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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: Marblehead

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 09/27/2018.

**Mandatory One-Year Compliance Date:** **09/27/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 47 | Procedural requirements applied to students not yet determined to be eligible for special education | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| CR 10C | Student Discipline | 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 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |

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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 and staff interviews indicated that although IEP Teams develop the required written eligibility determination for students suspected of having a specific learning disability (mandated form 28M/10), the written determination is not consistently signed by all Team members. Student records demonstrated that there was no documentation indicating that Team members disagreed with the determination. |
| **Description of Corrective Action:** The Director will provide training to all special education chairpersons within the district, going through the process for determination of SLD and discuss the requirement to obtain the signatures of all Team members if they agree with the specific learning disability designation and if not, to ensure that documentation is created indicating Team members who disagreed with the determination. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services, Special Education Chairpersons | **Expected Date of Completion:**01/31/2019 |
| **Evidence of Completion of the Corrective Action:**Copy of the dates and subject matter covered at this training as well as a sign-in sheet attesting to those participating in the training. |
| **Description of Internal Monitoring Procedures:** The Director will monitor compliance by looking at files mid-January and with twice per year file checks in January and May of each school year. Completed forms will be reviewed through our online database system, Aspen. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019 submit evidence of special education staff training for the written determination for SLD signed by each IEP Team member. Include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and training materials. By March 8, 2019, conduct an internal review of 10 records for students suspected of SLD, with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where all Team members signed the written determination for SLD. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/11/201903/08/2019 |

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| **Criterion & Topic:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and staff interviews indicated that the district does not consistently inform students and parents at least one year prior to the student reaching age 18 of the rights that will transfer from the parent to the student upon the student's 18th birthday. Record review also indicated that the district does not consistently obtain consent from students with sole or shared decision-making rights to continue their special education program once the student reaches 18 years of age. |
| **Description of Corrective Action:** The root cause of this partial implementation is due to the confusion in the forms available through our data system, Aspen, and the chairperson's lack of understanding that the final age of majority for can only be validly signed once the student has actually turned 18. Seen as an issue that direct training will resolve. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services and two HS Special Education Chairpersons | **Expected Date of Completion:**02/15/2019 |
| **Evidence of Completion of the Corrective Action:**Director will train HS Chairpersons who run special education meetings to understand and label the forms to use and when to use them and ensure that they understand that student can only legally sign the age of majority form designating who will have the authority to sign future IEPs and other legal documents going forward, whether it will be sole or shared decision-making. |
| **Description of Internal Monitoring Procedures:** Director of look in the district's database and pull files of all students on IEPs who will be turning 17 and 18 through the month of January to review compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** Please note that the CPR finding does not refer to an Age of Majority form that students have not signed, but to IEPs that are not signed by 18-year old students with sole or shared decision-making. If the district has not obtained the student's decision about whether to share or delegate decision-making rights, full authority nonetheless still automatically goes to the student at age 18. Additionally, a district may document the student's & family's authorization regarding decision-making rights during the initial notification process (at least one year prior to the student turning 18). However, the 18-year old student with shared or sole decision-making must sign the current IEP. |
| **Department Order of Corrective Action:**Prior to providing training for special education staff review Administrative Advisory SPED 2011-1 Age of Majority at http://www.doe.mass.edu/sped/advisories/11\_1.html and ensure that staff are clear on the requirement to obtain the student's signature on the current IEP when the student has sole or shared decision-making rights. |
| **Required Elements of Progress Report(s):** By January 11, 2019, submit the clarified procedures and evidence of special education staff training on the age of majority procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials. By March 8, 2019 submit the results of an internal review of approximately five (5) records of students 1) who turned 17 subsequent to implementation of all corrective actions for evidence the student and parent were notified at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18 and 2) who turned 18 subsequent to implementation of all corrective actions for evidence the district obtained consent from the student with decision-making authority to continue the student's special education program. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district notified the student and parent at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18 or the district obtained consent from the student with decision-making authority to continue the student’s special education program. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/11/201903/08/2019 |

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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 indicated that the district does not consistently ensure that at least annually, on or before the anniversary date of the IEP, a Team meeting is held 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. Record review demonstrated that when the annual IEP meeting is delayed, the current IEP is re-issued with extended dates until the Team meeting can be convened. |
| **Description of Corrective Action:** A root cause of this partial implementation has to do with instruction we received after our last CPR. However, the Director understands that there has been as Advisory on this issue that he was unaware of. This technical issue centers on situations where parents request or require the District to change an IEP or reevaluation IEP meeting, when changing that date will result in a short period of time when the student's IEP would have expired. Now that the Director has reviewed that advisory and it has been explained that now all Indicators will go through the PRS system, we can just state in our N1s and also on our data collection sheets that get submitted the reason the meeting was delayed past the IEP expiration date. All rescheduled meetings will then take place within a reasonable amount of time. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services, Student Services Liaison, special education chairpersons | **Expected Date of Completion:**06/15/2019 |
| **Evidence of Completion of the Corrective Action:**The Director has already reviewed with all special education chairpersons (these administrators run all special education student meetings) that we cannot use administrative IEPs to bridge the gap when an IEP meeting must be rescheduled at a time after the IEP has expired. All parent situations where a reschedule was required will be documented in N1s and also on the data collection sheets with the appropriate Indicator. The Director will review this information again and document attendance by all special education chairpersons. |
| **Description of Internal Monitoring Procedures:** The Director will regularly (at least 4 times per school year), using the Aspen district data base, monitor that any IEP within the district that has lapsed due to the parents' need to reschedule an IEP meeting has been properly documented and that the IEP meeting happened within a reasonable period of time after the expected due date of the meeting. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019 submit evidence of special education staff training for holding at least annually 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. Include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and training materials. By March 8, 2019, conduct an internal review of 10 records for students with an annual review date following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number held on or before the 1-year IEP anniversary date. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/11/201903/08/2019 |

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| **Criterion & Topic:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's manifestation determination procedures do not include the consideration of whether the student's misconduct was a result of the district's failure to implement the IEP. |
| **Description of Corrective Action:** The root cause of this partial implementation was that the consideration of whether the student's misconduct was a result of the district's failure to implement the IEP was not documented with the N1 or in student's record of the manifestation meeting. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services, Special Education Liaison, Special Education Chairpersons | **Expected Date of Completion:**02/28/2019 |
| **Evidence of Completion of the Corrective Action:**The Director will review the manifestation meeting process, emphasizing the need to consider whether the behavior was caused by, or directly and substantially related to the student's disability or whether the behavior is a direct result of the District's failure to implement the Individualized Education Program (IEP). Once completed, the attendance and materials used will be uploaded as evidence. |
| **Description of Internal Monitoring Procedures:** The need for manifestation determination meetings is relatively low in Marblehead, however, even more reason why the Director will monitor students with higher suspension days at least twice per school year to insure that the process and documentation is being correctly followed and that both questions are being asked and documented. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Partially Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district indicated its plan to train/review the manifestation meeting process with special education staff, emphasizing the need to consider whether the behavior was caused by, or directly and substantially related to the student's disability or whether the behavior was a direct result of the District's failure to implement the Individualized Education Program (IEP). However, before this can occur, the district needs to update its manifestation determination procedures to include the consideration whether the student's misconduct was a result of the district's failure to implement the IEP. |
| **Department Order of Corrective Action:**Revise the district's manifestation determination procedures to include the required consideration whether the student's misconduct was a result of the district's failure to implement the IEP. |
| **Required Elements of Progress Report(s):** By January 11, 2019 submit the district's revised manifestation determination procedures, which include the consideration whether the student's misconduct was a result of the district's failure to implement the IEP.By January 11, 2019 submit evidence of special education staff training for conducting a manifestation determination. Include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and training materials. By March 8, 2019, conduct an internal review of 5 records for students with a manifestation determination. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number that considered whether the student's misconduct was a result of the district's failure to implement the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/11/201903/08/2019 |

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| **Criterion & Topic:** SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that although the district has developed procedures for the discipline of students with disabilities and students with Section 504 Accommodation Plans, the code of conduct does not include procedures for students who have not yet been found eligible for special education. |
| **Description of Corrective Action:** The District has clear written direction on the code of conduct regarding disciplining students with disabilities and those with Section 504 plans, however there is no statement included in student handbooks regarding procedures for those students who have not yet been found eligible for special education. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services, Technology Director, Building Principals | **Expected Date of Completion:**12/01/2018 |
| **Evidence of Completion of the Corrective Action:**The Director of Student Services, in collaboration with building principals and our Technology Director and personnel, will correct our online handbooks to incorporate wording to cover students who have not yet been found eligible for special education. Evidence of completion will be that all online handbooks will contain the required information on student discipline for those students who have not yet been found eligible for special education. |
| **Description of Internal Monitoring Procedures:** The Director and building principals will monitor this information on an annual basis when handbooks are updated. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019, submit the discipline policies and procedures that include procedures for students who have not yet been found eligible for special education. By January 11, 2019, submit a link to the online handbooks that include procedures for students who have not yet been found eligible for special education, as well as evidence of dissemination of the revised policy to parent/guardians, students, and staff through school handbooks or other means. |
| **Progress Report Due Date(s):** 01/11/2019 |

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| **Criterion & Topic:** SE 51 Appropriate special education teacher licensure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of teacher licensure indicated that one individual who designs and/or provides direct special education services described in IEPs is not appropriately licensed. |
| **Description of Corrective Action:** The District hired one teacher for our HS Therapeutic Learning Center to provide direct special education services described in IEPs who did not have appropriate licensure and did not first file for a waiver. |
| **Title/Role(s) of Responsible Persons:**HR Director, Director of Student Services and Superintendent | **Expected Date of Completion:**12/30/2018 |
| **Evidence of Completion of the Corrective Action:**Now that the district has a full time HR Director who manages all final hiring, the District will fill all special education positions with appropriately licensed individuals or if there are no viable individuals with proper licensure, will first seek a waiver due to the critical need of the position and if no properly licensed person is available. Evidence will be a review of all special education positions as of December 1, 2018 to insure that all persons are properly licensed which would then be uploaded as evidence of total compliance. |
| **Description of Internal Monitoring Procedures:** The HR Director in cooperation with the Superintendent handles all of the final hiring for the district. As such, the HR Director will report to the Director of Student Services the licensure status of all special education teachers on or about December 1 of each year to insure a system of sustained monitoring. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019 submit evidence of the district's review of all special education positions to insure that all persons are properly licensed. If non-compliance is identified, report the specific actions taken to correct the situation and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.By January 11, 2019, provide the Massachusetts License Number for the teacher hired for the HS Therapeutic Learning Center. |
| **Progress Report Due Date(s):** 01/11/2019 |

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| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district has not developed a School-wide Education Service Plan or a system for periodic review of discipline data by special populations. |
| **Description of Corrective Action:** Marblehead Public Schools will develop a School-wide Education Service Plan (ESP) and a system for periodic review of discipline data by special populations. Once the ESP is created, administrators and other educators will participate in district-developed training on the options provided. Training will also include the systematic review of discipline date by special populations and training as an outcome of our institutional self-evaluation. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent of Schools, Directors, | **Expected Date of Completion:**09/27/2019 |
| **Evidence of Completion of the Corrective Action:**The Education Service Plan documentand agenda and materials from training |
| **Description of Internal Monitoring Procedures:** Upon completion of training, building principals will continue to monitor compliance annually. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019 submit the district's discipline policies and procedures that include the requirement for the district to facilitate and verify enrollment in educational services provided for students suspended over ten (10) days, and provide educational services for students who move into the district while under suspension or expulsion from another district. By January 11, 2019 submit the district's plan for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations.By March 8, 2019, submit evidence of training administrators on the School-wide Education Service Plan and revised procedures for student discipline, including the system for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. Submit the agenda, signed attendance sheet, name and role of presenter, and training materials. By June 21, 2019, submit a sample of the periodic data review of suspensions and removals for selected student populations identifying the number of students provided educational services. Additionally, please submit a narrative interpretation of the data review and impact of removal for the subgroups of selected students. |
| **Progress Report Due Date(s):** 01/11/201903/08/201906/21/2019 |

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| **Criterion & Topic:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district has not developed a notice to students 16 and over and their parents which is sent within five days of the student's tenth consecutive absence and offers at least two (2) dates and times for an exit interview to discuss reasons why the student is permanently leaving school. In addition, document review indicated that the district has not developed a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, 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:** The Assistant Superintendent and High School Administrators will meet to discuss and develop a notice to students 16 and over and their parents to be sent within 5 days of the student's tenth consecutive absence. In addition, the HS Principal, Asst. Principals, Sp.Ed. Chairperson, guidance and adjustment counselors will meet to review the components of this criterion and develop a process to ensure that annual written notice to former students who have left school, not enrolled elsewhere and not earned a diplomat are informed 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:**Asst. Supt, HS Principal/Asst. Principals, HS Sp. Ed. Chairperson, guidance and counseling staff | **Expected Date of Completion:**09/27/2019 |
| **Evidence of Completion of the Corrective Action:**The sample notice and process that is developed.A document review student files (if any) where the process under CR16 was expected to be followed with evidence of its completion. |
| **Description of Internal Monitoring Procedures:** Assistant Superintendent will annually review the requirements with HS administration to insure 100% compliance. |
| 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:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019, submit the revised written notice to be sent within five (5) days of the 10th consecutive absence to students 16 or over, and to their parents/guardians, offering two dates and times within ten (10) days of the date of the notice for an exit meeting with school representatives to discuss the reasons for the student permanently leaving school and to consider alternative education programs and services available to the student. Also, submit the revised annual notice to be sent to all former students who have not yet earned their competency determination and are not enrolled elsewhere providing information about publicly funded post-high school academic support programs available to the student and encouraging them to participate in those programs. By March 8, 2019, submit evidence of training on the procedures or high school administrators and guidance staff.By June 21, 2019, submit the results of an internal review of all students 16 or older who had 10 consecutive absences subsequent to issuance of the Corrective Action Plan for evidence the students were sent a notice within 5 days of the 10th absence inviting them to a meeting to discuss their enrollment at APR and other public options for continuing their education. By June 21, 2019, submit the results of an internal review of all students 16 or older who left the district within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left the district and whether they have transferred to another school. If the student has not transferred to another school, include the date the district sent the student a notice with information on the availability of publicly funded post-high school academic support programs and encouraging them to participate in available programs. |
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| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that individual teachers do not review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. |
| **Description of Corrective Action:** By January 2019: Convene Superintendent's Roundtable to discuss the development of a curriculum evaluation tool to detect bias and stereotyping in educational materials; review current instrument; discuss next steps. By February 2019: Develop a formal curriculum evaluation tool/rubric to examine bias and stereotyping in educational materials at the individual teacher level; utilize "District Toolkit for Identifying and Addressing Curriculum Bias" By April 2019: Provide training during staff meetings on detecting implicit bias and stereotyping in educational materials at the individual teacher level; consult District Toolkit for possible trainers; consider a 'train the trainer" model for schools. By June 2019: Formalize procedures and protocols for implementing the curriculum evaluation tool for detecting bias and stereotyping in educational materials at the individual teacher level; review with principals, program administrators, and lead teachers.By September 2019: Begin implementation of curriculum evaluation tool to detect bias and stereotyping in educational materials on a continuous basis. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent Building Principals Program AdministratorsLead Teachers | **Expected Date of Completion:**09/27/2019 |
| **Evidence of Completion of the Corrective Action:**1. Development of a curriculum evaluation tool to detect bias and stereotyping in educational materials at the individual teacher level.2. Agendas/materials from staff training.3. Attendance at staff training. 4. Formalized procedures and protocols on detecting bias and stereotyping in educational materials at the teacher level. |
| **Description of Internal Monitoring Procedures:** 1. Principals will monitor staff training at the building level.2. Principals will review protocols and procedures for implementing the curriculum evaluation tool at the individual teacher level. 3. District administrators and principals will monitor the initial implementation of the curriculum evaluation tool effective September 2019; evaluation tool will be used by teachers on a continual basis for core/supplemental instructional materials. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By March 8, 2019, submit procedures for individual teachers 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. By June 21, 2019, submit evidence of teacher training on the procedures including signed attendance sheets, training materials, and the name and role of presenter(s). |
| **Progress Report Due Date(s):** 03/08/201906/21/2019 |

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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 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:** 1. By January 2019: Convene the Superintendent's Roundtable as an Ad hoc group to develop procedures and protocols for developing an Institutional Self-Evaluation and analyzing/reporting data.2: By March 2019: Develop an Institutional Self-Evaluation tool to evaluate all aspects of the district's 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; incorporate guiding criteria from District Toolkit/DESE CR guidelines.3. By April 2019: Formalize the analysis/review of data at the building level to identify root causes of disproportionality/gaps within race and and other protected categories; data will be analyzed periodically through School Data Teams/School Improvement Councils; make recommendations to Superintendent; use findings to inform K-12 programming; data sources will include aggregate and subgroups achievement data, suspensions, discipline reports, dropouts, Advanced Placement data, and PBIS/behavioral data. 4. By June 2019: Administer the Institutional Self-Evaluation to key stakeholders (Principals, Program Administrators, Lead Teachers/Grade Levels, School Improvement Councils) 5. By September 2019: Completed narrative summary of the outcomes of the Institutional Self-Evaluation on all aspects of the district's K-12 program to ensure all protected categories have equal access to all programs, including athletics and other extracurricular activities. |
| **Title/Role(s) of Responsible Persons:**Superintendent's RoundtableAssistant SuperintendentBuilding PrincipalsProgram Administrators | **Expected Date of Completion:**09/27/2019 |
| **Evidence of Completion of the Corrective Action:**1. Agendas/materials/attendance from Superintendent's Roundtable Ad hoc group.2. Completed evaluation tool for the Institutional Self-Evaluation, including procedures for administering the evaluation tool. 3. Data summaries from the root cause analysis at the building level (grades K-3, 4-6, 7-8, and 9-12). 4. Formal recommendations/action steps to the Superintendent from building-level Data Teams/School Improvement Councils on findings from root cause analysis. 5. Superintendent's Roundtable will review data to determine barriers to access, identify trends over time, and determine next steps6. Brief narrative summary on the outcomes of the Institutional Self-Evaluation as it relates to all aspects of district's K-12 program to ensure all students, across all protected categories, have equal access to all programs, including athletics and other extracurricular activities; incorporating findings from root cause analysis into the educational program. |
| **Description of Internal Monitoring Procedures:** 1. Fulfilling agenda items at Superintendent's Roundtable meetings (Ad hoc group).2. Monitoring facilitation and outcomes at Superintendent's Roundtable meetings.3. Monitoring completion of evaluation tool.4. Facilitation and monitoring of root cause analysis by Building Principals.5. Cross-check and review of evaluation tool by key stakeholders. 6. Monitoring the administration of evaluation tool by building-level administrators and key stakeholders.7. Formal review and reflection of the Institutional Self-Evaluation by the Superintendent's Roundtable and other key stakeholders. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019, submit the district's plan for the self-evaluation, including timeline of activities and key staff responsible 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. and identifies any areas where district policies, procedures, or practices are preventing full access. By March 8, 2019, submit the evaluation tools and preliminary results of the self-evaluation with evidence documenting the implementation of the plan to evaluate policies and programming access. By June 21, 2019, submit a written narrative summary on the outcomes of the institutional self-evaluation and changes the district is implementing to address any barriers to equal access. |
| **Progress Report Due Date(s):** 01/11/201903/08/201906/21/2019 |

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

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| **Criterion & Topic:** ELE 14 Licensure Requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of relevant SEI endorsement data indicated that not all core academic teachers assigned to provide sheltered English instruction to English learners hold the SEI Teacher Endorsement. Similarly, not all 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. |
| **Description of Corrective Action:** The Marblehead Public Schools will will conduct an internal review of teacher/administrator SEI endorsements.Following the internal review, the district will develop a plan for enrolling staff in SEI training, in order to ensure that Core academic teachers who provide sheltered English instruction to English learners in school districts earn an SEI Teacher Endorsement. Once the plan is created, building principals and district administrators will be trained to ensure compliance with procedure and placement of students. Upon completion of training, the Director of Human Resources with the support of the district ELL Program Coordinator will perform periodic internal reviews of SEI endorsements. |
| **Title/Role(s) of Responsible Persons:**Director of Human Resources, Rachel BowenDirector of ELL- Emily Dean | **Expected Date of Completion:**09/27/2019 |
| **Evidence of Completion of the Corrective Action:**The district will require, principals, assistant principals, supervisor directors and lead teachers who supervise or evaluate Core academic teachers to earn an SEI Teacher Endorsement or SEI Administrator Endorsement. The Marblehead Schools will require as a condition of employment that all newly hired teachers be SEI endorsed, or to obtain the endorsement within one year of hire date. The Marblehead Schools will use SEI Endorsement status as a qualifying factor in reduction in force decisions as permitted by the current Unit A Collective Bargaining Agreement, dated September 1, 2018- August 31, 2021 and in accordance with ARTICLE XXXI: REDUCTION IN FORCE. Such article allows for educational background; nature and diversity of license; professional achievements and activities and the best interest of students in the school or district. |
| **Description of Internal Monitoring Procedures:** The Marblehead Schools will utilize quarterly ELAR educator licensure information data to maintain current records for staff members SEI endorsement information for Principals and other administrators to reference. All EL students must be placed with a SEI endorsed teacher- these placements will be confirmed prior to the start of school by the appropriate administrator. The district will maintain current rosters of teachers who are not endorsed for the purpose of providing information on professional development opportunities for SEI endorsement. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved **Status Date:** 11/26/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 11, 2019:1- 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. |
| **Progress Report Due Date(s):** 01/11/2019 |