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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: Quaboag Regional

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 03/06/2017.

**Mandatory One-Year Compliance Date:** **03/07/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 32 | Parent advisory council for special education | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 7C | Early release of high school seniors | Not Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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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 always, one year prior to the student reaching the age of 18, inform both the parent and the student of the transfer of decision-making rights that will occur in relation to special education programs and services at the age of majority. | | |
| **Description of Corrective Action:**  We will notify at least one year prior to the student reaching the age of 18, all parents and students of the transfer of decision-making rights that will occur in relation to special education programs and services at the age of majority. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Director will create a report in eSped right before school starts in Sept. to include students who will turn 17 years-old during the school year.  2. Training with Secondary Team Chair in this area, as evidenced by agenda w/sign-in sheet.  3. Samples of Age of Majority Notification letters indicating the sent date will be provided. | | |
| **Description of Internal Monitoring Procedures:**  1. Director will provide Secondary Team Chair with the eSped report.  2. Director will check to see that all notices have been sent at least one year prior to the student turning 18. | | |
| 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:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to submitting evidence of the district's corrective actions, review the Department's guidance on informing students and parents of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday at http://www.doe.mass.edu/sped/advisories/11\_1.html.  By June 21, 2017, provide training to relevant staff members to ensure that students and parents are notified at least one year prior to the student's attainment of the age of majority of the transfer of educational decision-making rights. 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 June 21, 2017, submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By October, 20, 2017, subsequent to all corrective actions, conduct an administrative review of high school student records to ensure that students and parents are notified at least one year prior to the student's attainment of the age of majority of the transfer of educational decision-making rights. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance; and a description of additional corrective actions taken by the district to address any identified noncompliance.  \* Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/21/2017  10/20/2017 | | |

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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, staff interviews, and parent surveys indicated that, on or before the anniversary date of the IEP, the district does not consistently convene a Team meeting 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. | | |
| **Description of Corrective Action:**  The District will ensure that all Annual Reviews are held within 365 calendar days of the previous Annual Review and within 3 calendar years of the previous 3-year re-evaluation meeting. If after 3 documented attempts to schedule and reschedule the meeting, parent fails to attend in person or participate by phone, the district will convene the IEP meeting and note in the N1A that the Team rejected the option of not convening the Team meeting. If the parent cancels at the last minute, the district will make every attempt to reschedule within the timelines, but if it is not possible, the meeting will be rescheduled at the earliest date possible and document the parent's last minute cancellation. The district will ensure that all consent for re-evaluations are sent to parents at least 3 calendar months in advance of the 3-year re-evaluation due date. If parent does not respond after 3 documented attempts, district will hold 3-year re-evaluation meeting and use informal evaluative data (e.g., grades, IEP progress reports, attendance, discipline records, observations) to determine if the student continues to be eligible as an IEP student. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Director will generate an Annual Review and 3-year Re-evaluation report in eSped the week before school begins.  2. Training with Team Chairs on this issue as evidenced by agenda and sign-in sheets from Team Chair meetings.  3. IEP Meeting Attendance Sign-In sheets indicating the date the meeting was held. | | |
| **Description of Internal Monitoring Procedures:**  1. Director will provide the Elementary and Secondary Team Chairs with the report of Annual Review and 3-year Re-evaluation due dates the week prior to school starting.  2. Director will meet twice/mos with Elementary and Secondary Team Chairs to review the report and verify timeliness of meetings held. Any past due meetings will require documentation of 3 attempts to schedule and reschedule, documentation of parent cancelling at last minute, and/or notice date of Consent to Re-evaluate. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, provide evidence of training to appropriate staff on updated procedures to ensure that on or before the anniversary date of the IEP, the district convenes a Team meeting 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. 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 June 21, 2017, submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By October, 20, 2017, subsequent to all corrective actions, conduct an administrative review of a sample of student records to ensure that on or before the anniversary date of the IEP, the district convenes a Team meeting 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. Indicate the number of records reviewed; the number found compliant; an explanation of the root cause for any continued non-compliance; and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/21/2017  10/20/2017 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that IEP Teams do not consistently state why the removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  The district will consistently state why the removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and service, could not be achieved satisfactorily. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Training will occur with all special education and related service staff on this issue as evidenced by agenda and sign-in sheets from each school.  2. Samples of Nonparticipation Justification statement on IEPs. | | |
| **Description of Internal Monitoring Procedures:**  1. Director will periodically check random IEPs for valid Nonparticipation Justification statements.  2. Team Chairs will notify the Director of a staff who may need additional training in this area. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, provide evidence of training to appropriate staff on updated procedures to ensure IEP Teams state why the removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. 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 June 21, 2017, submit description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By October, 20, 2017, subsequent to all corrective actions, conduct an administrative review of a sample of student records to ensure IEP Teams consistently state why the removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. Indicate the number of records reviewed; the number found compliant; an explanation of the root cause for any continued non-compliance; and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  06/21/2017  10/20/2017 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that students at the middle and high school whose IEP requires a substantially separate placement are enrolled in a general education Alternative Education Classroom, designed to be a temporary placement for both general education and special education students, for more than 60% of the student's school day. | | |
| **Description of Corrective Action:**  Based on the FAQs (Q4, Q19) posted on the DESE website (http://www.doe.mass.edu/alted/faq.html?faq=19p) for Alternative Education, the district will propose to parents amending the IEPs of special education students who are currently in the Alternative Education program so that the placement accurately reflects time spent with students without disabilities. Alternative Education teachers' licenses and performance evaluations will continue to provide evidence that they are ..."highly qualified, certified in the grade levels in which they are teaching, and have demonstrated content knowledge for the core academic subjects they are teaching." | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  1. N1As proposing amendment.  2. Signed amendments.  3. Teaching licenses indicating grade levels covered. | | |
| **Description of Internal Monitoring Procedures:**  1. Team Chair will provide copies of N1As and signed amendments to Director. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Disapproved  **Status Date:** 04/07/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district proposed amending the IEPs of students who spend more than 60% of their school day in the Alternative Education Classroom, a general education program, so that their placement no longer indicates a substantially separate program. However, the decision regarding placement is based on the IEP, including the types of related services that are to be provided to the student, the type of settings in which those services are to be provided, the types of service providers, and the location at which the services are to be provided. Placement decisions are not made based on the solely on the type of educational environment in which a student is currently served. Furthermore, an amendment should be used only for minor changes, not changes in placement, as this is a Team decision.  Additionally, the district did not adequately describe evidence of completion of corrective action or an adequate tracking system to ensure monitoring of future compliance. | | |
| **Department Order of Corrective Action:**  The district will reconvene the Teams for those students identified by the Department whose IEPs reflect a placement not consistent with the educational environment in which they are served, ensuring that the appropriate placement is selected and documented in the IEP. | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, submit description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By October 20, 2017, for all students identified by the Department, submit evidence of reconvened Team meetings to discuss appropriate placement. Evidence will include signed attendance sheets, an N1 letter, and signed copies of the IEP Response Section and Placement Consent Form.  By December 11, 2017, subsequent to all corrective action, submit the results of an administrative review of records of students enrolled in Alternative Education Program at the middle and high school to ensure that the IEP service delivery grid and placement accurately reflect the educational environment in which the students are served. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) of any continued noncompliance and a description of additional corrective actions taken by the charter school to remedy any identified noncompliance with this criterion.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/20/2017  12/11/2017 | | |

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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:**  A review of student records indicated that although the district's Notice of Proposed School District Action (N1) summarizes the action proposed; an explanation of the reason why the district proposed or refused to take the action; recommended next steps; any other options considered and the reasons why those options were rejected; or other factors the district used as a basis for the proposed or refused action, the district's N1 form does not consistently include 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:**  The district will list specific names of evaluations, procedures, tests, records, or reports it used as the basis for the proposed or refused action. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Training with Team Chairs in this area, as evidenced by agenda and sign-in sheet.  2. Sample N1As. | | |
| **Description of Internal Monitoring Procedures:**  1. Director will train Team Chairs on how to be more specific with this question on the N1A.  2. Director will periodically review random N1As for implementation of this corrective action. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **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 available at  http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf prior to developing the district's corrective actions.  By June 21, 2017, submit evidence of training to special education staff related to the proper completion of the Notice of Proposed School District Action (N1) form ensuring it addresses all required elements including a description of each evaluation procedure, test, record or report the agency 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 October 20, 2017, subsequent to all other corrective action, submit the results of an administrative review of student records for proper completion of Notice of the Proposed School District Action (N1) form. This sample must be drawn from a cross-section of records across grade levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance; and a description of additional corrective actions taken by the charter school to address any identified noncompliance.  \*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):**  06/21/2017  10/20/2017 | | |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and parent surveys indicated that although there is an established three-member Parent Advisory Council (PAC), the PAC does not have by-laws regarding officers and operational procedures. | | |
| **Description of Corrective Action:**  QRSD's SEPAC will approve by-laws regarding officers and procedural operations, which currently only exist in draft form. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include SEPAC agendas that reflect the business items of drafting and finalizing by-laws, attendance sheets, and the draft and actual finalized by-laws. | | |
| **Description of Internal Monitoring Procedures:**  Director will collect SEPAC agendas and attendance sheets after each meeting and the draft and finalized by-laws when they are completed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Department's guidance on developing a Parent Advisory Council for special education parents at http://www.doe.mass.edu/sped/pac/guidelines.pdf.  By June 21, 2017, provide evidence of the active Special Education Parent Advisory Committee with established by-laws regarding operational procedures and elected officers. | | |
| **Progress Report Due Date(s):**  06/21/2017 | | |

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that students in grades nine through twelve are only required to take two years of physical education instead of the required four years. | | |
| **Description of Corrective Action:**  All students in grades 9-12 will be required to take part in P.E. for four years. Students will be able to meet this requirement by participating in P.E. and Project Adventure courses and a regularly scheduled, daily mindfulness/wellness activity provided by our Wellness Coordinator. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include:  1. Agenda indicating options for meeting 4-year P.E. requirement and attendance sheet.  2. Revised Program of Studies and Parent/Student Handbook including the 4-year P.E. requirement and the various ways students may earn these credits.  3. School Committee agenda indicating need to vote on revised Program of Studies and Parent/Student Handbook.  4. Samples of mindfulness/wellness activities. | | |
| **Description of Internal Monitoring Procedures:**  Director will meet with Superintendent, Principal, Athletic Director, and Guidance Department Head to discuss various options for students to meet the 4-year P.E. requirement. Superintendent will bring the recommended changes to the Program of Studies and Parent/Student Handbook to School Committee for approval. If approved, classroom teachers will monitor student participation in daily mindfulness activity. The guidance counselor will issue P.E. credits accordingly. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, submit evidence of recommended proposed changes to the Program of Studies and Parent/Student Handbook to School Committee for approval. Evidence will include, school committee agenda and proposed changes.  By October 20, 2017, submit evidence of the publication of the four year physical education graduation requirement in the 2017-2018 Program of Studies and Parent/Student Handbook.  By October 20, 2017, submit a plan as to how the guidance department, athletic director, and principal will regularly track and monitor the students fulfilling the physical education requirement through alternative measures. | | |
| **Progress Report Due Date(s):**  06/21/2017  10/20/2017 | | |

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| **Criterion & Topic:**  CR 7C Early release of high school seniors | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents indicated that high school seniors are released more than twelve days before the regular scheduled closing date of the high school. | | |
| **Description of Corrective Action:**  The district will ensure that neither the conclusion of the seniors' school year nor graduation is more than 12 school days before the regular scheduled closing date of that school. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  School Committee Agenda and Approved SY17-18 School Calendar | | |
| **Description of Internal Monitoring Procedures:**  CPR finding CR7C will be shared with the district's Shared Leadership Team, which drafts the district's school calendar. Superintendent will bring proposed calendar to School Committee for approval. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved  **Status Date:** 04/12/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, submit evidence of recommended proposed changes to the 2017-2018 district calendar to School Committee for approval. Evidence will include, school committee agenda and proposed changes.  By June 21, 2017, submit evidence of the publication of the 2017-2018 district calendar and evidence of dissemination to staff and students. | | |
| **Progress Report Due Date(s):**  06/21/2017 | | |

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| **Criterion & Topic:**  ELE 5 Program Placement and Structure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  The district completed Castañeda's Three-Pronged Test and determined that the amount of ESL instruction for their SEI program should be 125 minutes per day for Level 1 students, 90 minutes for Level 2 students, 45-90 minutes for Level 3 students and 45 minutes per day for Level 4 students in order for English learners (ELs) to be provided appropriate services. However, the district's documentation indicated that ELs do not receive sufficient ESL instruction as determined by the district due to a lack of sufficient ESL staff. Therefore, the Department determines that the district does not meet its obligation to provide the personnel necessary to effectively implement its ELE program. | | |
| **Description of Corrective Action:**  The district does not have enough English Language teacher FTE. The Director will continue to request additional personnel in this area. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include:  1. Director's request to Budget Subcommittee.  2. Budget Subcommittee Agenda noting discussion re: budget.  3. School Committee Agendas noting initial budget presentation and vote on budget. | | |
| **Description of Internal Monitoring Procedures:**  Director will propose her staffing requests and rationale to the Superintendent and the Budget Subcommittee. If approved, Superintendent will propose staffing requests to School Committee. If approved, School Committee will present budget to towns for approval. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Disapproved  **Status Date:** 04/07/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed corrective action does not offer any remedy to correct the noncompliance mentioned in the Department's finding for ELE 5. | | |
| **Department Order of Corrective Action:**  By May 25, 2017, develop a reasonable timeline as a team that clarifies how the district will come into compliance by providing all ELs appropriate services they are entitled to by law. | | |
| **Required Elements of Progress Report(s):**  By May 25, 2017, provide the following information: names and the assignments of "Corrective Action Team" members; meeting dates, agendas and a reasonable timeline that clarifies how the district will come into compliance by providing all ELs appropriate services they are entitled to by law. | | |
| **Progress Report Due Date(s):**  05/25/2017  10/20/2017 | | |

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and documents indicated that the district does not send to the parents/legal guardians of ELs progress reports that include information regarding their child's progress in becoming proficient in using the English language. | | |
| **Description of Corrective Action:**  The district will begin to provide progress reports of English Language Proficiency as frequently as report cards are administered for all students. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include:  1. Agenda and attendance sheet for training with EL teachers on formative assessments.  2. A sample of student progress reports. | | |
| **Description of Internal Monitoring Procedures:**  Director will meet with EL teachers to train them in the use and purpose of formative assessments.  Progress reports will be sent home to parents and a copy will be placed in students' EL records.  Director will spot check student EL records for progress reports. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, submit samples of the progress reports the district will send to parents or legal guardians to inform them of their child's progress in English language acquisition.  By June 21, 2017, provide the district's plan including information about how often ELE progress cards will be issued and how the district will monitor the process to ensure that parents receive them in their preferred language. | | |
| **Progress Report Due Date(s):**  06/21/2017 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not have a comprehensive system in place to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the educational program. | | |
| **Description of Corrective Action:**  The district will implement a comprehensive system to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the education program. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  03/07/2018 |
| **Evidence of Completion of the Corrective Action:**  1. Director will meet regularly with EL teachers to complete the State's ELE Program Evaluation document, as evidenced by agendas and sign-in sheets.  2. Appendix N: ELE Program Evaluation from State's Guidance document.  3. Admin agendas and attendance. | | |
| **Description of Internal Monitoring Procedures:**  1. Director will meet monthly with EL teachers to complete portions of the ELE Program Evaluation document.  2. Director will consult with building principals and superintendent to communicate findings and any follow-up action required. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 25, 2017, provide the following information: names and the assignments of the staff members who will be involved in the district's program evaluation; qualitative and quantitative data that will be analyzed; meeting dates and agendas including a timeline for the process.  By October 20, 2017, complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf.  By October 20, 2017, provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the ELE program. | | |
| **Progress Report Due Date(s):**  05/25/2017 | | |

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

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| **Criterion & Topic:**  ELE 18 Records of ELL students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that progress reports are not included in ELE records. | | |
| **Description of Corrective Action:**  The district will begin to provide progress reports of English Language Proficiency as frequently as report cards are administered for all students. | | |
| **Title/Role(s) of Responsible Persons:**  Deirdre Osypuk/Director of Student Support Services | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include:  1. Agenda and attendance sheet for training with EL teachers on formative assessments.  2. A sample of student progress reports. | | |
| **Description of Internal Monitoring Procedures:**  Director will meet with EL teachers to train them in the use and purpose of formative assessments.  Progress reports will be sent home to parents and a copy will be placed in students' EL records.  Director will spot check student EL records for progress reports. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 21, 2017, submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By June 21, 2017, submit evidence of training provided to appropriate staff on the district's updated procedures to ensure EL student files include progress reports. Evidence of training will include agenda, signed attendance sheets with names(s)/role(s), and training materials.  By October 10, 2017, submit the results of an administrative review of a sample of EL student records across grade levels for evidence that progress reports are now being included in student record. Indicate the number of records reviewed; the number found to be in compliance; the root cause(s) for any continued noncompliance; and the district's remedy to correct any identified noncompliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a)List of student names and grade levels for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s) and their signature(s). | | |
| **Progress Report Due Date(s):**  06/21/2017  10/20/2017 | | |