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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: Southbridge

CPR Onsite Year: 2016-2017

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 03/21/2017.

**Mandatory One-Year Compliance Date:** **03/20/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 8 | Declining Entry to a Program | Not Implemented |
| ELE 11 | Equal Access to Academic Programs and Services | Partially Implemented |
| ELE 13 | Follow-up Support | Not Implemented |
| ELE 17 | Program Evaluation | Not 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 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that within 45 school working days of receipt of the parent's written consent to an initial evaluation or re-evaluation, the district does not consistently determine whether the student is eligible for special education and provide the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. | | |
| **Description of Corrective Action:**  The District has determined that the root cause for not ensuring that a Team meeting is held within 45-school working days of receipt of the parent's written consent to an initial evaluation or re-evaluation is due to very high case loads for Evaluation Team Leaders, and it has been further determined that a substantial number of Team meetings have had to be rescheduled due to parent request, and or parent no-shows. Team Leaders feel that they have the capacity to oversee their caseloads in EasyIEP, and generate needed timeline reports to support compliance, so access to reports and timelines are not an issue. Turnover presented the challenge that in addition to maintaining their current caseload, they were catching up with the IEP's that were out of compliance. The other concern is receiving reports from the School Psychologists within the 30-day time frame, such that team meetings can be held BEFORE the 45-day legal requirement, which would potentially help ameliorate the parent requests to reschedule. Finally, consents to evaluate have come back at times, all at once, instead of through a structured, systematic process and this is also being addressed by having a staff member complete home visits and work with parents very closely. Psychologists also have very high caseloads, in particular for initial evaluations, which are very high, due to the lack of a tiered system of support in the pre-referral process prior to referral to sped. Core instruction and an adequate RTi process is related to this, in that school staff are often concerned about student performance, encouraging parents to request evaluation rather than use the SBST pre-referral process.  The first area of correction will involve having the psychologists submit testing and evaluation in the 30 day period, so that meetings can be scheduled within two weeks prior to the 45th day, allowing for potential rescheduling if needed or required. Team Leaders recently generated a parent response form which is sent out with every meeting invitation, in English and Spanish, requesting information on whether the parent can attend the meeting, or would like an alternate meeting time, with information on how to reach the Team Leader. Further, the department has developed parent outreach protocol, to ensure higher rates of parent participation, as well as utilizing family liaisons at the building level to reach out to parents and send out meeting reminders as well as make phone calls. Southbridge has eliminated one Evaluation Team Leader as well as a Special Education Supervisor and a School Psychologist through budget cuts this year. These cuts should be revisited to determine the impact on caseloads and timeline compliance. Due to the subcontracted services for Bilingual Evaluations, the Bilingual School Psychologist is not available to the District on a Full time basis. Team Leaders have had to reschedule meetings due to the evaluations not being completed, or student absences causing rescheduling with the outside psychologist, thereby delaying evaluations. Hiring a Bilingual School Psychologist on staff would immediately remediate this situation. The high rate of initial referrals should be a district priority, with the Building Principals and school staff educated to direct parents and staff to the pre-referral SBST process in a proactive, effective manner. School staff need to have education in which supports to offer, interventions to choose from, an expanded toolkit of interventions and tiered supports at the school level, and the necessary staffing to accomplish said tiered systems of intervention and support. Further, academic and behavioral interventions are not always necessarily being followed with fidelity.  The Special Education Director will continue to meet monthly with the Evaluation Team Leaders to review timelines and troubleshoot lack of parent response or enhance outreach needs for reaching parents for meetings. Evaluation Team Leaders bring updated timelines and caseloads to each monthly meeting, to review any areas of concern (i.e. student absences, rescheduled meetings, parent outreach), and to review the upcoming meetings for each month and ensure the timely scheduling of those meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Evaluation Team Leaders | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Minutes of Team Meeting sessions with Special Education Director  Reports generated from Easy IEP  Agenda and notes for any training sessions  Team meeting notices that have been completed by parents for discussion and follow up to continue to enhance outreach efforts | | |
| **Description of Internal Monitoring Procedures:**  Continued monthly meetings with Evaluation Team Leaders in order to review scheduling procedures and troubleshoot potential roadblocks to compliance, continuing the already existing process.  Spot checks in record reviews and files to determine if meetings are happening within timelines have been developed. This is a spreadsheet in excel which provides information about the last activity on all district IEP's, which will continue to be reviewed monthly and will also provide specific information about whether or not a more specific intervention is required. PCG has also provided an enhance dashboard to its IEP program, resulting in a quick overview to the administrator of ongoing compliance through immediate access to charts and graphs reflecting the areas monitored by the Easy IEP system. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description identified that the Team meeting is not held within 45 school working days of receipt of written consent. The requirement is that the district must determine whether the student is eligible for special education and provide the parent with either a proposed IEP and placement, or a written explanation of the finding of no eligibility, within 45 school working days of receipt of the parent's written consent to an initial evaluation or re-evaluation. | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure that within 45 school working days of receipt of the parent's written consent to an initial evaluation or re-evaluation, the district consistently determines whether the student is eligible for special education and provide the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit procedures to ensure that within 45 school working days of receipt of the parent's written consent to an initial evaluation or re-evaluation, the district consistently determines whether the student is eligible for special education and provide the parent with either a proposed IEP and placement or a written explanation of the finding of no eligibility. Submit evidence of training for Evaluation Team Leaders, including the agenda(s), materials presented, sign-in sheets indicating the title/role of staff, and the name/title of the presenter. Include a copy of the parent outreach protocol and the parent response form sent out with meeting invitations.  By November 1, 2017, submit the date of the internal tracking system's implementation and the name/role of the designated staff responsible for internal review oversight.  By January 31, 2018, conduct an internal review of approximately 25 records for evidence the district always meets the 45-day timeline for determining eligibility and providing a proposed IEP and placement following a parent's consent to evaluate. The sample must represent a cross-section of the district's schools, grade levels, placements, and student disabilities, and must represent IEPs that were developed subsequent to implementation of all corrective actions. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the district does not consistently conduct a re-evaluation every three years for eligible students. | | |
| **Description of Corrective Action:**  The District has determined that the root cause for not ensuring that a Team meeting is held within 45-school working days of receipt of the parent's written consent to an initial evaluation or re-evaluation is due to very high case loads for Evaluation Team Leaders, and it has been further determined that a substantial number of Team meetings have had to be rescheduled due to parent request, and or parent no-shows. Team Leaders feel that they have the capacity to oversee their caseloads in EasyIEP, and generate needed timeline reports to support compliance, so access to reports and timelines are not an issue. Turnover presented the challenge that in addition to maintaining their current caseload, they were catching up with the IEP's that were out of compliance. The Team Leaders have also identified that there are some concerns with Bilingual Evaluations being received in a timely manner by the Bilingual Psychologist. The other concern is receiving reports from the School Psychologists within the 30-day time frame, such that team meetings can be held BEFORE the 45-day legal requirement, which would potentially help ameliorate the parent requests to reschedule. Finally, consents to evaluate have come back at times, all at once, instead of through a structured, systematic process and this is also being addressed by having a staff member complete home visits and work with parents very closely. Psychologists also have very high caseloads, in particular for initial evaluations, which are very high, due to the lack of a tiered system of support in the pre-referral process prior to referral to sped. Core instruction and an adequate Rti process is related to this, in that school staff are often concerned about student performance, encouraging parents to request evaluation rather than use the SBST pre-referral process.  The first area of correction will involve having the psychologists submit testing and evaluation in the 30 day period, so that meetings can be scheduled within two weeks prior to the 45th day, allowing for potential rescheduling if needed or required. Team Leaders recently generated a parent response form which is sent out with every meeting invitation, in English and Spanish, requesting information on whether the parent can attend the meeting, or would like an alternate meeting time, with information on how to reach the Team Leader. Further, the department has developed parent outreach protocol, to ensure higher rates of parent participation, as well as utilizing family liaisons at the building level to reach out to parents and send out meeting reminders as well as make phone calls. Southbridge has eliminated one evaluation team leader as well as a Special Education Supervisor and a School Psychologist. These cutss should be revisited to determine the impact on caseloads and timeline compliance. Due to the subcontracted services for Bilingual Evaluations, the Bilingual School Psychologist is not available to the District on a Full time basis. Team Leaders have had to reschedule meetings due to the evaluations not being completed, or student absences causing rescheduling with the outside psychologist, thereby delaying evaluations. Hiring a Bilingual School Psychologist on staff would immediately remediate this situation The high rate of initial referrals should be a district priority, with the Building Principals and school staff educated to direct parents and staff to the pre-referral SBST process in a proactive, effective manner. School staff need to have education in which supports to offer, interventions to choose from, and the necessary staffing to accomplish tiered systems of intervention and support. Further, academic and behavioral interventions are not always necessarily being followed with fidelity.  The Special Education Director will continue to meet monthly with the Evaluation Team Leaders to review timelines and troubleshoot lack of parent response or enhance outreach needs for reaching parents for meetings. Evaluation Team Leaders bring updated timelines and caseloads to each monthly meeting, to review any areas of concern (i.e. student absences, rescheduled meetings, parent outreach), and to review the upcoming meetings for each month and ensure the timely scheduling of those meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Evaluation Team Leaders | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Minutes of Team Meeting sessions with Special Education Director  Reports generated from Easy IEP  Agenda and notes for any training sessions  Team meeting notices that have been completed by parents for discussion and follow up to continue to enhance outreach efforts | | |
| **Description of Internal Monitoring Procedures:**  Continued monthly meetings with Evaluation Team Leaders in order to review scheduling procedures and troubleshoot potential roadblocks to compliance, continuing the already existing process.  Spot checks in record reviews and files to determine if meetings are happening within timelines have been developed. This is a spreadsheet in excel which provides information about the last activity on all district IEP's, which will continue to be reviewed monthly and will also provide specific information about whether or not a more specific intervention is required. PCG has also provided an enhanced dashboard to its IEP program, resulting in a quick overview to the administrator of ongoing compliance through immediate access to charts and graphs reflecting the areas monitored by the EasyIEP system. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of training to Evaluation Team Leaders on the requirement that a full re-evaluation is conducted every three years unless the parent and district agree that it is unnecessary. Include the district's consideration of developing internal safeguards for compliance with re-evaluations. Include agenda(s), materials presented, sign-in sheets indicating the title/role of staff, and the name/title of the presenter.  By November 1, 2017, submit the date of the internal tracking system's implementation and the name/role of the designated staff responsible for internal review oversight.  By January 31, 2018, conduct an internal review of approximately 25 records with re-evaluations conducted subsequent to the implementation of all corrective actions, for evidence that the re-evaluation was conducted within the 3-year window or for evidence that the district/parent agreed that the re-evaluation was unnecessary. The sample must represent a cross-section of the district's schools, grade levels, placements, and student disabilities. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that at least annually, on or before the anniversary date of the IEP, the district does not consistently hold a Team meeting to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  The District has determined that the root cause for not ensuring that a Team meeting is held within one year of the anniversary date is due to very high case loads for Evaluation Team Leaders, and it has been further determined that a substantial number of Team meetings have had to be rescheduled due to parent request, and or parent no-shows. Team Leaders feel that they have the capacity to oversee their caseloads in EasyIEP, and generate needed timeline reports to support compliance, so access to reports and timelines are not an issue. Turnover presented the challenge that in addition to maintaining their current caseload, they were catching up with the IEP's that were out of compliance.  A plan has been put into place with all Evaluation Team Leaders to begin to meet on annual IEP's earlier, so that a rescheduling period will be available to all families and there is a greater chance that the meeting will be held prior to the expiration of the IEP.  Team Leaders recently generated a parent response form which is sent out with every meeting invitation, in English and Spanish, requesting information on whether the parent can attend the meeting, or would like an alternate meeting time, with information on how to reach the Team Leader. Further, the department has developed parent outreach protocol, to ensure higher rates of parent participation, as well as utilizing family liaisons at the building level to reach out to parents and send out meeting reminders as well as make phone calls. Southbridge has eliminated one evaluation team leader as well as a Special Education Supervisor and a School Psychologist. These cuts should be revisited to determine the impact on caseloads and timeline compliance. The high rate of initial referrals should be a district priority, with the Building Principals and school staff educated to direct parents and staff to the pre-referral SBST process in a proactive, effective manner. School staff need to have education in which supports to offer, interventions to choose from, and the necessary staffing to accomplish tiered systems of intervention and support. Further, academic and behavioral interventions are not always necessarily being followed with fidelity.  The Special Education Director will continue to meet monthly with the Evaluation Team Leaders to review timelines and troubleshoot lack of parent response or enhance outreach needs for reaching parents for meetings. Evaluation Team Leaders bring updated timelines and caseloads to each monthly meeting, to review any areas of concern (i.e. student absences, rescheduled meetings, parent outreach), and to review the upcoming meetings for each month and ensure the timely scheduling of those meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Evaluation Team Leader | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Minutes of Team Meeting sessions with Special Education Director  Reports generated from Easy IEP  Agenda and notes for any training sessions  Team meeting notices that have been completed by parents for discussion and follow up to continue to enhance outreach efforts | | |
| **Description of Internal Monitoring Procedures:**  Continued monthly meetings with Evaluation Team Leaders in order to review scheduling procedures and troubleshoot potential roadblocks to compliance, continuing the already existing process.  Spot checks in record reviews and files to determine if meetings are happening within timelines have been developed. This is a spreadsheet in excel which provides information about the last activity on all district IEP's, which will continue to be reviewed monthly and will also provide specific information about whether or not a more specific intervention is required. PCG has also provided an enhance dashboard to its IEP program, resulting in a quick overview to the administrator of ongoing compliance through immediate access to charts and graphs reflecting the areas monitored by the Easy IEP system. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of training to Evaluation Team Leaders on the requirement to re-convene the IEP Team on or before the anniversary date of the IEP to review and update the IEP. Please note that Teams must clearly document re-scheduling of annual review meetings to ensure parental attendance in the student record. Evidence of training should include agenda(s), materials presented, sign-in sheets indicating the title/role of staff, the name/title of the presenter, and a copy of the parent response form and parent outreach protocol.  By January 31, 2018, conduct an internal review of 25 records for students with IEP annual review meetings convened subsequent to implementation of all corrective actions, for evidence that 1) the IEP meeting was convened on or before the anniversary date of the IEP; and 2) the Team clearly documented the meeting's rescheduling to ensure parental attendance in the student record. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that for students identified with a disability on the autism spectrum, the IEP Team does not consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  The District has determined that the root cause for not ensuring that a Team consistently considered and specifically addressed the skills and proficiencies needed to avoid and respond to bullying was the result of not having a specific district form that was required to be used at every meeting, for every student. Evaluation Team Leaders were using the questions for students with Autism Spectrum Disorders only, and not completing a form that would document that they were consistently considering social skills deficits for all students.  A training was held in January, 2016, to develop a protocol and a format to address and document the skills at every IEP meeting. The training was given to all Team Leaders and the development of the form was created specific to the Southbridge Public Schools, as evidenced by the present existence and use of the form. This training was held for all current team leaders, who have since changed again. Further turnover of Team Leader staff led to training gaps with respect to training in the use of the form, and the social skills development concerns. In regard to Student Record issues for SE 18A, the Team Leaders will reconvene the meetings for the four identified students to address the skills, by September 2017. It has been determined that all Team Leaders are presently using the form, however, further record checks should be completed in order to ensure full compliance. In addition, in regards to Student Record Issues regarding SE18A, four identified students will have the Team reconvened prior to June 30th, 2017, to document in the IEP and the skills checklist the proficiencies need to avoid and respond to bullying. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Evaluation Team Leader | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Copy of meeting invitation, sign-in sheets, and completed Southbridge Public Schools Autism Checklist. | | |
| **Description of Internal Monitoring Procedures:**  Upon proposing the IEP, the Evaluation Team Leaders will review the IEP to ensure that the bullying statement, as well as a fully completed Autism/Social Skills checklist has been completed and is present in the file. The Director of Special Education will randomly review files to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of training to Evaluation Team Leaders on the requirement to consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing for students with a disability on the autism spectrum. Include the agenda, materials used (including the protocol and the autism/social skills checklist), training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter.  By November 1, 2017, for the students whose records were identified by the Department, the district must reconvene the IEP Team to consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing in the IEP. Submit a copy of the IEP and the Special Education Team Meeting Attendance Sheet (N3A) to indicate that the IEP Team reconvened.  By January 31, 2018, conduct an internal review of approximately 25 records of students identified with a disability on the autism spectrum to if determine the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing are specifically addressed in the IEP. The sample must represent a cross-section of the district's schools, grade levels, and placements. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that at the conclusion of IEP Team meetings, the district provides the parent with a meeting summary which includes the completed IEP Service Delivery Grid and the major goal areas associated with the services. However, at the high school, the district provides the parent with only one (1) copy of the proposed IEP and proposed placement within two calendar weeks of the Team meeting. | | |
| **Description of Corrective Action:**  During the CPR self-assessment, it became clear that Evaluation Team Leaders were not consistently sending out two copies of the IEP and documenting this information on the N1. It was determined, as the result of a Team Leader training, that this would be documented on the N1, under question number 6, for next steps. This procedure was agreed upon by all current Evaluation Team Leaders. According to Team Leaders, they were not consistently sending out two copies of the IEP as they deemed it to be "wasteful" of paper.  On the N1, two copies of the IEP are being sent and documented on the N1, by all Team Leaders, by September, 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Evaluation Team Leader | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  The Special Education Department will develop procedures to ensure provision of two copies of a proposed IEP and placement, with the required notice, will be sent to parents within the prescribed timelines - within 3 to 5 days after the conclusion of the IEP meeting or within two calendar weeks after the provision of Team summary notes at the conclusion of the Team meetings. The required number of copies of the proposed IEP will be documented on the N1, under question number 6, next steps, on all IEP's that are sent to families. | | |
| **Description of Internal Monitoring Procedures:**  The Special Education Department will conduct a file review of each Evaluation Team Leader caseload across the District on a regular basis, with a minimum of 10 files per Team Leader from September 1, 2017 to March 20, 2018. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of training for Evaluation Team Leaders at the high school on sending 2 copies of the proposed IEP and placement, including a copy of the procedures developed.  By January 31, 2018, conduct an internal review of 25 records at the high school for evidence that two copies of the proposed IEP and placement are provided to the parent/guardian following the IEP Team meeting. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the Notice of Proposed School District Action (N1) form does not consistently include a description of any other options that the district considered and the reasons why those options were rejected; other factors the district used as a basis for the proposed or refused action; or a description of each evaluation procedure, test, record, or report the district used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  The District has determined that the root cause for not consistently providing sufficient information that is reflective of the Team meeting within the Notice of Proposed School District Action is due to the need for updated training in the completion of N1's. The Team Leaders have received this training, and are now completing all of the N1"s in a fully individualized way. EasyIEP has a feature that automatically defaults to n/a when a field is not filled in. The Administrative Assistant in Special Education will be notifying EasyIEP to determine if this automatic feature can be disabled. Further, this feature has been identified for all the Evaluation Team Leaders. A workshop was held during Team Leader Training, in which model samples for responding to N1's were shared by all Team Leaders to help posit considerations and reasons for rejected options, in particular, which was the area of greatest concern for our Team Leaders. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Evaluation Team Leaders | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  The Special Education Department will develop procedures to ensure full completion of N1's by all Team Leaders, in addition to the documentation on the N1 of the provision of two copies of a proposed IEP and placement (see previous criterion). | | |
| **Description of Internal Monitoring Procedures:**  The Special Education Department will conduct a file review of each Evaluation Team Leader caseload across the District on a regular basis, with a minimum of 10 files per Team Leader from September 1, 2017 to March 20, 2018. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of training for Evaluation Team Leaders on the development of written Notice of Proposed School District Action (N1), ensuring that the N1 addresses all 6 required components of the notice. Evidence of training should include agenda(s), materials presented, sign-in sheets indicating the title/role of staff, the name/title of the presenter, and a copy of the procedures developed.  By January 31, 2018, conduct an internal review of 25 records for students with IEP developed subsequent to implementation of all corrective actions, for evidence that the N1 address all 6 components of the notice. The sample must represent a cross-section of the district's schools, grade levels, placements, and student disabilities. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and a staff interview indicated that two special education teachers, one at the West Street Elementary School and one at the Charlton Street Elementary School, are not licensed. In addition, one special education inclusion teacher at the Southbridge Middle School is not licensed. | | |
| **Description of Corrective Action:**  Data Specialist will follow up with Building Principals to determine progress toward certification, and the Building Principals, in consultation with the Data Specialist, will be working with the HR Manager to assure that all Sped Teachers have proper certification. The Data Specialist has identified all unlicensed staff in the District, and is working with Lauren Woo, DESE Project Manager, on determining the required documentation for assurance that the waiver process and all unlicensed candidates are informed of their status. Further analysis determined that Principals did not submit documentation this year for the unlicensed candidates in their building in order to complete the waiver process. Turnover of staff has contributed to this, along with gaps in the HR process and follow up with Principals. However, the Data Specialist met with all unlicensed candidates in January and February of this year, to review with each employee the status of their ongoing employment with the District and the actions that would be required in order to facilitate the certification process. Further notification and next steps will be directed by Lauren Woo in support of the District processes. | | |
| **Title/Role(s) of Responsible Persons:**  HR Manager  Data Specialist  Building Principals | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  HR process are in place.  All unlicensed staff are notified of next steps to secure certification or necessary licensure.  Waivers and other necessary documentation will be completed by Data Specialist/HR/Building Principals | | |
| **Description of Internal Monitoring Procedures:**  A process for reviewing the licensure of all employees will be developed by the district, including status of current employees, notification to employees of licensure requirements, all waivers completed. An internal monitoring process has already been developed by the Data Specialist, but follow through at the building level and with the employee will need to be completed by the District. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit the 2017-2018 licensure information for all district special education teachers, including those who were identified as not appropriately licensed at the time of the CPR at West Street Elementary School, Charlton Street Elementary School, and Southbridge Middle School. Conduct an analysis of the status of special education teacher licensure, and provide the immediate steps that the district has taken to address any identified issues.  Continue to work with Lauren Woo, ESE Project Manager, on systems to ensure appropriate and current licensure for all special education teachers. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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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 a staff interview indicated that one school adjustment counselor at the West Street Elementary School is not appropriately licensed. | | |
| **Description of Corrective Action:**  A review of documentation and a staff interview indicated that one school adjustment counselor at the West Street Elementary is not appropriately licensed. The SAC in question has had a name change from Rosenhoover to Wadsworth, and her current indication that she is fully licensed is under the name of Rosenhoover, and she has stated that she is now fully licensed. A copy of the license will be sent to the Human Resources Manager to confirm the current status. | | |
| **Title/Role(s) of Responsible Persons:**  Human Resources Manager, SEL Director, Building Principal | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Copy of license has been reviewed by Sped Director and given to HR Specialist. License is current, status complete. | | |
| **Description of Internal Monitoring Procedures:**  Continued monitoring of unlicensed staff as directed by Data Specialist, HR manager, Principals and Sped Director will be ongoing. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  A review of ELAR indicates that the school adjustment counselor identified at West Street Elementary School during the CPR is currently licensed.  By November 1, 2017, submit the 2017-2018 licensure or certification information for all district related service providers, and provide the immediate steps that the district has taken to address any identified issues. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that not all special education and general education staff have received training on analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. See also CR 18. | | |
| **Description of Corrective Action:**  Lack of awareness about the requirement to provide the training to General Education staff in particular, including UDL, Differentiated Instruction, has contributed to this finding. Further, this concern is attributable to the amount of staff turnover, and to communication with Administration to include the necessary planned professional development, through a district-wide initiative and with Central Office support, that can address the instructional core, especially for general educators. Training has been provided to all Paraprofessional staff, special education staff, at the beginning and throughout the year in this area, and all general education staff received copies of the IEP's of all students in their classroom, in order to understand the accommodations and specialized needs for all students. In addition, further training should be provided to help Administrators understand federal and state regulations around Special education and the need for training for differentiating diverse learning styles, as well as a true understanding and implementation of a tiered system of support. Further support for co-teaching and inclusion support structures have begun, with an emphasis on developing the reciprocal teaching skills that are required to support students in the general education setting. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent  Special Education Director  Director(s) of Curriculum and Instruction | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Evidence of training on analyzing and accommodating diverse learning styles occurs across the district in a systematic and sequential way, for all teachers. | | |
| **Description of Internal Monitoring Procedures:**  Evidence of Prioritization of this practice by Central Office and District Leaders  PD agendas and sign-in sheets  PD plan that incorporates topics that reflect this requirement in UDL, Co-teaching or Inclusive Practices, Evidence of supportive inclusive structures at the building level. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must develop a monitoring plan to ensure that special education and general education staff, including paraprofessionals, will be provided training on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Department Order of Corrective Action:**  The district must provide a description of an internal tracking and monitoring system to ensure that all special education and general education staff to include paraprofessionals will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, provide the professional development calendar for special education and general education staff and paraprofessionals, that includes topics of UDL, differentiated instruction, MTSS, RTI, and the School Building Support Team (SBST) pre-referral process for the 2017-2018 school year.  By November 1, 2017, provide a description of the an internal tracking and monitoring system with individuals designated responsible to ensure that all special education and general education staff, including paraprofessionals, will be provided training regularly on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that important information and documents, e.g. handbooks and codes of conduct, being distributed to parents are not translated into the major languages spoken by parents or guardians with limited English skills. In addition, staff interviews indicated that the district has not established a system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages. | | |
| **Description of Corrective Action:**  The district determined the root cause of this is the same that led the district to turnaround status: chronically high turnover at central office. To date each school has a school handbook that includes a code of conduct. Over the summer the district will examine school handbooks to edit for consistency and to align them with district policies. In May the district is creating a Standard Operating procedure to document all SEL, and SPED/ ELL policies. In September the handbooks will be complete and sent for translation. The district has created centralized translator and parent outreach positions. The director of parent outreach will be responsible, along with the CAO to ensure all materials are translated.  The newly created district translator will report to the ELL Director and will be available to provide translations in Spanish to parents. | | |
| **Title/Role(s) of Responsible Persons:**  CAO, Director Of Operations, Director of Parent Outreach | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Completed and translated materials.  job description, district translator. | | |
| **Description of Internal Monitoring Procedures:**  The Director of parent outreach will serve as liaison to document what handbooks and manuals are being created to ensure the are translated. This will occur every two months.  The district translator will create, with the help of the EL Director, a system to organize requests for translations including a log which will be shared as evidence. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit copies of translated student handbooks or the link to the translated handbooks on the district website.  By November 1, 2017, provide a copy of the procedures developed for translation and oral interpretation for parents/guardians with limited English skills, including those who speak low-incidence languages, and a process for documentation of translation and oral interpretation. Provide evidence of staff training on the procedures to include agenda, materials presented, sign-in sheets indicating the title/role of staff, and the name/title of the presenter.  By November 1, 2017, develop an internal oversight and tracking system to identify any parent/guardian with limited English skills, including those who speak a low-incidence language, that requests or requires translation and/or oral interpretation. 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 January 31, 2017, 1) submit the results of an administrative review of translation and oral interpretation logs for parents whose home language survey indicates a need for translation/interpretation. 2) Submit the results of an administrative review of records for students across all grade levels for evidence of translated documents where the parent has requested translations. This review should include documents in student special education, ELE, and cumulative files. Indicate the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Staff interviews indicated that the district does not require employers recruiting at the school to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices that specifically includes the following protected categories: race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Description of Corrective Action:**  With the high turnover of School Leadership, this practices has lapsed. We will once again require that employers recruiting at the school to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices that specifically includes the following protected categories: race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal, Guidance Counselors | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Submission of documents signed by prospective employers. These forms will be maintained at the Main Office of the High School. | | |
| **Description of Internal Monitoring Procedures:**  Each year, and with each WBL assignment, the district will secure an acknowledgement form for each prospective employer with who the district is engaging students. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit copies of statements signed by employers recruiting at the school that comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices and ensure statement specifically includes the protected categories of race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that when the parent or student whose primary language is not English requests a student handbook or student code of conduct, there is no procedure in place to provide a translated copy. | | |
| **Description of Corrective Action:**  The district determined the root cause of this is the same that led the district to turnaround status: chronically high turnover at central office. To date each school has a school handbook that includes a code of conduct. Over the summer the district will examine school handbooks to edit for consistency and to align them with district policies. In May the district is creating a Standard Operating procedure to document all SEL, and SPED/ ELL policies. In September the handbooks will be complete and sent for translation. The district has created centralized translator and parent outreach positions. The director of parent outreach will be responsible, along with the CAO to ensure all materials are translated. | | |
| **Title/Role(s) of Responsible Persons:**  El Director, CAO, Director of Parent Outreach | | **Expected Date of Completion:**  05/12/2017 |
| **Evidence of Completion of the Corrective Action:**  -Copies of the translated manuals. | | |
| **Description of Internal Monitoring Procedures:**  - The El Director and Director of Parent Outreach will monitor the creation and revisions of handbooks to ensure they are updated. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See CR7. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the Bullying Prevention and Intervention Plan (Plan) is not consistent with the amendments to the Massachusetts anti-bullying law, which became effective  July 1, 2013. Specifically, the Plan has not been updated or amended to include extending protections to students who are bullied by a member of the school staff. The Plan does not make clear that a member of the school staff may be named the aggressor or perpetrator in a bullying report and it does not contain information relative to the duties of faculty and staff addressing the bullying of students by a school staff member. | | |
| **Description of Corrective Action:**  The root cause of the district's failure to fully comply with this regulation is due to consistent and rapid turnover at Central Office. The Wellness committee is adding a protocol for handling this situation to the Bullying Prevention and Intervention Plan that is part of the district Wellness manual they have worked on creating this year. The updated information extending protection to students who are bullied by a member of the school staff will be provided in the revised student handbooks for SY 2017-2018. In addition, the district will clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bulling report. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Social and Emotional Learning  Assistant Superintendent for Student Services | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Uploaded Copies of the new District Bullying Prevention and Intervention Plan. | | |
| **Description of Internal Monitoring Procedures:**  Yearly review of the Bullying Prevention and Intervention Plans, the Wellness Policy Handbook, student handbooks as we receive updated regulations as part of the district's partnership with MASC and districts' attorney | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description identified that the district will update the Bullying Intervention and Prevention Plan and update student handbooks. The district must also train staff on the updated Bullying Prevention and Intervention Plan. | | |
| **Department Order of Corrective Action:**  The district must train all staff on the updated Bullying Prevention and Intervention Plan, including extending protections to students who are bullied by a member of the school staff; that a member of the school staff may be named the aggressor or perpetrator in a bullying report; and the duties of faculty and staff addressing the bullying of students by a school staff member. | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit the district's updated Bullying Prevention and Intervention Plan extending protections to students who are bullied by a member of the school staff, making clear that a member of the school staff may be named the aggressor or perpetrator in a bullying report, and the duties of faculty and staff in addressing the bullying of students by a school staff member. Submit copies of the 2017-18 student handbooks, or provide a link to the handbooks on the district website, that include relevant sections of the revised Plan.  By November 1, 2017, submit evidence of professional development training on the district's Bullying Prevention and Intervention Plan for all staff that includes developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; 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; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. Include a detailed agenda, specific training topics and materials, training dates, signed attendance sheets indicating the title/role/school of staff, and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district's discipline policy does not include procedures for in-school suspension, including the following: the principal's responsibility to inform the student of the disciplinary charge and to provide the student the opportunity to dispute the charge and explain the circumstances; if the principal determines that the student committed the offense, informing the student of the length of the suspension which may not exceed ten days cumulatively or consecutively in a school year; the principal's responsibility to orally inform the parent of the disciplinary offense, the reasons for concluding that the student committed the infraction and the length of the in-school suspension; the principal's responsibility to invite the parent/guardian to a meeting to discuss the student's academic performance and behavior, strategies for student engagement, and possible responses to the behavior; procedures to address the need to schedule the parent/guardian meeting for the day of the suspension or as soon as possible, and the need for the principal to document at least two attempts to reach the parent for the purpose of orally informing the parent; and procedures to address the need for the principal to send written notice to the student and the parent/guardian about the in-school suspension, inviting the parent to a meeting if such meeting has not occurred, which must be delivered on the day of the suspension. | | |
| **Description of Corrective Action:**  The root cause of the district's failure to fully comply with this regulation is consistent and rapid turnover of district and building leadership. Currently the district's discipline policy does not include explicit procedures for in-school suspension, including the following: the principal's responsibility to inform the student of the disciplinary charge and to provide the student the opportunity to dispute the charge and explain the circumstances; if the principal determines that the student committed the offense, informing the student of the length of the suspension which may not exceed ten days cumulatively or consecutively in a school year; the principal's responsibility to orally inform the parent of the disciplinary offense, the reasons for concluding that the student committed the infraction and the length of the in-school suspension; the principal's responsibility to invite the parent/guardian to a meeting to discuss the student's academic performance and behavior, strategies for student engagement, and possible responses to the behavior; procedures to address the need to schedule the parent/guardian meeting for the day of the suspension or as soon as possible, and the need for the principal to document at least two attempts to reach the parent for the purpose of orally informing the parent; and procedures to address the need for the principal to send written notice to the student and the parent/guardian about the in-school suspension, inviting the parent to a meeting if such meeting has not occurred, which must be delivered on the day of the suspension. Handbooks will be updated this summer, as well as district policy to ensure compliance with these regulations. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Social and Emotional Learning  Building Principals | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Revised policy and procedure documents, copies of updated handbooks, updated written notice of hearing and suspension, meeting agendas and sign-in sheets, letters to parents. | | |
| **Description of Internal Monitoring Procedures:**  Yearly review of handbooks, receive updated regulations as part of the district's partnership with MASC and districts' attorney | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit the revised student discipline policy consistent with the changes to M.G.L. c. 71, section 37H ¾, including procedures for in-school suspension. Include copies of 2017-18 student handbooks, or a link to the handbooks on the district website, that include procedures for in-school suspension. Submit evidence of training to staff. Include the agenda, training dates, signed attendance sheets indicating the title/role/school of staff, materials presented, and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews 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. Specifically, flyers promoting schools in the district do not include a non-discrimination statement and the website does not include a non-discrimination statement. | | |
| **Description of Corrective Action:**  Written materials and other media used to publicize a school will 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. | | |
| **Title/Role(s) of Responsible Persons:**  Jessica Huizenga - Superintendent | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Written Documents | | |
| **Description of Internal Monitoring Procedures:**  Review and Audit of Written Documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The district added a non-discrimination statement to the district website.  By November 1, 2017, submit samples of materials promoting schools in the district that include a non-discrimination statement (e.g., flyers, letterhead, school forms, newsletters). | | |
| **Progress Report Due Date(s):**  11/01/2017 | | |

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

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| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district's "Student Awards, Honors and Scholarships" policy does not indicate that scholarships, prizes and awards sponsored or administered by the district are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Description of Corrective Action:**  The districts policies for "Student Awards, Honors, and Scholarships," will indicate that scholarships, prizes and awards sponsored or administered by the district are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability. sponsored or administered by the district are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Title/Role(s) of Responsible Persons:**  Jessica Huizenga | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Submission of Documents | | |
| **Description of Internal Monitoring Procedures:**  Regular Review of all policy regarding Scholarships, prizes, and awards. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit a copy of the district's "Student Awards, Honors and Scholarships" policy that indicates scholarships, prizes and awards sponsored or administered by the district are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the notice sent to parents/guardians and students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion 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; a statement that the time and the date for the exit interview may be extended at the request of the parent/guardian for no longer than 14 days; or set forth that the superintendent or designee may proceed with an exit interview without a parent/guardian if the superintendent or designee makes a good faith effort to include the parent/guardian.  In addition, a review of documentation and staff interviews indicated that the district does not send annual written notice for a minimum of two years to former students who have not yet earned their competency determination and who have not transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  Due to the significant turnover of administration, this process has been overlooked at Southbridge High School. It is understood that a formal process must be established. The High School Principal, guidance counselors, and the Assistant Superintendent for Student Services will meet to develop one. Additionally, the notice to schedule exit interviews must be provided to the student in English and the primary language of the parent or guardian. It must include contact information for scheduling, for example, a statement that the time and the date for the exit interview may be extended at the request of the parent/guardian for no longer than 14 days; or set forth that the superintendent or designee may proceed with an exit interview without a parent/guardian if the superintendent or designee makes a good faith effort to include the parent/guardian. The district must also create a process to send annual written notice for a minimum of two years to former students who have not yet earned their competency determination and who have not transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Title/Role(s) of Responsible Persons:**  Andrae Townsel  Principal Southbridge High School | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Established procedures, revised notice, meeting notes, student handbook, attendance sheets, agenda | | |
| **Description of Internal Monitoring Procedures:**  Internal review of records of students 16 and over leaving school without a high school diploma, certificate of attainment, or certificate of completion by the Superintendent of Schools. Review will be conducted by the High School Administration or guidance. | | |
| 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:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the following documents: High School Exit Intervention Model Protocol at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf#search=%22High%22 and Information for School Districts about Required Notices Regarding Students who Leave High School Without Graduating at http://www.doe.mass.edu/news/news.aspx?id=3051  By November 1, 2017, submit 1) a copy of the procedures and notice developed for students age 16 or over with ten consecutive absences and 2) the procedures and notice developed to send to former students annually for two years after they have left the district.    By November 1, 2017, submit evidence of training to appropriate high school staff, including principal, guidance counselors, and district administrators, on the procedures. Evidence of training should include agenda(s), materials presented, sign-in sheets indicating the title/role of staff, and the name/title of the presenter.  By January 31, 2018, submit 1) a list of any students with 10 or more consecutive absences since the beginning of the 2017-18 school year and the notices sent by the district to these students, if any, and their parents within five days of the student's tenth consecutive absence, and 2) a list of former students who have left the district without achieving a competency determination or transferring to another school over the past two school years, and the notice sent to them. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district has updated its written restraint prevention and behavior support policy to include all required content consistent with regulatory requirements that went into effect January 1, 2016; however, the previous version that has not been updated remains posted in the School Committee Policies section of the district website. | | |
| **Description of Corrective Action:**  The School Committee Policy on the Website was not updated with the new policy | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Student Services  TBD | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  The Policy has been updated on the Website | | |
| **Description of Internal Monitoring Procedures:**  Each year, the Committee will review it's policies to ensure compliance, and the Webmaster will ensure that all policies are up to date. | | |
| 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:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district posted the revised written restraint prevention and behavior support policy in the School Committee Policies section of the district website. | | |
| **Department Order of Corrective Action:**  The district must develop procedures for the implementation of the restraint prevention and behavior support policy and train all staff of the procedures. | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit procedures for the implementation of the physical restraint policy that include:  (a) Methods for preventing student violence, self-injurious behavior, and suicide;  (b) Methods for engaging parents in discussions about restraint prevention and use;  (c) A description and explanation of the program's alternatives to physical restraint and method of physical restraint in emergency situations;  (d) A statement prohibiting: medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of physical restraint in a manner inconsistent with 603 CMR 46.00;  (e) A description of the program's training requirements, reporting requirements, and follow-up procedures;  (f) A procedure for receiving and investigating complaints;  (g) A procedure for conducting periodic review of data and documentation on the use of restraint;  (h) A procedure for implementing the reporting requirements;  (i) A procedure for making both oral and written notification to the parent; and,  (j) A procedure for the use of time-out.  By November 1, 2017, submit evidence of training for all staff, provided within the first month of the school year, on the restraint prevention and behavior support policy and procedures. Evidence of training should include agenda(s), materials presented, sign-in sheets indicating the title/role/school of staff, and the name/title of the presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district does not currently have a District Curriculum Accommodation Plan (DCAP). The DCAP should assist regular classroom teachers in analyzing and accommodating diverse learning styles of all students in the regular classroom and in providing appropriate services and supports within the general education program. This support includes direct and systematic instruction in reading and the provision of services to address the needs of children whose behavior interferes with learning. The plan should also include provisions encouraging teacher mentoring and collaboration, as well as parental involvement. While the district has begun to address the lack of a tiered system of supports, a review of documentation indicated that it does not have a fully developed Multi-Tiered System of Supports (MTSS), including response to intervention (RTI) designed to provide instructional support that includes remedial instruction for students, consultative services for teachers, appropriate services for linguistic minority students, and other services consistent with effective educational practices. This, in part, has led to an over-representation of English language learners in special education. | | |
| **Description of Corrective Action:**  The district did put in place a DCAP several years ago, but due to the rapid and consistent turnover of central office and school based administrators, the work never operationalized at the building level. The district will need to put together a committee to develop an updated DCAP, as well as continue to work on developing the MTSS and RTI to ensure that the schools are providing the instructional and remedial supports within the general education program. This support includes direct and systematic instruction in reading and the provision of services to address the needs of children whose behavior interferes with learning. The plan should also include provisions encouraging teacher mentoring and collaboration, as well as parental involvement. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Student Services  EL Director, SEL Director, Elementary Coordinator | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Copy of the updated DCAP, District MTSS and RTI Handbook for Educators, Agenda's for Training, and Update Pre-referral process. | | |
| **Description of Internal Monitoring Procedures:**  Yearly Review of DCAP and District MTSS handbook, and monitoring of RTI and pre-referral processes. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, report on the progress of the committee to develop the District Curriculum Accommodation Plan (DCAP), along with the plan to continue to fully develop the Multi-Tiered System of Supports (MTSS), including response to intervention (RTI) designed to provide instructional support that includes remedial instruction for students, consultative services for teachers, appropriate services for linguistic minority students, and other services consistent with effective educational practices. Include a plan to identify and address over-representation of English language learners in special education.  By January 31, 2018, provide a copy of the district's updated DCAP and demonstrate that the DCAP was disseminated to administrative staff and include copies of the sign-off of receipt of the DCAP by principals. Provide the district MTSS and RTI Handbook for Educators, agendas for training, sign-in sheets and the updated pre-referral process procedures.  By January 31, 2018, conduct a review of district data to determine if there is an over-representation of English learners in special education. If it is determined that there is an over-representation of English learners in special education, provide an analysis of the root cause(s) and the immediate steps the district has taken to address the issue. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that job openings posted by the district do not include the protected categories of sex and gender identity. | | |
| **Description of Corrective Action:**  This has been updated in the district. | | |
| **Title/Role(s) of Responsible Persons:**  HR/Payroll Manager | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Job Postings were uploaded | | |
| **Description of Internal Monitoring Procedures:**  Periodic Review of Job Postings. We will continually monitor this to make sure this is maintained. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district submitted evidence that the district's notice for job vacancies includes the specific protected categories of race, color, gender identity, national origin, sex, and disability. The district uploaded relevant documents under Additional Information.  No progress reports are required. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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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 documentation and staff interviews indicated that although the district actively engages in curriculum review, it does not have a process that involves individual teachers in the review of educational materials for consideration of 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:**  The district has been without an Assistant Superintendent of Curriculum and Instruction, and over the past few years there has been great turnover in this position. Therefore, curricular review has lapsed. | | |
| **Title/Role(s) of Responsible Persons:**  Jessica Huizenga - Superintendent | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  This policy will be developed and instituted by Curriculum Coordinators in the 2017-18 School year. Furthermore, Principals will annually address with all the faculty the need to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation as part of the new school year procedures. The topic will also be addressed during the new teacher orientation. Such a review will also be added to our evaluation checklist for all new curriculum materials. | | |
| **Description of Internal Monitoring Procedures:**  Curriculum Coordinators will address this annually with all administrators before the start of the new year. The review process will also be included as part of the curriculum adoption process to all "new" materials will be subject to the same review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, provide a copy of the procedures developed to ensure that individual teachers in the district review educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials.  By January 31, 2018, submit evidence of training provided to special education and general education teachers to ensure they review all educational materials for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. Evidence of training should include agenda(s), materials presented, sign-in sheets indicating the title/role/school of staff, and the name/title of the presenter. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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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 documentation and staff interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The reason for the district's failure to 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 has been the incredible turnover of administrative staff. Moving forward, the district will develop procedures to ensure that all aspects of the K-12 program are evaluated annually ensuring that all students 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, including athletics and other extracurricular activities have equal access to all programs. We also need to develop a process to document that all aspects of k-12 programming are evaluated annually to ensure that all students, regardless of race, color, sex gender, religion, national origin, LEP, sexual orientation, disability, or housing status, have equal access to all programs, including athletics, and other extracurricular activities. We will also institute trainings for teachers and building administrators in the procedure and documentation process. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools  AS for Student Services  Curriculum Coordinators  Building Administration | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Submission of procedures and processes, copies of agendas, materials, and attendance sheets for all trainings. | | |
| **Description of Internal Monitoring Procedures:**  Supt. of Schools, AS for Student Services, and Coordinators will review procedures and processes maintained at the building and district level. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, provide a copy of the district's procedures developed for the annual evaluation of the K-12 program that ensures all students have equal access to all programs, including athletics and other extracurricular activities and includes all protected categories.  By January 31, 2018, submit a copy of the institutional self-evaluation, conclusions reached, and resolution of any identified issues. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  ELE 3 Initial Identification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the district has not established English language proficiency screening procedures to determine each potential English learner preschool student's English language proficiency level. Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners" at http://www.doe.mass.edu/ell/Guidance.pdf. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for not establishing a system for the identification of potential ELS was due to the lack of an EL director in place to create systems. Additionally, intake is completed by secretaries at each building and they had not been properly trained. At each school ESL teachers were to administer the W-Apt tests to newly enrolled potential ELS. There was a lack of a system to ensure testing had been completed.  In July 2017 a EL director was hired. At that time all secretarial staff were trained using the MA Guidance on Identification , Assessment, Placement and Reclassification of ELs. The Southbridge EL handbook was updated as well with district specific guidance with systems at schools and SIMS information for IPASS. At that time a spreadsheet was used to track newly registered ELS and W-Apt results. In August WAPt testing took place at central office and in the early fall teachers conducted it at buildings. However, this took time away from teaching and learning.  In November 2017 a WAPT EL administer part time position was created. Currently secretaries conduct the initial registration and the WAPT test administrator gives all potential ELS the test.  K registration was also determined to be a root cause. Until this year there were no ESL teachers at the kindergarten building. Now there are two. There was still uncertainty about which students should be screened. The process has been clarified through trainings. All students whose Home Language survey indicates a language other than English at home will be screened.  In Fall 2017 the WAPT administrator will be full time. Additionally all registration will be centralized.  In Spring 2016 there were approximately 250 ELs identified in Southbridge, currently there are 420. Last Spring we re-examined student records and re- administered the W-apt to some students, others who had not been exited properly were re- entered into EL status. Additionally, the new position has helped to streamline identification.  The identification of Pre K students is a new requirement as of school year 2017-18. Southbridge did not start this process during this school year due to planning to put systems in place for the misidentified ELS, and for newly registered students. In Spring 2017 a Pre-Las screening kit was ordered, and a professional development is planned to train Pre-K teachers and other ESL staff in administering the test. In Fall 2017 all Pre- K students who are potential ELS will be screened. | | |
| **Title/Role(s) of Responsible Persons:**  Jessica Huizenga-Receiver,-EL Testing Administrator,Mary Skrzypczak-principal,El Director | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  The district will provide the spreadsheet of the potential ELS and WAPT results.  The district will provide emails/ agendas of training meetings.  A copy of the new Southbridge EL handbook will be provided.  A copy of the job posting for the WAPT administrator and proof of her position will be provided.  A copy of the Pre-LAs order will be submitted along with evidence of the Pre-Las professional development.  A print- out of ASPEN X2 with pre-k EL status will be submitted. | | |
| **Description of Internal Monitoring Procedures:**  The EL director, W-apt administrator and Pre K principal will monitor the files of potential EL pre K students to ensure they are screened.  The EL director and W-APT administrator will continue to monitor the identification system. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, provide the spreadsheet of the potential ELS and WAPT results. Provide emails and agendas of training meetings. Provide a copy of the new Southbridge EL handbook. Provide a copy of the job posting for the WAPT administrator and proof of the position. Provide a copy of the Pre-LAs order along with evidence of the Pre-Las professional development. Provide a print- out of ASPEN X2 with pre-k EL status. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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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 documentation and staff interviews indicated that English learners (ELs) with disabilities who are entitled to receive both language and disability related services under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) do not have access to direct ESL instruction available to ELs without disabilities. Please see 20 U.S.C. §§1400-1419; 34 C.F.R. pt.300 (IDEA, Part B and its implementing regulations); 29 U.S.C. § 794 and 34 C.F.R. pt.104 (Section 504 and its implementing regulations).  Furthermore, document review and staff interviews demonstrated that the district uses Hampton Brown/National Geographic books for ESL instruction. While purchased materials can be used as resources, they cannot replace an ESL curriculum that districts are expected to develop in order to implement with fidelity the educational approach the district adopted for the ELE program and described in their Castañeda Three-Pronged Test. The district should note that an ESL curriculum is integral to an effective ELE program in which ELs become English proficient at a rapid pace. Please see http://www.doe.mass.edu/ell/Guidance.pdf. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for Els with disabilities not receiving direct ESL instruction was due to a lack of ESL positions in the district and due to lack of planning in scheduling of ELS with disabilities. Prior to school year 2017 there were 4 elementary ESL teachers for 160 students and 1 ESL teachers for middle school and a substitute for high school ESL. As of Fall 2017 there are 13.5 ESL positions in the district. In Fall 2017 Southbridge will also hire a .5 ESL teacher whose schedule will be to push-in to the special education classes of students.  During this school year, with the increase in qualified ESL teachers some El with disability students who were not scheduled for ESL have had schedule changes to ensure they receive direct ESL instruction.  Currently Southbridge schools has contracted with two consultants to assist principals in creating master schedules that will include flexibility in schedules to allow for Els with disabilities to be scheduled in the appropriate ESL class. The district is also developing a Standard Operating Procedure Manual (SOPM) for Sped/EL.  The lack of curriculum is also due to the lack of an EL director, ESL teachers as well as the fact that the new ESL MCU trainings just began last summer. Southbridge sent three teachers,and one of the ELS teachers left the district before the training was completed.  The plan is to work with other districts who use REACH, Edge and Inside as resources. A curriculum map using Next Generation guidance will be created with unit plans using the UBD ESL template. The work will begin in May 2017. A consultant from MASTOl will be hired to facilitate the process. | | |
| **Title/Role(s) of Responsible Persons:**  Kelly Cooney/El Director,Colleen Culligan/Sped Director | | **Expected Date of Completion:**  09/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Schedules of Els with disabilities will serve as evidence.  The curriculum map will serve as evidence.  The Standard Operating Procedure Manual. | | |
| **Description of Internal Monitoring Procedures:**  The SPED and EL directors will audit sped el folders quarterly to ensure all students are scheduled appropriately.  The curriculum will be evaluated and revised with the Southbridge curriculum review cycle. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit 1) the EL Roster document available in the Document Library to document ESL instruction ELs with disabilities receive; 2) the Standard Operating Procedure Manual (SOPM) for Sped/EL; and 3) the curriculum map the district commits to develop and the timeline for implementation. Please note that the curriculum map should reflect the content to be taught and address the instructional needs of the ELL population at all levels. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  ELE 8 Declining Entry to a Program | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation, student record review, and staff interviews indicated that the district does not actively monitor the progress of the students whose parents opted out of the ELE program to ensure that these students' linguistic and academic needs are met and the district takes affirmative steps and appropriate action as required by Title VI and EEOA to provide them access to its educational programs. | | |
| **Description of Corrective Action:**  The root cause of this was due to the absence of an EL director, lack of information about the requirements of reporting about opt-out student and a lack of scheduled teacher team time during the school day. In fall 2017 trainings took place with guidance, secretaries and coaches to share the guidance regarding opt-outs. Every 6 weeks the District Language Acquisition team meets to review MA DESE Guidance and to create systems to monitor opt-out students. In November 2017 a WAPT administrator was hired who oversees opt-outs once a parent makes a request. In November Southbridge started auditing the files of opt-out els and meeting with school personnel to help to clarify systems. Audits show the opt-out students are not being monitored effectively. Principals have not yet created systems in schools to ensure monitoring is taking place.  District LAT meeting will continue to occur to inform school-based teams about why and how we monitor opt-out els. New schedules are being created that will ensure team time during the day for teachers to meet, which will allow meaningful conversations to take place and forms to be filled out. The district will continue to audit opt-out folders every term and keep track of progress on a spreadsheet. Additionally, the El director and W-Apt administrator will continue to work with schools to build effective school-based LAT teams. | | |
| **Title/Role(s) of Responsible Persons:**  Kelly Cooney/El Director, R.Sweetman, A. Townsel, K. Cadarette, E.Mantineo, M.Skrzypczak/Principals | | **Expected Date of Completion:**  05/12/2017 |
| **Evidence of Completion of the Corrective Action:**  A spreadsheet with the results of the opt-out audit which began in November 2017 and is updated quarterly will be shared.  Agendas from LAT meetings and trainings as well as email reminders will serve as evidence. | | |
| **Description of Internal Monitoring Procedures:**  The El director and WAPT Administrator will conduct quarterly opt-out folder audits and update the opt-out spreadsheet. Principals will conduct internal monitoring to ensure systems are in place at schools. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 8 Declining Entry to a Program | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit 1) a plan explaining how schools will monitor the progress of students whose parents declined ELE services to ensure that they make adequate progress and the level of support that will be available for them provided that students need such support to have access to the curricula taught in the school; 2) provide training to all ELE staff to ensure that they are all knowledgeable about the process and submit the training materials, sign-in sheets and agendas by the progress report due date; 3) submit the forms and internal monitoring materials that will be used for the process; and 4) submit a roster of opt-out ELs and completed monitoring forms. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  ELE 11 Equal Access to Academic Programs and Services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that ELs do not have access to Social Studies at the middle school and miss content classes, such as Math, at West Street Elementary School due to a rotating schedule. | | |
| **Description of Corrective Action:**  The district has determined that Els did not have social studies at the middle school and were given ESL occasionally during math at West Street elementary school because of a lack of understanding of scheduling requirements and a lack of a flexible schedule as well as a lack of ESL positions historically in the district.  The district has identified the need for new schedules in all schools and has contracted with consultants to help schools create flexible schedules that allow for common planning time, for ESL teachers to pull-out and push-into students classes. | | |
| **Title/Role(s) of Responsible Persons:**  R. Sweetman, K. Cadarette/Principals, K. Cooney/El Director | | **Expected Date of Completion:**  08/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Student schedules at the middle school and West street will be shared.  Agendas that address the scheduling issues from scheduling meetings will serve as evidence. | | |
| **Description of Internal Monitoring Procedures:**  School based Language Acquisition Teams (LAT) will monitor schedules internally. The EL Director will monitor schedules once a quarter. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 11 Equal Access to Academic Programs and Services | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit schedules for all ELs at the middle school and at West Street Elementary School.  By January 31, 2018, conduct a review of student schedules at the middle school and at West Street Elementary School to ensure ELs do not miss content classes. Submit a detailed analysis of this review, which will include the number of student schedules reviewed and the number of student schedules founds to be non-compliant. For any student schedules found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  ELE 13 Follow-up Support | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the district does not actively monitor the progress of students who have exited the ELE program and provide support to those students, as needed. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of the district not actively monitoring FELS nor providing them support is due to the lack of an EL Director to ensure state guidance is followed. Therefore schools were not aware of the state guidance and did not have systems in place. Furthermore, schools do not have scheduled common planning time or procedures for MTSS, which makes collaboration very difficult. Additionally the student information system in the district has not tracked exit dates of Fels.  In July 2016 and EL Director was hired. One of the first tasks was an audit of EL, Fel and Opt-out folders. At that time it was determined that students had been exited without reclassification meetings and that fel monitoring had only been completed intermittently over the past seven years.  In September at the first LAT meeting school based representatives were given professional development about Fel Monitoring policy. Schools were asked to monitor in fall, winter and spring. At subsequent LAT meeting in October, December, February and April Fel monitoring was addresses.  In fall 2016 a .5 FTE El Testing W-Apt administrator position was created to assist in the identification of Els and monitoring of Fels and Opt-outs. Fel folder audits took place through the winter and spring of 2017 with assistance being offered to schools about Fel monitoring.  In fall, winter and spring folder audits of Fel monitoring have taken place at all schools. Audits show that schools are making some progress. However, without time during the day for teachers to meet it is difficult to conduct the monitoring process. | | |
| **Title/Role(s) of Responsible Persons:**  El Director/K.Cooney, A. Townel, R.Sweetman,E. Mantineo, K.Cadarette/ Principals and their LAT teams | | **Expected Date of Completion:**  11/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Folder audit spreadsheet will serve as evidence. By November 2017 it will show that all FEL students are being monitored and provided services when needed.  Southbridge ELE Handbook will serve as evidence.  Schedules of team meetings and agendas from school- based LAT meeting in fall 2017 will be provided. | | |
| **Description of Internal Monitoring Procedures:**  The El director and Test administrator will conduct a folder audits. School based teams will conduct audits of FEl folders. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 13 Follow-up Support | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit 1) a plan explaining how schools will monitor the progress of reclassified students to ensure that they make adequate progress and the level of support that will be available for them provided that students need such support to have access to the curricula taught in the school; 2) provide training to all ELE staff to ensure that they are all knowledgeable about the process and submit the training materials, sign-in sheets and agendas by the progress report due date; 3) submit the forms and internal monitoring materials that will be used for the process; and 4) submit a roster of reclassified ELs and completed monitoring forms. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the district has not conducted periodic evaluations of the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the educational program. | | |
| **Description of Corrective Action:**  The district has determined that the root cause was due to the lack of a central office team that targeted and monitored the success of English Language Learners as indicated by the lack of an English Learner Director. In fall 2016 the El director and ESL teachers all created student learning goals based on El student district ESL benchmarks. Furthermore, when math benchmarks are completed El data is disaggregated. This winter, for example an action goal was set for elementary math EL students with schools modifying instruction to supports Els in academic math talk with sentence frames.This is a first step. Additionally, 95 % of district teachers are now enrolled in, or have completed the SEI endorsement.  When ACCESS 2017 is released and AMAOS 2017 and MCAS 2.0 are published in fall 2017 the El director will write a report analysing the strengths are areas of growth for English Language Learners. By Spring 2018 the director will analyze district benchmarks, evaluate the effectiveness of the new scheduling program and PD offered to both SEI and ESL teachers.  By August 2017 , or a few weeks after the DESE releases the ?making progress? data from ACCESS the El director will report on the ACCESS data. This year will be more difficult because the cut off bands for ELD levels have changed. As stated in a WIDA update:?2017 ACCESS for ELLs 2.0 Score Changes -To meet language demands of college- and career-ready state standards, WIDA is raising the bar for language proficiency. Students will need to demonstrate higher language skills in 2016?2017 to achieve the same proficiency level scores (1.0?6.0). The changes in ACCESS for ELLs 2.0 scores in 2017 are expected to impact students in the following ways:  Some students' scores may go down  Fewer students may exit program support  Once AMAOs are released in fall 2017 another report analyzing the data will be reported. As the district continues to provide professional development, modify schedules, create curriculum and district benchmarks it will also analyze El data and make adjustments as necessary to ensure their academic and social emotional success. Agendas from meetings that demonstrate a focus on EL programs as well as interim reports of data will serve as evidence. | | |
| **Title/Role(s) of Responsible Persons:**  El Director, CAO of Curriculum, Curriculum coordinators, principals | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  The El Director and curriculum coordinators will monitor student benchmark data as part of the data cycles to ensure that adjustments are made to practice that ensure the success of Els.Agendas and findings from these data cycles will be shared.  When Dese releases ?making progress? data from ACCESS 2017, the El director will write an analysis. In year one program evaluation is difficult since the test takes place four months into the year, 75% of the staff was new, and adjustments to schedules and SEI supports are still being implemented. When AMAOs 2017 are released an evaluation of the program thus far will be developed. | | |
| **Description of Internal Monitoring Procedures:**  Curriculum coordinators, the CAO, principals and the El director will monitor EL progress on all district benchmarks. The El director will support school based evaluators in using the SMART card to monitor use of SEI strategies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit 1) a copy of the evaluation conducted by the district to identify the strengths and areas of improvement in developing ELs' English language skills and increasing their ability to participate meaningfully in the district's educational program; 2) provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation; and 3) 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 at promoting and supporting the rapid acquisition of English language proficiency by ELs as is required in G.L. c. 71A. | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |

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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 EL student records indicated that the following required documentation was not consistently included:  home language survey;  results of identification and proficiency tests and evaluations;  ACCESS for ELLs report;  MCAS/PARCC reports;  information about students' previous school experiences, if available;  copies of parent notification letters;  progress reports, in the native language, if necessary;  report cards, in the native language, if necessary;  evidence of follow-up monitoring, if applicable;  documentation of a parent's consent to "opt-out" of ESL instruction, if applicable. | | |
| **Description of Corrective Action:**  The district lacked an EL Director for years. There were no systems in place, secretaries, who had no training were responsible for El identification. There was a lack of ESL positions and time in schedules for W-apt testing to take place. School based administrators as well as central office, prior to spring 2015 were not given PD or direction on the identification, assessment, monitoring and reclassification of ELs, nor was there evidence of attention to documentation needed in EL student folders.  In summer 2016 trainings were held with school clerks, and folder audits were conducted. Cover sheets were placed in folders to track which forms are necessary, which were present and which would need to be added to through the school year. District Language Acquisition Teams were held every 5-6 weeks and reminders were sent out when certain forms, such as PARCC and MCAS needed to be filed in the folders.  In fall the district hired a .5 FTE test administrator who is now testing all newly arrived potential Els, and working on ensuring fidelity to systems that have been created. El Folder audits are taking place and show that the Wapt test results, parental notification, evidence of prior schooling, and home language surveys are filed in the appropriate time. As schools build schedules that allow for teachers to meet during the day, and as principals create school-based LAT teams the record review will be rectified. | | |
| **Title/Role(s) of Responsible Persons:**  El director, building principals, test administrator | | **Expected Date of Completion:**  03/20/2018 |
| **Evidence of Completion of the Corrective Action:**  The spreadsheet of the EL folder audits, FEL audits and Opt-out monitoring will serve as evidence. Copies of FEl and Opt-out monitoring forms will serve as evidence. Agendas of LAT meetings and trainings will be uploaded as evidence. | | |
| **Description of Internal Monitoring Procedures:**  The El director and Test administrator will continue to conduct folder audits and support schools in fixing systems. They will meet with teams and go over the Fel and opt-out forms and offer suggestions if data is incomplete. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 08/11/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 1, 2017, submit evidence of training provided to appropriate staff on the district's procedures to ensure EL student records include all applicable documentation including home language survey, parent notification letter, progress reports, and evidence of follow-up monitoring, when applicable. Evidence of training may include agenda, signed attendance sheets with name(s)/role(s), and training materials.  By January 31, 2018, submit the results of an administrative review of a representative sample of EL student records across grade levels for evidence that all required information is included in the file. Submit an analysis of this review, which will include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy 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 the person(s) who conducted the review, their role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/01/2017  01/31/2018 | | |