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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: Newburyport

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 08/17/2018.

**Mandatory One-Year Compliance Date:** **08/17/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 47 | Procedural requirements applied to students not yet determined to be eligible for special education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | 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 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 parents leave with summary notes at the conclusion of the IEP Team meeting, which include a completed IEP service delivery grid describing the types and amounts of special education and related services proposed by the district and a statement of the major goal areas associated with these services. Although the district provides the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are not consistently sent within two calendar weeks of the Team meeting. | | |
| **Description of Corrective Action:**  The District has determined that IEPs and placement are not consistently being sent out within 2 calendar weeks due to individual staff not completing their respective sections of the IEP in a timely manner. The Special Education Team Coordinators will be responsible for ensuring compliance from Team members and notify building administrators when staff members are non-compliant. The Director of Student Service will create a training for the Team Coordinators regarding compliance with this criterion, who will in turn train special education staff at each building. The District already has a tracking system in place, and the Director of Student Services will regularly review this to ensure compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services; Special Education Team Coordinators | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Copy of agenda, materials, and sign-in sheets from training  Summary of internal review including number of instances where the IEP and placement page were not provided within 2 calendar weeks; and where there is non-compliance, specific actions that were taken to correct the non-compliance. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will conduct a quarterly internal review, using the existing log of special education meetings and dates that IEPs are sent, to determine compliance with this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit evidence of ET coordinators training, including the agenda, training materials, and attendance lists with signature and role of participants, to ensure that staff members are completing their respective sections of the IEP so that proposed IEPs are sent out within 2 calendar weeks of the Team meeting.  By March 11, 2019 submit the results of an internal review of approximately 10 records across all grade levels with IEP Team meetings held subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which the IEP was provided to the parent within two (2) calendar weeks of the meeting. 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):**  12/12/2018  03/11/2019 | | |

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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 IEP Teams do 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:**  The District will train all special education staff including special education teachers, related service providers, and Team Coordinators on the requirement that Teams must clearly and specifically identify times when a student is removed from the general education classroom and give good reason for such removal, rather than simply explaining that the service cannot be provided in the general education classroom. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services; Special Education Team Coordinators | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheets/meeting agenda/training materials  IEPs with C grid services reflecting a thorough Non-participation justification | | |
| **Description of Internal Monitoring Procedures:**  On a quarterly basis, the Director of Student Services and Team Coordinators will review a random sampling of records from students receiving services outside of the general education classroom at each level to ensure this portion of the IEP is completed. If patterns emerge at certain schools or levels that this portion of the IEP is not completed additional training will be provided to that school team. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit evidence of training for special education staff, including special education teachers, related service providers, and Team Coordinators on writing Non-participation Justification statements that explain 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. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.  By March 11, 2019 submit the results of an internal review of approximately ten (10) records across all grade levels with IEP development conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which the Non-participation Statement specifies why removal from the general education classroom is considered critical to the student's program. 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):**  12/12/2018  03/11/2019 | | |

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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 information included in the narrative description of the Notice of Proposed School District Action (N1) does not contain sufficient detail of the district's proposed actions, specifically a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  The Director of Student Services will review with Special Education Team Coordinators the requirement to note with sufficient detail in the N1 specifically a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action. Special Education Team Coordinators will in turn train special education staff on this requirement. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services, Special Education Team Coordinators | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Signed participant attendance sheet/agenda/training materials, and N1s. | | |
| **Description of Internal Monitoring Procedures:**  On a quarterly basis, the Director of Student Services and the Team Coordinators will review a random sampling of IEPs from each level to ensure that this information is listed clearly in the N1. Patterns will be analyzed to identify particular school teams or individuals who require additional training in this requirement. | | |
| 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:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit evidence of training for Special Education Team Coordinators on including sufficient detail in the description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action on page 2 of the Notice of Proposed School District Action (N1) or Refusal to Act (N2). Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.  By March 11, 2019 submit the results of an internal review of approximately 10 records across all grade levels with IEP development conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which the N1 or N2 provides sufficient detail in the description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action. 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):**  12/12/2018  03/11/2019 | | |

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

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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 and staff interviews indicated that disciplinary procedures for students with special needs, as contained in the parent and student handbook, do not address the procedural requirements applied to students not yet determined to be eligible for special education, including procedures to conduct an expedited evaluation to determine eligibility. | | |
| **Description of Corrective Action:**  The District will update in print handbooks for the 2019-2020 school year to contain this provision. The Director of Student Services will review this requirement with principals in a meeting. An addendum to the 2018-2019 handbooks containing this provision will be issued. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services; Building Principals | | **Expected Date of Completion:**  08/17/2019 |
| **Evidence of Completion of the Corrective Action:**  Updated handbooks for 2019-2020 school year (if necessary in draft format)  Addendum to the 2018-2019 handbooks  Signed attendance sheets from review of this requirement with principals | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will review the handbooks prior to the start of the school year to ensure that they contain this provision. | | |
| 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:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit the 2018-2019 handbook addendum that includes the procedural requirements for students not yet eligible for special education. Include a description for disseminating the addendum to students, parents, and staff.  If the district can update its website posted handbooks, please submit a direct link to the handbooks.  By December 12, 2018, submit evidence of training for school administrators and special education Team Coordinators on the procedures applied to students not yet determined to be eligible for special education, including procedures to conduct an expedited evaluation to determine eligibility. Evidence will include the agenda, name and role of the trainer, signed attendance and training materials. | | |
| **Progress Report Due Date(s):**  12/12/2018 | | |

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not ensure that all special education and general education teachers are trained in methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. | | |
| **Description of Corrective Action:**  The District will work with the school principals and Assistant Superintendent to include in the annual training methods to collaborate among teachers and teachers assistants to accommodate diverse learning styles in the general education classroom, including professional development regarding the District Curriculum Accommodation Plan, Response to Intervention, and Positive Behavior Interventions & Supports. The District will also supplement its required staff training on special education to include information on methods of collaboration | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services; Assistant Superintendent; Building Principals | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Professional Development calendar  Sign-in sheets, agendas from staff trainings  Slides from updated training  Description of shared planning time throughout the district and opportunities for structured collaboration time | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services and Assistant Superintendent will review annual training materials principals provide to staff and monitor the completion of the annual training through the collection of sign-in sheets. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit evidence of training for general education and special education staff on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom. Evidence will include the agenda, training materials, signed attendance sheet that identifies staff by name and role, and name and role of presenter. | | |
| **Progress Report Due Date(s):**  12/12/2018 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district has updated its Bullying Intervention and Prevention Plan consistent with the amendments to the Massachusetts anti-bullying law and posted this revised version on the district website, the annual training for all staff does not include school staff in the definition of aggressor as defined in M.G.L. c. 71, s. 37O. | | |
| **Description of Corrective Action:**  The District will ensure that the the annual training for all staff includes school staff in the definition of aggressor as defined in M.G.L. c. 71, s. 37O, by updating its annual training. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Updated annual training power point | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will review the annual training to ensure that it includes school staff in the definition of aggressor. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit evidence of training to all staff, including educators, administrators, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities and paraprofessionals, demonstrating that the Bullying Prevention and Intervention Plan extends protections to students who are bullied by a member of the school staff, consistent with G.L. c. 71, 37O. Evidence will include the slides or PowerPoint, agenda, name of presenter, and signed attendance sheet with staff name, role and signature. | | |
| **Progress Report Due Date(s):**  12/12/2018 | | |

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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 documents and staff interviews indicated that the annual and continuous notification for students, parents and employees of the district does not include the names for the coordinators of Title IX and Section 504. | | |
| **Description of Corrective Action:**  The District will ensure that the annual and continuous notification for students, parents and employees of the district does include the names for the coordinators of Title IX and Section 504, be changing the notification to include this information. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Updated notification | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will review these notifications annually to ensure that they include the coordinators' names. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, submit the updated student and staff handbooks or a link to the handbooks on the district website demonstrating that the names, office address(es) and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504 are included. | | |
| **Progress Report Due Date(s):**  12/12/2018 | | |

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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 the district does not ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  The District will develop a rubric for staff to use in reviewing 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. The District will solicit feedback from administrators and curriculum leaders in developing this rubric.  The District will train administrators and staff on the rubric and distribute the rubric. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services; Assistant Superintendent | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Completed rubric  Evidence of staff and administrator training | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will collect samples of completed rubrics from Principals quarterly. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, review the updated CR 24 Toolkit in the WBMS Document Library prior to submitting the rubric 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 December 12, 2018, submit evidence of staff training on the rubric including the agenda, training materials, signed attendance lists, and name and role of presenter.  By March 11, 2019, submit two completed sample rubrics from each school building. This documentation should demonstrate that individual teachers are reviewing not only district books and curricula, but also materials brought into the classroom by the teachers themselves. | | |
| **Progress Report Due Date(s):**  12/12/2018  03/11/2019 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that although the district obtains an assurance from each building principal stating that no student has been excluded from educational programming, extracurricular activities or athletics on the basis of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability or housing status, the district does not document its K-12 evaluation process. | | |
| **Description of Corrective Action:**  A calendar will be developed for review of each program of the district to 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.  Members of the District's leadership team will conduct equity walks; analyze data; conduct a root cause analysis if necessary; and capture conclusions in a written report that includes an action plan to address identified areas of need. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services; Assistant Superintendent; Principals | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Calendar | | |
| **Description of Internal Monitoring Procedures:**  The Leadership Team will conduct this activity annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018, review the updated CR 25 Toolkit in the WBMS Document Library prior to submitting the district's plan for implementing the institutional self-evaluation, including proposed data and data collection methods, timeline for implementation, and key staff responsible to ensure the district provides equal access to all programming grades PreK-12.  By March 11, 2019 submit the preliminary results of the self-evaluation with evidence documenting the implementation of each area of the proposed evaluation plan.  Please address in the March 11th progress report: 1) preliminary data analysis, 2) areas of concern identified by the self-evaluation, 3) proposed district actions to address identified areas, 3) presentation of the results to the school committee and community, and 4) date(s) for releasing the written report/narrative/summary of results. | | |
| **Progress Report Due Date(s):**  12/12/2018  03/11/2019 | | |

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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 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 District will internally monitor compliance with SEI licensure requirements; will continue to host SEI endorsement classes in the district for the convenience of district staff; and will provide confirmation of the SEI Administrator Endorsement for the principals/assistant principals/supervisors/directors in question. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent of Curriculum & Instruction | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  SEI Administrator Endorsement for individuals in question  List of SEI classes provided in the district | | |
| **Description of Internal Monitoring Procedures:**  The Assistant Superintendent will monitor compliance with the SEI licensure requirements for all core teachers who have been assigned an English Learner as well as administrators through a bi-annual review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 10/03/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 12, 2018 the district will provide 1) a list of teachers and administrators who were informed of the need to obtain the SEI endorsement, and 2) evidence for ensuring that the educators are on track to earning the endorsement such as evidence of enrollment in an SEI endorsement course. | | |
| **Progress Report Due Date(s):**  12/12/2018 | | |