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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: Assabet Valley Regional Vocational Technical

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 02/24/2017.

**Mandatory One-Year Compliance Date:** **02/25/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 7C | Early release of high school seniors | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 1 | Annual English Language Proficiency Assessment | Partially Implemented |
| ELE 2 | State Accountability Assessment | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:** SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation and staff interviews indicated that one school adjustment counselor providing related services is not appropriately licensed. |
| **Description of Corrective Action:** Social Skills instructor has applied for a DESE license as an Adjustment Counselor. At the time of the CPR, her license status was ready for review. Per DESE requirement, a practicum will be conducted under a DESE Professional license beginning in September 2017. Data indicates license is to be awarded upon submission of this requirement or by recommendation by DESE panel review. |
| **Title/Role(s) of Responsible Persons:**Dr. Charla Boles, Special Education Coordinator | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Requirement of DESE Practicum is in process with subsequent license awarded upon completion. Panel review is an option and may be pursued by the Social Skills instructor. |
| **Description of Internal Monitoring Procedures:** The Social Skills instructor will provide copies of correspondence with DESE regarding license status. Progress toward licensure will be monitored through practicum updates, if pursued, and the teacher evaluation process. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **Corrective Action Plan Status:** Partially Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The internal monitoring process is specific to one instructor. This process should be systematic and ensure future compliance. |
| **Department Order of Corrective Action:**Submit a description of an internal monitoring system that ensures that all personnel, including non-educational personnel, who provide related services described under federal special education law, who supervise paraprofessionals in the provision of related services, or who provide support services directly to the general or special classroom teacher are appropriately certified, licensed, board-registered or otherwise approved to provide such services by the relevant professional standards board or agency for the profession.Provide evidence that the social skills instructor is properly credentialed. |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit a description of an internal monitoring system that ensures all personnel, including non-educational personnel, who provide related services described under federal special education law, who supervise paraprofessionals in the provision of related services or who provide support services directly to the general or special classroom teacher, are appropriately certified, licensed, board-registered or otherwise approved to provide such services by the relevant professional standards board or agency for the profession. Additionally, submit evidence that the identified related service provider is properly credentialed.By December 18, 2017, submit the results of an internal review to ensure all staff who provide related services are appropriately certified, licensed, board-registered or otherwise approved to provide such services by the relevant professional standards board or agency for the profession. Please include; the number of records reviewed; the number in compliance; the number not in compliance, if any; and the district's plan to address any continued non-compliance.\*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 person(s) who conducted the review, their roles(s), and their signature. |
| **Progress Report Due Date(s):** 09/29/201712/18/2017 |

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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 documentation and staff interviews indicated that school recruitment and promotional materials being disseminated to residents in the area served by the school are not translated into the major languages spoken by residents with limited English skills. |
| **Description of Corrective Action:** Currently, an administrative support team exists to review Translation needs and inventory translated materials three times a year. In order to fully implement this criteria, we will invite the Administrative Assistant to the Superintendent and Admissions and Public Relations Representative to these meetings to participate in these meetings. We have also created a shared folder were information that needs to be translated will be uploaded and translated as needed. All parties involved in the dissemination of promotional materials will be trained on the use of this folder. Finally, we will include information in our major languages spoken by residents that translation and interpretation services are available. |
| **Title/Role(s) of Responsible Persons:**Alyssia B. Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Records of Attendance from our Translation Team meetingsExemplars of Translated recruitment and promotional materialsEvidence of an Internal Audit |
| **Description of Internal Monitoring Procedures:** In June of Each year, the Admissions and Public Relations Representative will conduct an internal audit of the all documents that were distributed and rate the level of compliance. This information will be presented to the Administrative team. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, provide a description of procedures to ensure that school recruitment and promotional materials disseminated to residents in the area served by the school are translated into the major languages spoken by residents with limited English skills. Also provide evidence of training on these procedures for staff responsible for implementation. Evidence should include agenda, training materials, and signed attendance sheet. By December 18, 2017, provide samples of promotional materials that have been translated and evidence of dissemination to the school community. |
| **Progress Report Due Date(s):** 09/29/201712/18/2017 |

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| **Criterion & Topic:** CR 7C Early release of high school seniors | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documentation and staff interviews indicated that the conclusion of the seniors' school year is more than 12 school days before the regular scheduled closing date of the school. |
| **Description of Corrective Action:** In order to fully implement this Criteria, the School Principal will create a calendar that meets this criteria. The advisory council and administrative teams will review the calendar for compliance. |
| **Title/Role(s) of Responsible Persons:**Mark Hollick, Principal | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**School Calendar that reflects ComplianceUpdated Annual School Time Worksheet |
| **Description of Internal Monitoring Procedures:** During the Calendar review process, a checklist of requirements will be reviewed to ensure compliance before the final calendar approval by the School Committee. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit a 2017-2018 school-year calendar that has been approved by the school committee as evidence that the conclusion of the seniors' school year is not more than 12 school days before the regular scheduled closing date of the school. |
| **Progress Report Due Date(s):** 09/29/2017 |

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation indicated that although procedures in the student code of conduct regarding the discipline of students with disabilities addresses students with IEPs, it does not address students with Section 504 Accommodation Plans. |
| **Description of Corrective Action:** The Assabet Student Handbook language will be changed to reflect compliance in procedures regarding the discipline of students on with Section 504 Accommodation Plans. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**2017-2018 Assabet Student Handbook |
| **Description of Internal Monitoring Procedures:** During the annual review of the Student Handbook, the levels of review will ensure that compliance with discipline procedures is included. Further, at the conclusion of the school year, review of discipline cases involving students with 504 Accommodation Plans to ensure compliance with procedures. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit the 2017-2018 student handbook, approved by the school committee, as evidence that student code of conduct regarding the discipline of students with disabilities addresses students with IEP and Section 504 Accommodation Plans. Include evidence of dissemination to the school community inclusive of students, parents/guardians, and staff members. |
| **Progress Report Due Date(s):** 09/29/2017 |

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| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation indicated that neither the Assabet Valley Bullying Prevention and Intervention Plan nor the school handbook make clear that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. |
| **Description of Corrective Action:** Assabet will update of the Bullying Prevention and Intervention Plan and the school handbook to make clear the definitions of the School Staff may be named the "aggressor" or "perpetrator" in a bullying report. Annual training for staff and students will include these updates. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel ServicesAssistant Principal/Dean of Students | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Updated Assabet Bullying Prevention and Intervention PlanUpdated School Handbook |
| **Description of Internal Monitoring Procedures:** On an annual basis, during the review of these documents and the consequent training, we will ensure compliance with this criteria. This review will be conducted in tandem with the Handbook review and the associated advisory groups and administrative teams. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit an updated Bullying Prevention and Intervention Plan and relevant section of the 2017-2018 student handbook, approved by the school committee, as evidence that these documents make clear that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. By December 18, 2017, provide evidence that staff have been trained on the revised plan. Evidence should include training materials, meeting agendas, and signed attendance sheets. Additionally, submit evidence of dissemination of the updated plan to the school community inclusive of students, parents/guardians, and staff members. |
| **Progress Report Due Date(s):** 09/29/201712/18/2017 |

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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 documentation indicated that written materials and other media used to publicize the school do not include a notice that the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. |
| **Description of Corrective Action:** Training will occur with all parties involved in the creation and distribution of promotional materials to include the nondiscrimination statement in all materials. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Exemplars of promotional materials with nondiscrimination statementCatalog of materials |
| **Description of Internal Monitoring Procedures:** On an annual/ongoing basis, the Admissions and Public Relations Representative along with others involved in the distribution of materials will catalog and record items distributed and compliance with the criteria. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 18, 2017, provide samples of updated written materials and other media used to publicize the school to ensure that they include a notice that the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. Include evidence of dissemination to the school community. |
| **Progress Report Due Date(s):** 09/29/201712/18/2017 |

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| **Criterion & Topic:** CR 14 Counseling and counseling materials free from bias and stereotypes | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation indicated that although materials and programs used in the guidance department are annually reviewed for simplistic and demeaning generalizations lacking intellectual merit on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, the review does not include disability and homelessness as protected categories. |
| **Description of Corrective Action:** Assabet will create update review materials and conduct an updated review that included disability and homelessness along with the other protected categories. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Updated review materials |
| **Description of Internal Monitoring Procedures:** At the beginning of each school year, the Counseling department will conduct a review that includes the updated information. Training will occur to stay up to date, on current civil rights law to include all current protected classes. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit revised procedures that ensure materials and programs used in the guidance department are annually reviewed for simplistic and demeaning generalizations lacking intellectual merit on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, disability, and homelessness. These procures should include a description of review process and a description of how these procures are periodically disseminated to appropriate staff. Also, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. |
| **Progress Report Due Date(s):** 09/29/2017 |

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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 documentation and staff interviews indicated that although the school has developed written restraint prevention and behavior support policies and procedures, they do not include: appropriate responses to student behavior that may require immediate intervention; methods of preventing student violence, self-injurious behavior, and suicide; descriptions and explanation of the school's method of physical restraint in emergency situations; descriptions of the school's training and reporting requirements; and procedures for receiving and investigating complaints. |
| **Description of Corrective Action:** Action Teams will be created under the direction of the Dean of Students Office to develop the required elements including: appropriate responses to student behavior that may require immediate intervention; methods of preventing student violence, self-injurious behavior, and suicide; descriptions and explanation of the school's method of physical restraint in emergency situations; descriptions of the school's training and reporting requirements; and procedures for receiving and investigating complaints. |
| **Title/Role(s) of Responsible Persons:**O'Rourke, Assistant Principal/Dean of StudentsGahagan, Assistant Principal/Dean of Students | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Finalized procedures for the required areas: appropriate responses to student behavior that may require immediate intervention; methods of preventing student violence, self-injurious behavior, and suicide; descriptions and explanation of the school's method of physical restraint in emergency situations; descriptions of the school's training and reporting requirements; and procedures for receiving and investigating complaints. |
| **Description of Internal Monitoring Procedures:** During the annual summer administrative retreat, the administrative team will review and update the procedures. Training will take place with all staff on an annual basis. |
| 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:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit revised written restraint prevention and behavior support policies and procedures that include: appropriate responses to student behavior that may require immediate intervention; methods of preventing student violence, self-injurious behavior, and suicide; descriptions and explanation of the school's method of physical restraint in emergency situations; descriptions of the school's training and reporting requirements; and procedures for receiving and investigating complaints. Also, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. By December 18, 2017, provide evidence that staff have been trained on the revised procedures. Evidence should include training materials, meeting agendas, and signed attendance sheets. Additionally, submit evidence of dissemination of the updated policies and procedures to the school community inclusive of students, parents/guardians, and staff members. |
| **Progress Report Due Date(s):** 09/29/201712/18/2017 |

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| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documentation indicated that the institutional self-evaluation employed by the school does not evaluate all aspects of its 9-12 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:** Assabet will run participation reports for these protected groups on an annual basis. All Program Instructors, Advisors, Coaches and Athletic Director will prepare reflection sheets on an annual basis to review student participation data for their program and/or club, sport or activity. The Assabet Equity team will review data to self evaluate and identify areas of concern. The Assabet Administrative team will review the information to look at trends. If necessary a team will be establish to identify root causes of areas of concern. A report of finding will be compiled and shared with the Superintendent. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**A sample of the final report |
| **Description of Internal Monitoring Procedures:** The administrative team will run data at the conclusion of the school year. The Program Instructors, Advisors, Coaches and Athletic Director will complete reflection sheets at the conclusion of the school year or the season/activity. The Equity will review data at the beginning of the school year and the final report of findings will be created for the administrative team annual summer retreat. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district proposed collecting data on student participation for protected categories as a measure of accessibility. This self-assessment should include other metrics to ensure equity of access across all protected categories. These may include, but are not limited to; review of policies, review of procedures such as translations of documents promoting school activates and programs, review of facilities, and other activities that ensure the accessibility of education programs to all students. |
| **Department Order of Corrective Action:**Develop procedures to conduct an annual institutional self-evaluation 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. Submit the results of the district's institutional self-evaluation utilizing these newly developed procedures; include recommendations, if necessary, for any improvements needed based upon evaluation results. |
| **Required Elements of Progress Report(s):** By September 29, 2017, provide a description the district's newly developed procedures and samples of the tools used for the purpose of institutional self-evaluation 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 1, 2018, submit the results of the district's institutional self-evaluation utilizing these newly developed procedures; include recommendations, if necessary, for any improvements needed based upon evaluation results. |
| **Progress Report Due Date(s):** 09/29/201702/01/2018 |

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| **Criterion & Topic:** ELE 1 Annual English Language Proficiency Assessment | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of ACCESS participation rates as shown in the state database revealed that the vocational school only assessed the English proficiency of 92 % of the English learners (ELs) in the district. |
| **Description of Corrective Action:** At the beginning of the school year, information will be disseminated in the students home language describing the assessment process. Prior to the testing window a call will be made in the appropriate language notifying families of the timeline and importance of testing. The testing timeline will include time for makeup testing for absences or missed days. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**100% Participation rate |
| **Description of Internal Monitoring Procedures:** Tracking of student attendance and testing will occur on an annual basis. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 1 Annual English Language Proficiency Assessment | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit a roster of the ELs who have been administered ACCESS for ELLs in 2016 and 2017. Please specify if they have been tested in four domains. Identify students who have not been tested with ACCESS for ELLs and in all four domains and determine the root cause of the non-compliance. The Department will follow up with the district's progress after 2017 participation rates are available. |
| **Progress Report Due Date(s):** 09/29/2017 |

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| **Criterion & Topic:** ELE 2 State Accountability Assessment | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** MCAS participation rates as shown in the state database indicate that only 94% of the English learners in the district participated in the MCAS Mathematics test. |
| **Description of Corrective Action:** Information regarding the school MCAS testing will be translated into the students home language. Follow up phone calls for EL's absent during testing days will be conducted in the students home language. |
| **Title/Role(s) of Responsible Persons:**Patrick O'Rourke, Assistant Principal/Dean of Students | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**100% EL Participation on the MCAS Mathematics test. |
| **Description of Internal Monitoring Procedures:** Attendance and test participation of EL students will be tracked on an annual basis. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 2 State Accountability Assessment | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit a roster of the ELs who were on the MCAS test roster in 2016 and 2017. Please specify if they have been tested in all content required for their grade level. Identify students who have not been tested and determine the root cause of the non-compliance. The Department will follow up with the district's progress after 2017 participation rates are available. |
| **Progress Report Due Date(s):** 09/29/2017 |

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| **Criterion & Topic:** ELE 10 Parental Notification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation, student records, and staff interviews indicated that the vocational school does not send progress reports to parents or legal guardians of students in the ELE program that include information regarding their child's progress in becoming proficient in using the English language. |
| **Description of Corrective Action:** The ELE department has created a form to send to teachers of EL students during each trimester to inquire about students English Proficiency. This data is compiled and reviewed and sent home in the students home language 3 times a year. During, the first parents night a information will be held in the major languages of the district to review the process of notification, tracking and assessment for students enrolled in the ELE program. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Sample Teacher Progress FormSample MailingMaterials from Information session |
| **Description of Internal Monitoring Procedures:** The ELE department meets bi-monthly to review students progress and program needs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 29, 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. Additionally, 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):** 09/29/2017 |

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| **Criterion & Topic:** ELE 18 Records of ELL students | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation, student records, and staff interviews indicated that EL student records do not consistently include the following: English language education progress reports; home language surveys; and MCAS/PARCC reports. |
| **Description of Corrective Action:** At the Beginning of each school year, the English Language Development Teacher/Parent Liaison will review the EL files to ensure that all the necessary components are included. Home Language surveys are now collected for all incoming students on Freshman enrollment evening in June of each year and the Progress reports will be included each term. |
| **Title/Role(s) of Responsible Persons:**Alyssia Berghaus, Director of Pupil Personnel Services | **Expected Date of Completion:**02/25/2018 |
| **Evidence of Completion of the Corrective Action:**Results of file audit at the beginning of the school year |
| **Description of Internal Monitoring Procedures:** Twice a year during the ELE Department meetings we will review current student folders and update information as necessary. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 18 Records of ELL students | **Corrective Action Plan Status:** Partially Approved **Status Date:** 05/08/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** While the district proposed monitoring activities, the district does not have procedures for administrative review of ELL files that ensure full compliance. |
| **Department Order of Corrective Action:**Develop procedures to review ELL files that ensure that all records include required components. Submit evidence of staff training on these new procedures. Subsequent to corrective actions, submit the results of an administrative record review of a sample ELL student records across all levels after the implementation of all corrective actions to ensure that these files contain the required documents. |
| **Required Elements of Progress Report(s):** By September 29, 2017, submit a description of record review procedures and evidence of staff training on the newly developed procedures. Evidence of training may include agenda, training materials and sign-in sheets.By December 18, 2017, subsequent to all corrective actions, submit the results of an administrative record review of a sample ELL student records across all levels ensure that ELL student records include contain the required elements. Include student grade level/ ELL level; the number of records reviewed; the number in compliance; the number not in compliance, if any; and the district's plan to address any continued non-compliance.\*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 person(s) who conducted the review, their roles(s), and their signature. |
| **Progress Report Due Date(s):** 09/29/201712/18/2017 |