachers and teachers assistants to accommodate diverse learning styles in the general education classroom and state, federal, and local special education policies. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Sign-in sheets, copies of slides to be used in training. | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review annual training materials principals and the assistant superintendent provide to staff and monitor the completion of the annual training through the collection of sign-in sheets. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit a 2017-2018 professional development calendar identifying dates of scheduled training for general education and special education staff on state and federal special education requirements and methods of collaboration.  By January 24, 2018 submit evidence of training for general education and special education staff on state and federal special education requirements and methods of collaboration including agenda, training materials, signed attendance sheet, and name and role of presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/24/2018 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of facilities indicated that high school students are required to walk through another special education classroom or the school's social worker's office to access speech and language services, therefore compromising students' confidentiality. | | |
| **Description of Corrective Action:**  The office/classroom space of the high school speech and language pathologist will be moved to another location that does not require entry through another classroom and/or office space. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  09/06/2017 |
| **Evidence of Completion of the Corrective Action:**  Site visit, office relocation. | | |
| **Description of Internal Monitoring Procedures:**  The high school assistant principal and special education coordinator will assign classrooms/office space that meet this requirement and ensure student confidentiality. Director of Special Education will complete an annual walk-through of the building to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit a floor plan identifying the location for provision of speech and language services at Arlington High School.  A follow-up site visit to the speech and language instructional spaces will be arranged by the Department prior to November 1, 2017. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has not conducted a formal evaluation of its special education programs and services in the last two years. | | |
| **Description of Corrective Action:**  The District will engage an independent evaluator or agency to conduct a formal evaluation of our special education program and services. | | |
| **Title/Role(s) of Responsible Persons:**  Alison Elmer, Director of Special Education | | **Expected Date of Completion:**  06/05/2018 |
| **Evidence of Completion of the Corrective Action:**  Evaluation report. | | |
| **Description of Internal Monitoring Procedures:**  Based on report findings and recommendations we will create an evaluation cycle for on-going monitoring of our programs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit a description of the district's proposed evaluation plan, the timeline for implementation, and the staff responsible.  By March 12, 2018 submit the special education program evaluation including an analysis of the survey data, a summary of the results, and an action plan for any recommendations based on the results. | | |
| **Progress Report Due Date(s):**  11/01/2017  03/12/2018 | | |

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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 staff interviews indicated that the district does not consistently translate important information and documents, such as handbooks and codes of conduct, into its major languages of Chinese, Spanish, and Japanese. The district website has an online translation option, but the translator is not functional for linked documents such as the student handbook, code of conduct, or Bullying Prevention and Intervention Plan. Interviews indicated that although the district will provide translations and oral interpretation upon parent request, notices for requesting translations are provided only in English. | | |
| **Description of Corrective Action:**  A misunderstanding of how the technology would work to automatically translate the documents. The documents have already been translated into Chinese, Japanese, and Spanish. The District will place hot links to translated documents on the website. Will put request to translate documents in those three languages. Staff will include request to translate in their email signature. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  10/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Share links with the Department. Selected notices to parents indicate the availability of translation in the major three languages (Chinese, Japanese, & Spanish) | | |
| **Description of Internal Monitoring Procedures:**  Will check website annually to ensure that links are active and linked to correct documentation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit web links to Chinese, Japanese and Spanish translations of the district's code of conduct, high school handbook, and Bullying Prevention and Intervention Plan demonstrating their accessibility to families.  By November 1, 2017 submit sample notices to parents translated into the district's primary languages informing them that translations are available upon request. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student handbooks indicated that the schools' non-discrimination policy affirming non-tolerance for harassment does not address sex or gender identity as protected categories, and the elementary schools' code of conduct does not include sex as a protected category. | | |
| **Description of Corrective Action:**  Although handbooks/code of conduct were updated some protected categories were over looked. The handbooks and associated codes of conduct will be updated to include the missing categories. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  12/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Links to the updated handbooks/code of conduct will be forwarded to the department. | | |
| **Description of Internal Monitoring Procedures:**  Annually the assistant superintendent will review handbooks/codes of conduct to insure compliance with all applicable state and federal regulations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit web links to the student handbooks, revised to include sex and gender identity in the non-discrimination policy affirming non-tolerance for harassment, and the elementary schools' code of conduct revised to include sex as a protected category. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district Bullying Prevention and Intervention Plan states that staff hired after the start of the school year will be provided training on the district's Plan only if they cannot document participation in a comparable program within the last two years. In addition, the middle school handbook does not include staff as possible aggressors in its definition of bullying. | | |
| **Description of Corrective Action:**  Bullying plan will be updated to reflect the change that all new staff will be trained for Fall 2017. Online Google classroom training module on bullying plan will be created by October 15, 2017 for teachers hired after October 15 (prior to that date there will be small group training for all new teachers hired prior to October 15, 2017. In addition, middle school handbook will be updated to include staff as possible aggressors in its definition of bullying by September 20, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  05/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Link to updated Bullying Prevention and Intervention Plan sent to DESE. Copy of Google classroom training module for staff hired after beginning of the year sent to DESE. Link updated middle school handbook sent to DESE. | | |
| **Description of Internal Monitoring Procedures:**  Assistant Superintendent will monitor the signature of employees indicating that they have done the Google online training quarterly to ensure all new employees have completed training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit a revised Bullying Prevention and Intervention Plan that states that all staff, including those hired after the start of the school year, must participate in training on the district's bullying plan; and the middle school handbook or a web link demonstrating that the Bullying and Intervention Plan disseminated to middle school students and families includes staff in the definition of aggressors. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district provides educational services to students suspended for more than ten days in a school year either consecutively or cumulatively, the School-wide Education Service Plan is not included in the discipline policy. In addition, the district has not developed a system for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. | | |
| **Description of Corrective Action:**  Update the districts' handbooks to include the School-wide Education Service plan in the sections regarding discipline policy 9/30/ 2017. Update handbooks to include the documentation of the annual review process currently in place to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student population by 9/30/2017. Documentation of the presentation of this data to school committee in public meeting on the district by website by 9/30/2017. Data to be examine will come from the SSDR report to the DESE and the data collected for the federal CRDC report. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent, Data Specialists | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Link will be provided to the handbooks to show inclusion of School-wide Education Service plan in the sections regarding discipline. Documentation of the presentation of the data to school committee on district website. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of handbooks to ensure School-wide Education Service plan is up to date and annual presentation of data regarding suspensions and removals and the impact on selected student populations - both to be undertaken by the Assistant Superintendent. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit a description of the system for periodic review of discipline data by principals to address the impact of disciplinary action on selected student populations and modify disciplinary practices as needed.  By November 1, 2017 submit the revised discipline policy or a web link to the policy that provides students who are suspended for more than ten (10) consecutive days educational service options to allow them to continue to make academic progress toward state and local requirements.  By November 1, 2017 submit evidence of dissemination of the revised discipline policy to students, parents, and staff. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and the district's website indicated that the district's annual and continuous notification concerning nondiscrimination and coordinators does not include the office address(es) and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504. | | |
| **Description of Corrective Action:**  Documents which discuss compliance under Title IX and Section 504 and portions of district website which deal with these two regulations will be update to include the office addresses and phone numbers of those designated in each building and across the district to ensure compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  11/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Copies of documents and links to appropriate sections of the district website. | | |
| **Description of Internal Monitoring Procedures:**  Assistant superintendent will monitor annually to ensure that names/addresses/phone numbers are up to date. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit the revised student and staff handbooks or a link to the district website demonstrating that the office address(es) and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504 are included. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has developed a notice to students 16 and over and their parents which is sent within five days of the student's tenth consecutive absence; however, the notice does not offer at least two (2) dates and times for an exit interview to discuss reasons why the student is permanently leaving school and does not state that the exit interview may be extended at the request of the parent/guardian for up to 14 days. In addition, document review indicated that the district has not developed a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  Assistant principal will modify 10th consecutive absence letter to include offering of at least two dates and times for exit interview and that there may be an extension of the exit interview for up to 14 days by parental request by 09/01/17. Assistant principal will develop letter to be sent annually to all former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs by 9/1/17. Letters will be sent out to all former students who are part of this group by 12/15/17. | | |
| **Title/Role(s) of Responsible Persons:**  High school principal and assistant principal. | | **Expected Date of Completion:**  12/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Link to sample 10 day letter as appendix to high school handbook. Sample of letter to former students provided to DESE. List of students who received letter to DESE. | | |
| **Description of Internal Monitoring Procedures:**  Principal will monitor that the exit interviews have occurred and outcome of those interviews quarterly. Principal will also monitor the annual sending of letters to former students and the outcomes from that correspondence. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit the notice to students 16 and over and their parents which is sent within five days of the student's tenth consecutive absence, revised to offer at least two (2) dates and times for an exit interview to discuss reasons why the student is permanently leaving school and stating that the exit interview may be extended at the request of the parent/guardian for up to 14 days.  By November 1, 2017 submit the annual written notice to former students who have left the district, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs.  By March 12, 2018 submit the results of an internal review of all students 16 or older who left the district within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left the district and whether they have transferred to another district. If the student has not transferred to another district, include the date the district sent the student a notice with information on the availability of publicly funded post-high school academic support programs and encouraging them to participate in available programs. | | |
| **Progress Report Due Date(s):**  11/01/2017  03/12/2018 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district has written restraint prevention and behavior support policy and procedures consistent with regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention and provides annual staff training within the first month of each school year, the training does not include de-escalation strategies and alternatives to restraint. | | |
| **Description of Corrective Action:**  Annual training that happens within the first month of school will be expanded to include de-escalation strategies and alternatives to restraint will be designed by 9/1/2017 and will be delivered to all staff by 9/30/2017. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant superintendent, building principals. | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Sign-in sheets, copies of slides to be used in training. | | |
| **Description of Internal Monitoring Procedures:**  Assistant superintendent will distribute slides to be used and collect sign-in sheets. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit evidence of staff training on the restraint policy including de-escalation strategies and alternatives to restraint, and include training materials, signed attendance sheets, and the name and role of presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's Curriculum Accommodation Plans do not contain the following: supports to assist the regular classroom teacher in analyzing diverse learning styles; provision of services to address the needs of children whose behavior may interfere with learning; or provisions encouraging teacher mentoring and collaboration and parental involvement. In addition, the elementary Curriculum Accommodation Plan does not identify appropriate services and support within the general education program including, but not limited to, direct and systematic instruction in reading. | | |
| **Description of Corrective Action:**  DCAP will be updated to include: supports to assist the regular classroom teacher in analyzing diverse learning styles; provision of services to address the needs of children whose behavior may interfere with learning; or provisions encouraging teacher mentoring and collaboration and parental involvement. In addition, there will be a description of the appropriate services and support within the general education program including, but not limited to, direct and systematic instruction in reading and mathematics. Principals will review and emphasize this part of the DCAP during the annual back to school training. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant superintendent, principals | | **Expected Date of Completion:**  06/05/2018 |
| **Evidence of Completion of the Corrective Action:**  DESE will be sent a link to the updated DCAP. Copy of presentation to teachers will be sent to DESE. | | |
| **Description of Internal Monitoring Procedures:**  Assistant superintendent will annually update the DCAP to include new supports which are being offered. Assistant superintendent will monitor sign-in sheets for the annual meetings held by principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 24, 2018 submit the K-12 DCAP, or a web link to the DCAP on the district's website, updated to include supports to assist the regular classroom teacher in analyzing diverse learning styles, providing services to address the needs of children whose behavior may interfere with learning, encouraging teacher mentoring and collaboration, and parental involvement; and for grades K-5, services and support within the general education program including, but not limited to, direct and systematic instruction in reading.  By January 24, 2018 submit evidence of staff training on the DCAP including the agenda, training materials, signed attendance lists, and the name and role of presenter(s). | | |
| **Progress Report Due Date(s):**  01/24/2018 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation; and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  Each curriculum director will present to the assistant superintendent a plan to assure for regular review of 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 that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials by 11/20/2017. These plans will include training for teachers on how they should review any materials that are unique to their classroom in the same manner. Review cycles will be completed for the initial reviews by 06/05/2018. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant superintendent, curriculum directors, and literacy specialists. | | **Expected Date of Completion:**  06/05/2018 |
| **Evidence of Completion of the Corrective Action:**  Plans for the review cycles and teacher training to DESE. Reports from review cycles to the DESE. | | |
| **Description of Internal Monitoring Procedures:**  Assistant superintendent shall report annually to the Curriculum, Instruction, Assessment, and Accountability sub-committee on the outcome of these reviews. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit procedures for the regular review by teachers of all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, and sexual orientation.  By January 24, 2018, submit evidence of staff training on the procedures including the agenda, training materials, signed attendance lists, and name and role of presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/24/2018 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  Assistant superintendent will develop calendar for review of each program of the district to 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 by February of 2018. Initial reviews will be completed by 06/05/2018. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant superintendent, program directors, and principals. | | **Expected Date of Completion:**  06/05/2018 |
| **Evidence of Completion of the Corrective Action:**  Calendar of reviews and outline of protocols for review to DESE. Reports from initial reviews. | | |
| **Description of Internal Monitoring Procedures:**  Assistant superintendent will report annually to the Curriculum, Instruction, Assessment, and Accountability sub-committee of the district school committee on the outcomes of the program reviews. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 submit the district's plan for implementation, including timeline and key staff responsible for an institutional self-evaluation to ensure the district provides equal access to all programming across all grades PreK-12.  By January 24, 2018 submit the evaluation tools and preliminary results of the self-evaluation with evidence documenting the implementation of the plan to evaluate policies and programming access.  By March 12, 2018 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):**  11/01/2017  01/24/2018  03/12/2018 | | |

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

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| **Criterion & Topic:**  ELE 7 Parent Involvement | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and parent surveys indicated that the district, at times, uses an online translator, students, or siblings to translate information for parents. Online translators do not always accurately convey the meaning of a document and relying on students or siblings is not appropriate for translations that require confidentiality. Therefore, the district does not meet the obligation to communicate effectively with parents whose preferred language of communication is not English and fails to include these parents of English learners in matters pertaining to their children's education. | | |
| **Description of Corrective Action:**  The district has determined the root of cause of partial implementation for ELE 7 (Parent and Community Involvement) specifically interpretation/translations services for families as non-consistency across the district. School and district personnel have been working in a silo with no clear protocol/process for interpretation/translation services needed for ELL families. There is no uniformity with regard to requests for translations and interpretation services. The district does identify when a family is in need of interpreter/translation services through the use of the DESE home language survey and placed in Power School but there is no follow-up and/or monitoring with school and district personnel. The district has identified the three (3) main spoken languages of families in the Arlington Public Schools as Chinese, Japanese, and Spanish. The ELL department is in the process of identifying all of the main district documents that need to be updated in translations in the district’s three (3) main languages (October 1st).  The district will create a separate section and establish a clear procedure on the district’s website that will explain about referrals for translations/interpretations services for all families and schools in need of these services (October 1st). These services will be broken down further into requests for translations for written documentation and requests for interpreters. The ELL department is creating a database of professional in-district bilingual personnel that have established relationships with school personnel and families that can be used as interpreters when requested (November 1st) and shared with school personnel. The district is also looking into specific translation software that can be purchased in helping school personnel with document requests to translate in languages needed (November 1st).  Training and communication of process will be shared with all leadership staff in August 2017 at the district leadership retreat. | | |
| **Title/Role(s) of Responsible Persons:**  Carla Bruzzese, Director of English Language Education | | **Expected Date of Completion:**  11/01/2017 |
| **Evidence of Completion of the Corrective Action:**  District website link; list of translators; signed participant attendance sheets/agenda/training materials. Translated documents. | | |
| **Description of Internal Monitoring Procedures:**  Through the use of Title III funding, the ELL family liaison position has been created in order to connect home and school partnerships. The ELL family liaison will provide school personnel with a spreadsheet of families in need of either translation/interpretation services throughout the school year. When an in-district bilingual staff person is not available and/or language requested not available, the ELL family liaison will coordinate in finding a speaker of the language requested. The ELL family liaison will coordinate between the school personnel/families and a Professional Translation/Interpretation Service to accommodate families/school requests for these services. The ELL family liaison will follow up and monitor all district requests each quarter throughout the school year and update and notify school personnel accordingly. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 7 Parent Involvement | **Corrective Action Plan Status:** Approved  **Status Date:** 07/10/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017 please submit the district's written key procedures and processes to follow in securing a translator or an interpreter.  By November 1, 2017 provide training to all staff members to ensure that they are all knowledgeable about the procedures and processes to follow in securing a translator or an interpreter and submit the training materials, sign-in sheets and agendas. | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |