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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: Easton Public Schools

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 09/28/2017.

**Mandatory One-Year Compliance Date:** **09/28/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 7C | Early release of high school seniors | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | 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 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 16 | Equitable Facilities | Partially Implemented |
| ELE 17 | Program Evaluation | Partially Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records indicated that the district does not consistently consider the following special requirements for students whose evaluation indicates a disability on the autism spectrum: (1) the needs resulting from the child's unusual responses to sensory experiences; (2) the needs resulting from resistance to environmental change or change in daily routines; and (3) the needs resulting from engagement in repetitive activities and stereotyped movements. | | |
| **Description of Corrective Action:**  SE 3A Special requirements for students on the autism spectrum  Non-compliance in this area will be addressed during regularly scheduled training throughout the 2017-18 school year. Special Education Coordinators and Team Chairs meet bi-weekly with the Director of Special Services. Training will ensure that when the area of suspected disability is on the autism spectrum, the team will consider and specifically addresses the following:  &#61607; The verbal and nonverbal communication needs of the child  &#61607; The need to develop social interaction skills and proficiencies  &#61607; The needs resulting from the child?s unusual responses to sensory experiences  &#61607; The needs resulting from resistance to change in daily routines or environmental change  &#61607; The needs resulting from stereotyped movements and behaviors and engagement in repetitive activities  &#61607; The need for any positive behavioral interventions, strategies and supports to address any behavioral difficulties that are a result of an autism spectrum disorder  &#61607; Other needs resulting from the child?s disability that impact progress in the general curriculum, including social and emotional development  In addition, at the primary level (K-5), weekly Professional Learning Community (PLC) meetings with all special education service providers are held. At the secondary level (6-12), monthly meetings are held with all special education providers. These meetings are led by the Special Education Coordinators, who will review this criterion in depth and ensure that staff understands the legal requirements relative to SE 3A. The Autism Checklist will be provided to staff with directions that each area needs to be discussed at IEP meetings and appropriately documented on the IEP. Checklists will be kept in the student?s file. A spread sheet will be developed for students who are eligible under the category of Autism. Files will be reviewed regularly to ensure checklists are in file and areas of concern are addressed on the IEP | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Copies of training materials, signed attendance sheets, copies of the Autism checklist in student files. | | |
| **Description of Internal Monitoring Procedures:**  A spread sheet will be developed for students who are eligible under the category of Autism. Files will be reviewed regularly to ensure checklists are in file and areas of concern are addressed on the IEP | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not identify the administrator responsible for oversight. | | |
| **Department Order of Corrective Action:**  Identity the title and role of the administrator responsible for oversight. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018, submit evidence of staff training on special requirements for students whose evaluation indicates a disability on the autism spectrum for considering and addressing all areas of need including needs resulting from the child's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; and the needs resulting from engagement in repetitive activities and stereotyped movements. Evidence could include copies of training materials, signed attendance sheets, name and role presenters. By April 5, 2018 review a sample of student records for students identified with ASD and submit a report of the results of an internal review of a sample of student records identified with ASD. Include the number of student records reviewed, the number of student records compliant with the requirement, a description of the root causes for any noncompliance found, and specific actions taken by the district to remedy any noncompliance and title and role of the administrator responsible for oversight. \*Please note when conducting internal monitoring that 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; c) Name of person(s) who conducted the review, their role(s), and signature(s | | |
| **Progress Report Due Date(s):**    01/18/2018  04/05/2018 | | |

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

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and interviews indicated that although the district sends progress reports to parents, the reports do not consistently include written information on the student's progress towards the annual goals in the IEP. | | |
| **Description of Corrective Action:**  Non-compliance in this area will be addressed during regularly scheduled training throughout the 2017-18 school years. The district has contracted with Carol Kosnitsky, former Special Education Director and Special Education consultant and trainer. Carol has worked with Special Education staff across the district during the 2016-17 school year, specifically addressing goal writing and progress monitoring. During the 2017-18 school years, Carol is training trainers in the district who will continue to specifically work on effective goal writing and progress monitoring. Special Education Coordinators and Team Chairs meet bi-weekly with the Director of Special Services.  Training will continuously take place throughout the year during regularly scheduled meetings led by Special Education Coordinators and Team Chairs to ensure that progress report consistently include written information on the student?s progress towards the annual goals of the IEP.  Principals will also be asked to review progress reports intermittently with the Special Education Coordinators and initial they have been reviewed. | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Training materials, credentials of trainer(s), signed attendance sheets, improved progress reports that specifically address student progress toward goals. | | |
| **Description of Internal Monitoring Procedures:**  Continuous review of progress reports by Special Education Coordinators and principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit evidence of all special education staff training on progress report writing to include information on the student's progress towards the annual goals in the IEP. This documentation should include an agenda, signed attendance sheet, name and role of presenter, and a sample of training materials. By April 5, 2018 submit results of internal review of a sample of student records across grade levels. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root causes for any continued non-compliance and description of the additional corrective actions taken by the district to address the 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 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):**  01/18/2018  04/05/2018 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records indicated that IEP Teams do not consistently meet at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP. | | |
| **Description of Corrective Action:**  This area of non-compliance will be addressed during bi-weekly Team Chair/Special Education Coordinator meetings. These meetings have been utilized as training opportunities. During the 2015-16 and 2017-18 school years, the team chairs were specifically directed to schedule IEP meetings within 30 days of the expiration of the IEP to ensure that the IEP did not expire. The team will again specifically review the scheduling of IEP meetings. In addition, a spread sheet will be created at each level to track compliance in this area to ensure that the team meets annually, on or before the anniversary date of the IEP to consider the student?s progress and to review, revise , or develop a new IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  IEP's will be tracked on a spread sheet and will demonstrate compliance with this criterion. | | |
| **Description of Internal Monitoring Procedures:**  A spreadsheet will be kept tracking the dates of IEP meetings. Monthly review of the spreadsheet will take place with the Director of Special Services and the Special Education Coordinators and Team Chairs, | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit evidence of all special education staff training on the requirement for IEP Team meeting at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP. This documentation should include an agenda, signed attendance sheet, name and role of presenter, and a sample of training materials. By April 5, 2018 submit results of internal review of a sample of student records across grade levels for annual review on or before the anniversary date of the IEP. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root causes for any continued non-compliance and description of the additional corrective actions taken by the district to address the 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 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):**  01/18/2018  04/05/2018 | | |

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

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records indicated that when the student is removed from the general education classroom at any time, the Team does not consistently and specifically state why the removal is considered 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:**  Non-compliance in this area will be addressed during regularly scheduled training throughout the 2017-18 school years. Over the past two years, the district has worked with teams to identify the purpose of special education and ensure that all staff understands the legal mandate to educate students in the least restrictive environment. By creating the role of Special Education Coordinators in the district, it has provided leadership at the building level relative to Special Education laws and mandates.  Special Education Coordinators and Team Chairs meet bi-weekly with the Director of Special Services. In addition, at the primary level (K-5), weekly Professional Learning Community (PLC) meetings with all special education service providers are held. At the secondary level (6-12), monthly meetings are held with all special education providers. These meetings are led by the Special Education Coordinators, who will review this criterion in depth and ensure that staff understands the legal requirements relative to SE 20. The training will focus on determining the least restrictive environment and the writing of the Non-participation Justification statement on the IEP. Discussion will focus on the needs of the child and determining ways to support children in the general education setting. In addition, model statements will be provided and aligned to individual student needs.  In order to track this information, Special Education Coordinators will be directed to review services with the team and the Non-Participation Justification statements within the IEP, particularly for students in district wide program. Teams must ensure that students are not removed from the general education setting, unless it is critical. A spread sheet will be created to keep track of statements that have been monitored. A team must state why the removal is necessary and explain why the student could not be supported with supplementary aids and services within the general education setting. | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Sampling of Non-Participation Justification statements will be tracked at each building, particularly for students in district wide programs. Other student IEP's will also be tracked intermittently. Training materials, sample statements, signed attendance sheets and agendas from weekly and monthly update meetings will be provided. | | |
| **Description of Internal Monitoring Procedures:**  Spread sheet reviewing statements | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not identify the administrator responsible for oversight | | |
| **Department Order of Corrective Action:**  Identify administrator responsible for oversight as part of the corrective action plan. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 idenfity the administrator responsible for oversight and submit evidence of special education staff training on the development of nonparticipation justification statements that state why the removal from the general education classroom is critical to the student's program. This documentation should include an agenda, signed attendance sheet, name and role of presenter, and a sample of training materials. By April 5, 2018 submit the results of an internal review of a sample of 5-8 student records from different grade levels. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of nonparticipation statements that state why the removal from the general education classroom is critical to the student's program. If noncompliance 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):**  01/18/2018  04/05/2018 | | |

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that although the district issues written contracts for out-of-district placements, the contract's non-discrimination statement does not include the protected category of gender identity. | | |
| **Description of Corrective Action:**  The district's Out of District contract will be revised to include gender. Revised contracts will be sent to out of district placements by winter, 2018. | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  01/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Revised contract will be provided | | |
| **Description of Internal Monitoring Procedures:**  Revised contract will be provided | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 20, 2017 submit a copy of the revised contract that the district issues for out-of-district placements, including the protected category of gender identity in the non-discrimination statement. | | |
| **Progress Report Due Date(s):**  12/20/2017 | | |

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district does not ensure that all staff, including both special education and general education staff, are trained on state and federal special education requirements and related local special education policies and procedures. | | |
| **Description of Corrective Action:**  Non-compliance in this area will be addressed through all staff trainings at faculty meetings relative to federal and state laws and staff?s obligations to student?s who have an IEP. This process has been started at the middle school level.  In addition, the district?s law firm provides regular training pertaining to special education laws and requirements. Staff will have the opportunity to attend these training sessions. The Director of Special Services in collaboration with Special Education Coordinators and technology staff will also develop training that can be done on line to ensure that staff are trained on state and federal special education requirements and related local special education policies and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Copies of memos and training materials, credentials of trainers, agendas, signed attendance sheets | | |
| **Description of Internal Monitoring Procedures:**  Ensuring multiple opportunities for training are provided to staff with follow up at faculty meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit evidence of staff training, including both special education and general education staff, on state and federal special education requirements and related local special education policies and procedures. This evidence should include an agenda, signed attendance sheet, name and role of presenter, and a sample of training materials. | | |
| **Progress Report Due Date(s):**  01/18/2018 | | |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations of facilities and classrooms indicated that instructional spaces for special education services are not equal in all respects to the standards of facilities for general education. Specifically, at the Center School, occupational and physical therapy services take place in the library with partial partitioning, compromising confidentiality and increasing auditory distractions. | | |
| **Description of Corrective Action:**  The district is participating in the MSBA process and will complete a feasibility study within the next year to explore options for a building project. A new building would address this area of non-compliance. There is currently no additional physical space at the PK-2 level to provide these services. The district is exploring options including possible trailers to provide additional space. Enrollment numbers may have an impact in the 2018-19 school year and all possible options will be considered in order to ensure that instructional spaces for special education services are equal in all respects to the standards of facilities for general education, specifically at Center School. | | |
| **Title/Role(s) of Responsible Persons:**  Theresa Skinner  Director of Special Services | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Physical space will be identified for OT and PT staff to provide services that limits auditory input and ensures privacy. | | |
| **Description of Internal Monitoring Procedures:**  Exploration of options including trailers to provide space. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Disapproved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district is still exploring options and did not present a concrete plan. The district did not identify instructional spaces to provide OT and PT staff to provide services that provides confidentiality and minimal auditory detractions. | | |
| **Department Order of Corrective Action:**  Submit a detailed plan to provide instructional spaces for special education services that are equal in all respects to the standards of facilities for general education. Identify instructional spaces to provide OT and PT services that provides confidentiality and minimal auditory detractions at the Center School. | | |
| **Required Elements of Progress Report(s):**  By December 20, 2017 submit a detailed district plan to provide instructional spaces for special education services that are equal in all respects to the standards of facilities for general education at the Center school. By January 18, 2018 submit a floor plan of the Center School building identifying the location of spaces for OT and PT services that provide confidentiality and minimal auditory distractions. | | |
| **Progress Report Due Date(s):**  12/20/2017  01/18/2018 | | |

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

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that physical education is not required for students in the 11th and 12th grade. | | |
| **Description of Corrective Action:**  Beginning with the Class of 2022 (incoming 2018-2019 freshman class), all students will have a 4 year physical education requirement. This requirement is inclusive of the fact that school officials have the authority to determine the hours of instruction for physical education program as they do for all other subjects of instruction. They also have the discretion to determine whether and how a student particularly at high school level may meet the physical education requirement through the organized program of instructional physical activity such as participation in interscholastic athletics, skating or swimming lessons through a private instructor or community program. | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent), Wes Paul (Principal at Oliver Ames High School) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  FY19 Program of Studies reflects the 4-year requirement  School Committee Agenda and Minutes reflect the change in studies | | |
| **Description of Internal Monitoring Procedures:**  Modified Graduation Requirement Policy approved by school committee | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 20, 2017, submit the revised program of studies for 2017-2018 SY and the modified Graduation Requirement Policy approved by school committee that includes Physical Education as a requirement for the 11th and 12th grade students. | | |
| **Progress Report Due Date(s):**  12/20/2017 | | |

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| **Criterion & Topic:**  CR 7C Early release of high school seniors | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the last scheduled day for seniors is more than 12 school days before the regular scheduled closing date of the school. | | |
| **Description of Corrective Action:**  The 2017-2018 Easton Public Schools calendar already reflects the change so that the last day of senior exams (May 25, 2018 is no more than 12 school days before the regular scheduled closing date of school (June 13, 2018). | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent), Wes Paul (High School Principal) | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  District Calendar  High School Calendar | | |
| **Description of Internal Monitoring Procedures:**  District Calendar  High School Calendar | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 20, 2017 submit evidence confirming the last scheduled day for high school seniors is no more than 12 school days before the regular scheduled closing date of the school. Evidence could include the 2017-2018 district calendar identifying the proposed last scheduled day for seniors. | | |
| **Progress Report Due Date(s):**  12/20/2017 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that while all staff receive annual training on bullying intervention and prevention, this training does not include: (1) developmentally appropriate strategies to prevent bullying incidents; (2) developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; (3) information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; (4) research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; and  (5) internet safety issues as they relate to cyber-bullying. | | |
| **Description of Corrective Action:**  Upon the completion of the 2017-2018 school year, all staff will participate in training on bullying intervention and prevention, this training does not include: (1) developmentally appropriate strategies to prevent bullying incidents; (2) developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; (3) information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; (4) research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; and (5) internet safety issues as they relate to cyber-bullying. Each training will be specific to what is developmentally appropriate. | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Staff Meeting Agendas and Sign-In sheets  Training Material  List of staff members and credentials of who is performing the training | | |
| **Description of Internal Monitoring Procedures:**  Staff Meeting Agendas and Sign-In sheets  Training Material  List of staff members and credentials of who is performing the training | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's stated proposed training on bullying intervention and prevention does not include all the required elements. | | |
| **Department Order of Corrective Action:**  The district will conduct all staff training on bullying intervention and prevention and specifically include in the training:1) developmentally appropriate strategies to prevent bullying incidents; (2) developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; (3) information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; (4) research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; and (5) internet safety issues as they relate to cyber-bullying. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit evidence that all staff have been trained on the district's bullying intervention and prevention procedures, including training on:1) developmentally appropriate strategies to prevent bullying incidents; (2) developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; (3) information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; (4) research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; and (5) internet safety issues as they relate to cyber-bullying. Each training will be specific to what is developmentally appropriate. Please include detailed agenda, specific training topics and materials, training dates, signed attendance sheets indicating the name/role of staff and which school they are from, and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  01/18/2018 | | |

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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 indicated that although the district provides a written notice to students with ten consecutive absences, the notice does not include at least two dates and times for an exit interview between the superintendent (or designee) and the student and the parent/guardian to occur prior to the student permanently leaving school. | | |
| **Description of Corrective Action:**  Students and parents that are considering permanently leaving school at the age of 16 or over will be required to meet with the Superintendent (or designee) for the purpose of an exit interview. | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent), Susan Mancuso (Director of Guidance) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  School exit form with at least two dates and times for an exit interview with the Superintendent (or designee) | | |
| **Description of Internal Monitoring Procedures:**  By January 2018, a school exit form with at least two dates and times for an exit interview with the Superintendent (or designee) will be reviewed and adopted. | | |
| 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:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 20, 2017 submit a copy of the revised written notice to students with ten consecutive absences, including at least two dates and times for an exit interview between the superintendent (or designee) and the student and the parent/guardian to occur prior to the student permanently leaving school. | | |
| **Progress Report Due Date(s):**  12/20/2017 | | |

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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 interviews indicated that although the district has a written restraint and behavior support policy, it does not include: (1) methods for preventing student violence, self-injurious behavior and suicide; (2) methods for engaging parents and youth in discussions about restraint prevention and use; (3) a description and explanation of the program's alternatives to physical restraint and method of physical restraint in emergency situations; (4) a description of the program's training requirements, reporting requirements, and follow-up procedures; (5) a procedure for receiving and investigating complaints; (6) a procedure for conducting periodic review of data and documentation on the program's use of restraint; (7) a procedure for implementing the reporting requirements; (8) a procedure for making both oral and written notification to the parent; and (9) a procedure for the use of time-out.  Additionally, district restraint policies contain inaccuracies and are inconsistent with state regulation 603 CMR 46.00. Specifically, a review of training documents provided to school staff indicated that restraints lasting less than five minutes do not need to be reported. The district's K-5 student and parent handbook indicates that restraint may also be employed, "pursuant to a student's IEP or other written plan." | | |
| **Description of Corrective Action:**  Easton Public Schools Restraint and Behavior Support policy will be updated to include: (1) methods for preventing student violence, self-injurious behavior and suicide; (2) methods for engaging parents and youth in discussions about restraint prevention and use; (3) a description and explanation of the program's alternatives to physical restraint and method of physical restraint in emergency situations; (4) a description of the program's training requirements, reporting requirements, and follow-up procedures; (5) a procedure for receiving and investigating complaints; (6) a procedure for conducting periodic review of data and documentation on the program's use of restraint; (7) a procedure for implementing the reporting requirements; (8) a procedure for making both oral and written notification to the parent; and (9) a procedure for the use of time-out. The policy will also be updated to be consistent with state regulation 603 CMR 46.00. | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Updated Student Handbook  Updated School Committee Policy  Staff Meeting Agenda  Staff Meeting Sign-in sheet | | |
| **Description of Internal Monitoring Procedures:**  The policy will be reviewed and voted upon by School Committee. The updated policy will also be reviewed with staff. | | |
| 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:** Partially Approved  **Status Date:** 10/31/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include dissemination of the revised Physical Restraint and Behavior Support policy to families as part of the corrective action. | | |
| **Department Order of Corrective Action:**  Include dissemination of the revised Physical Restraint and Behavior Support policy to families in the corrective action plan. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit revised restraint policy and procedures that includes all the stated elements and is consistent with state regulation 603 CMR 46.00. By April 5, 2018 submit minutes or other evidence documenting that the revised policy and procedures have been approved by the School Committee. By June 5, 2018 submit evidence, including the agenda, training materials, signed attendance sheets, and name and role of presenter, that all staff have been trained on the updated restraint policy. Additionally, submit evidence that the district's revised restraint procedures have been disseminated to families. The district may provide a web link in lieu of uploading a document. | | |
| **Progress Report Due Date(s):**  01/18/2018  04/05/2018  06/05/2018 | | |

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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 interviews indicated 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. | | |
| **Description of Corrective Action:**  A curriculum review rubric will be used consistently across all curriculum adoption subcommittees that has individual teachers reviewing 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. | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Updated rubric | | |
| **Description of Internal Monitoring Procedures:**  Rubric will be used with Gr6-8 math adoption committee for the 2017-2018 school year | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include teacher training on curriculum review and use of the review rubric in the corrective action plan. | | |
| **Department Order of Corrective Action:**  Include teacher training on curriculum review and use of the review rubric as part of the corrective action. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018, submit the tool or rubric for individual teacher's review of 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 April 5, 2018 submit evidence of teacher training on the educational material review rubric and methods to provide balance and context for any stereotypes depicted. This documentation will include the agenda, signed attendance sheet, name and role of presenter, and the educational material review tool that includes all the protected categories. | | |
| **Progress Report Due Date(s):**  01/18/2018  04/05/2018 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and 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:**  The administrative team meets annually to review the Program of Studies K-12 to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Title/Role(s) of Responsible Persons:**  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Meeting agenda  Meeting minutes  Rubric for evaluation | | |
| **Description of Internal Monitoring Procedures:**  By January 2018, a rubric will be generated to use with the administrative team.  Annual meeting will be identified | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include providing a narrative description of the results after conducting an institutional self-evaluation using the district's newly developed tool, and proposed program adjustments based on the results of the self-evaluation. | | |
| **Department Order of Corrective Action:**  After conducting an institutional self-evaluation using the newly developed tool, provide to the Department a narrative description of the evaluation results, and proposed program adjustments based on the results of the self-evaluation. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit a template, tool, or description of the district's institutional self evaluation for access to the K12 programming by all students regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status. By April 5, 2018 submit the results of institutional self evaluation for access to school programs in the district including athletics and other extracurricular activities by all the protected categories. By June 5, 2018 submit the proposed program adjustments based on the results of institutional self evaluation. | | |
| **Progress Report Due Date(s):**  01/18/2018  04/05/2018  06/05/2018 | | |

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

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| **Criterion & Topic:**  ELE 5 Program Placement and Structure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not have an ESL curriculum used for direct ESL instruction or a plan to develop one that aligns to the Massachusetts Curriculum Frameworks and the WIDA ELD Standards. | | |
| **Description of Corrective Action:**  Using the MA Model Curriculum Units combined with our district's focus on UbD we will establish a curriculum that aligns with MA Frameworks and WIDA Can-Do descriptors. Our goal is to have 2 units written per year. During the stage 3 process, Reading Street ELL materials, Pearson's BIG English (mostly grades 3-5), and TCM's Language Power material will be used to create the Learning Plans for each unit. | | |
| **Title/Role(s) of Responsible Persons:**  Thomas Higgins, ELE Coordinator  Christine Pruitt, Assistant Superintendent | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  By June 2018, 2 units will be in the feedback stage of curriculum writing. Stages 1, 2 and 3 will be drafted and ready for review.  Professional Development Day Agendas will provide evidence  Units inputted through ATLAS | | |
| **Description of Internal Monitoring Procedures:**  ELL Coordinator will meet with ELL teachers monthly to check progress. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved  **Status Date:** 10/27/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit a narrative that explains the progress that has been made by the due date of the progress report in developing the district's ESL curriculum. | | |
| **Progress Report Due Date(s):**  01/17/2018 | | |

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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:**  A review of records indicated that the district does not consistently translate documents, progress reports, and report cards, as necessary. | | |
| **Description of Corrective Action:**  Using Google Translate, documents, report cards and progress reports will be translated for families that need it. | | |
| **Title/Role(s) of Responsible Persons:**  Tom Higgins (ELL Coordinator)  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Examples of translated documents | | |
| **Description of Internal Monitoring Procedures:**  Families are identified as needing documents translated through home language survey and conferences.  Documents are identified as needing translantion | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 7 Parent Involvement | **Corrective Action Plan Status:** Disapproved  **Status Date:** 10/27/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Web-based translation services might not provide accurate translation of the documents in different languages and therefore, do not help the school districts meet the obligation to communicate effectively with parents whose preferred language of communication is not English. Utilization of such services is appropriate only if the translated document accurately conveys the meaning of the source document, including accurately translating technical vocabulary. Thus, to ensure that essential information has been accurately translated and conveys the meaning of the source document, the school district would need to have a machine translation reviewed, and edited as needed, by an individual qualified to do so. | | |
| **Department Order of Corrective Action:**  Please see the Required Elements of Progress Report. | | |
| **Required Elements of Progress Report(s):**  Please submit the following:  1-The district's written key procedures and processes to follow in securing a translator or  an interpreter  2- Processes the school district uses to identify limited English proficient parents  3- A description of steps the school district takes to provide effective language assistance to parents whose preferred language is not English  4- Evidence of translated documents for SY 2017-18. | | |
| **Progress Report Due Date(s):**  01/17/2018 | | |

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

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| **Criterion & Topic:**  ELE 16 Equitable Facilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations of English learner (EL) instructional spaces indicated that ELs are not always provided facilities comparable to those provided to the overall student population. Specifically, at the Parkview School and the Center School, instruction occurs in the library, increasing auditory distractions. | | |
| **Description of Corrective Action:**  Instructional spaces for the will be identified to provide facilities comparable to those provided to the overall student population specifically in the Parkview and Center Schools. If spaces within the school cannot be identified due to overpopulation, renting modular classrooms will be investigated and incorporated into the budget for the 2018-2019 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Tom Higgins (ELL Coordinator)  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  By September 2018, instructional spaces will be moved for EL instruction to provide facilities comparable to those provided to the overall student population. | | |
| **Description of Internal Monitoring Procedures:**  November 2018- ELL Coordinator, Assistant Superintendent, Director of Facilities and Operations and Building Principals walk through Parkview and Center oto identify possible spaces for appropriate instructional spaces.  December 2018- Space is determined within buildings or module classrooms get identified as a need within our budget. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 16 Equitable Facilities | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not identify English Learner (EL) instructional spaces that are comparable to those provided to the overall student population at Parkview School and the Center School. | | |
| **Department Order of Corrective Action:**  Please identify English Learner (EL) instructional spaces that are comparable to those provided to the overall student population at Parkview School and the Center School. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit floor plan of the Parkview School and the Center School identifying the location of English Learner (EL) instructional spaces that are comparable to those provided to the overall student population. | | |
| **Progress Report Due Date(s):**  01/18/2018 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not have a comprehensive process to evaluate the effectiveness of its ELE programming in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program (please see HYPERLINK "http://www.doe.mass.edu/ell/ProgramEvaluation.pdf" http://www.doe.mass.edu/ell/ProgramEvaluation.pdf ). Although the district identified the strengths and areas of improvements of its ELE program, the district did not include the evaluation tool and data used to reach these outcomes. | | |
| **Description of Corrective Action:**  Using MA DESE's ELE program evaluation tool, the District ELL team will annually evaluate the ELE program within the district and make recommendations for changes. | | |
| **Title/Role(s) of Responsible Persons:**  Tom Higgins (ELL Coordinator)  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  District ELL Meeting Agendas  District ELL Meeting Minutes  Completed Evaluation Form | | |
| **Description of Internal Monitoring Procedures:**  Quarterly meetings identified for purpose of program evaluation | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 10/27/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1- Please complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf The district must complete all of the components of the attached form in order to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program.  2- Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  3- Please 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 program. | | |
| **Progress Report Due Date(s):**  06/29/2018 | | |

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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 records indicated that the district does not consistently include results of proficiency tests and evaluations as well as ELE progress reports in student records. | | |
| **Description of Corrective Action:**  ELL teachers will review each ELL folder to identify which records have all components included and which records are incomplete. Records will be updated so that all components are included. | | |
| **Title/Role(s) of Responsible Persons:**  Tom Higgins (ELL Coordinator)  Christine Pruitt (Assistant Superintendent) | | **Expected Date of Completion:**  09/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Quarterly internal monitoring of student records will be conducted by the Assistant Superintendent and/or the ELL Coordinator | | |
| **Description of Internal Monitoring Procedures:**  Quarterly monitoring grid will be initialed when review is completed. Grid will identify if all components of the record were found as complete or incomplete. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include staff training as part of the corrective action plan. | | |
| **Department Order of Corrective Action:**  Include staff training in the corrective action plan. | | |
| **Required Elements of Progress Report(s):**  By January 18, 2018 submit evidence of staff training on including parent notification letters and English proficiency progress reports in student records. Include training agenda and signed attendance sheet. Additionally, submit the proposed quarterly monitoring grid. By April 5, 2018 submit the results of an internal review of a sample of ELL student records from different grade levels. Provide a summary of the review, the number of records reviewed and the outcome of the review. If noncompliance 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 charter school 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):**  01/18/2018  04/05/2018 | | |