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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: Barnstable

CPR Onsite Year: 2017-2018

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 02/16/2018.

**Mandatory One-Year Compliance Date:** **02/16/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 39 | Procedures used to provide services to eligible students enrolled in private schools at private expense | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| CR 26A | Confidentiality and student records | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently complete educational assessments, including a history of the student's progress in the general curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. | | |
| **Description of Corrective Action:**  The district will provide training regarding the use of educational assessments A and B. We will use a form created with prompts for the completer of the form to use when responding. Staff expected to complete the form will be identified at each level within the district. | | |
| **Title/Role(s) of Responsible Persons:**  Jane Jezard, Ed.D.  Director of Special Education | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Training will be conducted at Team Chair meeting on April 12, 2018.  Team chairs will then communicate expectations with staff in each building. | | |
| **Description of Internal Monitoring Procedures:**  Ten random files will be selected quarterly by the Special Education Coordinators to check for compliance with process and to insure that copies are in each student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must provide educational assessments for those students identified by the Department. | | |
| **Department Order of Corrective Action:**  In addition to the actions proposed, the district must complete the missing educational assessments for those individual students identified by the Department, and reconvene the IEP Teams to review the information and to determine whether the individual student's current IEP is appropriate. | | |
| **Required Elements of Progress Report(s):**  By June 22, 2018, submit evidence (agenda, sign-in sheet, training materials) of staff training to ensure all evaluations for referred students include completed educational assessments, including a history of the student's progress in the general curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. By October 31, 2018, submit copies of the educational assessments completed for the individual students identified by the Department, as well as copies of the Team Meeting Invitation (N3) and Team Meeting Attendance sheet (N3A) as evidence that IEP Teams reconvened to review the assessment results. By October 31, 2018, review a sample of student records for students from different grade levels evaluated after training has been provided and submit the results of the review including the number of records reviewed at each level and the number found to be compliant. If noncompliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when a student suspected of having a specific learning disability is evaluated, the Team does not consistently create a written determination as to whether or not he or she has a specific learning disability, which is signed by all members of the Team. If one or more members are in disagreement as to the determination, the Team does not consistently document their disagreement. | | |
| **Description of Corrective Action:**  Training will be provided to all Team Chairs and Special Education Coordinators on April 12, 2018 about the requirement to consistently create a written determination regarding the presence of a specific learning disability to be signed by all members of the Team. They will also be informed of the need to document disagreement by any of the members of the Team. | | |
| **Title/Role(s) of Responsible Persons:**  Jane Jezard, Ed. D.  Director of Special Education | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Training will be conducted at Team Chair meeting on April 12, 2018.  Team chairs will then communicate expectations with staff in each building. | | |
| **Description of Internal Monitoring Procedures:**  Five random files will be selected quarterly by the Special Education Coordinators to check for compliance with process and to insure that copies are in each student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 04/06/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 22, 2018 submit evidence of all staff training on the requirement for all members of the Team to sign the written determination as to whether or not a student has specific learning disability including agenda, signed attendance sheet, and a sample of training materials. By October 31, 2018, review a sample of student records with specific learning disability determinations made after training occurred from different grade levels and submit the results of the review including the number of records reviewed at each level and the number found to be compliant. If noncompliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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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 when the student's disability makes him or her vulnerable to bullying, harassment, or teasing, the IEP does not consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing. | | |
| **Description of Corrective Action:**  At training on April 12, 2018, Team Chairs will be reminded that when a student's disability indicates that he is vulnerable to bullying, harassment, or teasing; the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing must be addressed in the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Jane Jezard, Ed. D.  Director of Special Education | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Training will be conducted at Team Chair meeting on April 12, 2018.  Team chairs will then communicate expectations with staff in each building. | | |
| **Description of Internal Monitoring Procedures:**  Ten random files will be selected quarterly by the Special Education Coordinators to check for compliance with process and to insure that copies are in each student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must reconvene the IEP Team for students identified by the Department to consider and address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Department Order of Corrective Action:**  Reconvene the IEP Team for students identified by the Department to consider and address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Required Elements of Progress Report(s):**  By June 22, 2018, submit evidence (agenda, sign-in sheet, training materials) of staff training on the requirement to address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when a student's disability makes him or her vulnerable. By October 31, 2018, submit copies of IEP Team meeting invitations (N3), signed attendance sheets (N3A), and notifications (N1) for students identified by the Department. By October 31, 2018, review a sample of student records from different grade levels for students who had meetings after training was provided, and submit the results of the review including the number of records reviewed at each level and the number found to be compliant. If noncompliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing noncompliance and a plan to remedy it. \*Please note that when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently state why removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  Training will be provided to team chairs on April 12, 2018 instructing them on responding appropriately to the Nonparticipation Justification Statement of the IEP. Teams must clearly identify times when a student is removed from the general education classroom and give good reason for such removal. Reasons will focus on the benefit the student will receive from being outside of the general education environment | | |
| **Title/Role(s) of Responsible Persons:**  Jane Jezard, Ed. D.  Director of Special Education | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Training will be conducted at Team Chair meeting on April 12, 2018.  Team chairs will then communicate expectations with staff in each building. | | |
| **Description of Internal Monitoring Procedures:**  Ten random files will be selected quarterly by the Special Education Coordinators to check for compliance with process and to insure that copies are in each student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 04/06/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 22, 2018, the district will submit evidence (agenda, sign-in sheet, training materials) of staff training to ensure that each IEP states why the removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services could not be achieved satisfactorily. By October 31, 2018, review a sample of records for student from different grade levels whose meetings occurred after training was provided and submit the results of the review including the number of records reviewed at each level and the number found to be compliant. If noncompliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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| **Criterion & Topic:**  SE 39 Procedures used to provide services to eligible students enrolled in private schools at private expense | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not create a services plan for each eligible private school student who receives special education or related services from the district using proportionate share funds. | | |
| **Description of Corrective Action:**  Service plans will be created for each eligible private school student who receives special education or related services from Barnstable Public Schools. | | |
| **Title/Role(s) of Responsible Persons:**  Jane Jezard, Ed. D. | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Initially the Director of Special Education will develop the service plans. When a new Out of District Coordinator is hired, that person will be trained to complete the process as part of their job. | | |
| **Description of Internal Monitoring Procedures:**  Student files will be selected by the Director of Special Education to check for compliance with process and to insure that copies are in each student's file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 39 Procedures used to provide services to eligible students enrolled in private schools at private expense | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 03/28/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must provide training on the requirement to provide Individual Services Plans (ISP). The district must provide more detail in their internal monitoring process (for example, a regular time interval for checking records for ISPs). Define a process for ensuring compliance. | | |
| **Department Order of Corrective Action:**  Provide training to special education team Chairs, supervisors, and staff on the requirement to write ISPs for students who are parentally placed in private schools within the district who receive services via proportionate share funds. Develop a process to ensure that for such students, an ISP is always provided. Define the time interval for regular internal monitoring. | | |
| **Required Elements of Progress Report(s):**  By May 25, 2018, submit copies of service plans for each eligible private school student who receives special education or related services from the district using proportionate share funds. Submit evidence of training (agenda, copies of materials, signed attendance sheets). Define the time interval for the district's ongoing internal monitoring process. Provide a narrative describing the process for ensuring ISPs are consistently provided. \*Please note that when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  05/25/2018 | | |

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that, at Barnstable High School's Functional Academics and Inclusion Program, there is an identified classroom where the age span of the youngest and oldest student exceeds 48 months. A written request for approval of a wider age range has not been submitted to the Department of Elementary and Secondary Education. | | |
| **Description of Corrective Action:**  A waiver will be filed with MADESE regarding the age span requirement seeking approval for this violation. | | |
| **Title/Role(s) of Responsible Persons:**  Jane Jezard, Ed. D.  Director of Special Education | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Training will be conducted at Team Chair meeting on April 12, 2018.  Team chairs will then communicate expectations with staff in each building.  this impacts our elementary schools and high school (other buildings have only 2 year age span). | | |
| **Description of Internal Monitoring Procedures:**  Teacher and student schedules will be selected at the beginning of the school year by the Special Education Coordinators to check for compliance with process and to insure that waivers are filed as needed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 03/28/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 22, 2018, submit a copy of the waiver request to the Department to increase the age span for Barnstable Public High School's Functional Academic and Inclusion Program. By June 22, 2018, submit evidence (agenda, sign-in sheet, training materials) of staff training on age span requirements. By October 31, 2018 submit a copy of the approved waiver to increase the age span in Barnstable Public High School's Functional Academic and Inclusion Program. | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not fully 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. Specifically, the district's evaluation tool consists of one survey question which asks if the district's K-12 program ensures that all students have equal access to all programs, regardless of the specified protected categories. Furthermore, there is no indication that the district makes changes based on information gathered by the survey. | | |
| **Description of Corrective Action:**  Each year school and district administrators will complete equity surveys (acquired from The Equity Toolkit for Administrators https://www.cde.state.co.us/postsecondary/equitytoolkit) 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. The results from the survey will be shared with the superintendent and district leadership team to determine if or what changes need to be made based on survey results. | | |
| **Title/Role(s) of Responsible Persons:**  Gina Hurley  Executive Director of Social-Emotional Learning and Student Services | | **Expected Date of Completion:**  10/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include the results of survey and documentation of a review of the findings with the superintendent and district leadership team. | | |
| **Description of Internal Monitoring Procedures:**  The superintendent will hold the Executive Director of Social-Emotional Learning and Student Services responsible for this work. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/06/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district has not proposed submitting a copy of the evaluation tool as well as the results of the self-evaluation to the Department. | | |
| **Department Order of Corrective Action:**  The district must provide a timeline for conducting their self-evaluation, submit a copy of the self-evaluation tool, conduct a self-evaluation and provide the results, including the recommendations for addressing any areas that need improvement in order to provide equal access for all students to school programs, including athletics and other extra-curricular activities. | | |
| **Required Elements of Progress Report(s):**  By June 22, 2018, submit a copy of the self-evaluation tool and the district's timeline for completing the self-evaluation. By October 31, 2018, conduct the self-evaluation and provide to the Department the results of the self-evaluation and the recommendations for addressing any areas that need improvement in order to provide equal access for all students to school programs, including athletics and other extra-curricular activities. | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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| **Criterion & Topic:**  CR 26A Confidentiality and student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Barnstable Public School's records do not always include a log of access in accordance with federal and state requirements. | | |
| **Description of Corrective Action:**  All administrative assistants will participate in a training that addresses the requirements of maintaining a log of access to students records in accordance with federal and state requirements. | | |
| **Title/Role(s) of Responsible Persons:**  Gina Hurley  Executive Director of Social-Emotional Learning and Student Services | | **Expected Date of Completion:**  06/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include training materials, agenda, and sign in sheets. | | |
| **Description of Internal Monitoring Procedures:**  Periodic review by immediate AA supervisors. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 26A Confidentiality and student records | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 03/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district has proposed staff training to administrative assistants, only, whereas all staff who might access student records should be trained on the requirement to maintain student record confidentiality. | | |
| **Department Order of Corrective Action:**  Train all staff on the requirement to maintain student record confidentiality. Follow up training with a review of student records. | | |
| **Required Elements of Progress Report(s):**  By June 22 2018, submit evidence (agenda, sign-in sheet, training materials) of training to all staff on the requirement for student records to always include a log of access, which must be signed when accessing the record, in accordance with federal and state requirements. By October 31, 2018, subsequent to staff training, conduct a review of a sample of student records from different grade levels and submit the results of the review including the number of records reviewed at each level and the number found to be compliant. If noncompliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/22/2018  10/31/2018 | | |

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| **Criterion & Topic:**  ELE 7 Parent Involvement | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not always provide language assistance to parents whose preferred language is not English and, therefore, does not always meet the obligation to communicate effectively with parents to include them in matters pertaining to their children's education. | | |
| **Description of Corrective Action:**  Additional translator/Interpreters will be employed by Barnstable Public Schools. | | |
| **Title/Role(s) of Responsible Persons:**  Kathy Astrauckas, ESL Director  Meg Mayo-Brown, Superintendent | | **Expected Date of Completion:**  09/01/2018 |
| **Evidence of Completion of the Corrective Action:**  By September 2018, additional translator/interpreters will be under contract with Barnstable Public Schools. | | |
| **Description of Internal Monitoring Procedures:**  Interpreter/Translator logs will show increased language assistance provided to parents whose preferred language is not English, so that the district meets the obligation to include parents in matters pertaining to their children's education. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 7 Parent Involvement | **Corrective Action Plan Status:** Approved  **Status Date:** 04/02/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2018, please submit the following:  1-The district's written key procedures and processes to follow in securing a translator or  an interpreter  2- Processes the school district uses to identify limited English proficient parents  3- A description of steps the school district takes to provide effective language assistance to parents whose preferred language is not English 4- Evidence of translated documents. | | |
| **Progress Report Due Date(s):**  10/31/2018 | | |

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| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and the relevant SEI endorsement data indicated that most core academic teachers assigned to provide sheltered English instruction to English learners hold the SEI Teacher Endorsement, but some do not. Similarly, most principals, assistant principals, and supervisors/directors assigned to supervise or evaluate core academic teachers who provide sheltered English instruction to English learners hold the SEI Teacher Endorsement or the SEI Administrator Endorsement, but some do not. | | |
| **Description of Corrective Action:**  All core academic teachers assigned to provide sheltered English instruction to English learners will hold the SEI Teacher Endorsement. All principals, assistant principals, and supervisors/directors assigned to supervise or evaluate core academic teachers who provide sheltered English instruction to English learners will hold the SEI Teacher Endorsement or the SEI Administrator Endorsement. | | |
| **Title/Role(s) of Responsible Persons:**  Kathy Astrauckas, ESL Director  Kristen Harmon, Assistant Superintendent | | **Expected Date of Completion:**  09/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Data submitted to DESE for October 1 submission. | | |
| **Description of Internal Monitoring Procedures:**  ESL Director and Assistant Superintendent will receive reports in September, January and March from the district data analyst showing all ESL students with CATs who are endorsed, and all supervisors of CATs with ELs who are endorsed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 04/02/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1- Provide information on the support the district will provide to help the unendorsed educator(s) earn their endorsement and a timeline that shows the educators' efforts towards earning their SEI endorsement.  2- Please submit the district's plan to ensure that ELs are assigned only to core academic teachers who hold the SEI endorsement.  3- Please provide training to district administrators to ensure compliance with procedure and placement of students. Submit the training materials, sign-in sheets and agendas by the progress report due date.  4- Please submit the completed SEI endorsement form available in the Document Library to provide information regarding the SEI endorsement status of the core academic teachers of ELs in the district.  Please complete all requirements and submit documentation by October 31, 2018. | | |
| **Progress Report Due Date(s):**  10/31/2018 | | |