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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: Woburn

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 03/16/2018.

**Mandatory One-Year Compliance Date:** **03/16/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| 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 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 19 | Extended evaluation | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 48 | Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 7C | Early release of high school seniors | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | 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 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |

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

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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 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 upon the student reaching age 18, the district does not consistently obtain consent from the adult student with sole or shared decision-making authority to continue his or her special education program. | | |
| **Description of Corrective Action:**  Development of policy for Notice of Transfer of Parental Rights, Age of Majority and Age of Consent Decision form, with the Special Education Team Chairperson for the High School.  Training for all Team Chairpeople and Liaisons at WMHS responsible for the educational planning for students from age 17 and beyond.  Posting of Policy in the Districts Policy and Procedure Manual along with template letters for each of the above mentioned forms. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education  High School Team Chairperson | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Completed Policy uploaded to the Policy and Procedure Manual for access by all responsible staff.  Evidence of training with agenda and attendance.  Completed Age of Majority and Decision Making in the students file. | | |
| **Description of Internal Monitoring Procedures:**  Internal review of files will review 2 student files per quarter to ensure 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:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy for notifying students and parents at least one year prior to the student reaching age 18 of the transfer of educational decision-making rights and the requirement to obtain consent from the adult student with shared or sole decision-making.  Include the specific names and roles of the staff who will complete the district's ongoing quarterly record review. Please note that the district should sample at least two applicable records for each group of students, e.g., 17 year olds for notification one year prior and 18 year olds with sole or shared decision-making.  By June 29, 2018, submit evidence of training for high school team chairperson(s) on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By October 12, 2018, submit the results of an internal review of five (5) applicable high school records who turned 17 subsequent to implementation of all corrective actions for evidence that students and parents are notified 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. Provide a detailed narrative summary of the review including the number of records reviewed and the number for students and parents are notified one year in advance of the student's age of majority attainment. 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.  By October 12, 2018, submit the results of a second internal review of five (5) applicable high school records of 18 year old students with sole or shared decision-making rights subsequent to implementation of all corrective actions for evidence that consent is obtained from the adult student to continue his or her special education program. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which the district obtained consent from adult students with sole or shared decision-making. 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 role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Team meetings are not consistently held, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  Develop a Policy on scheduling team meetings.  Review the policy with the Special Education Staff responsible for scheduling team meetings (Team Chairpeople and Middle School and High School Liaisons).  Upload policy to the Policy and Procedure Manual for access by all responsible professionals. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Policy uploaded to the Policy and Procedure Manual on Google Drive.  Evidence of training for responsible staff with agenda and attendance sheet. | | |
| **Description of Internal Monitoring Procedures:**  Internal review of 2 files quarterly for compliance with Team meetings and annual reviews. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal review of 2 records quarterly does not address sampling across schools/grade levels to ensure that annual reviews are held on or before the anniversary date of the IEP across the district. | | |
| **Department Order of Corrective Action:**  Revise the district's internal monitoring process to specify how the district will sample records across schools to ensure compliance with holding annual reviews on or before the anniversary date of the IEP. | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy for ensuring team meetings are consistently held on or before the anniversary date of the IEP, 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.  By June 29, 2018, submit evidence of training for appropriate special education staff on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By June 29, 2018 submit a description of the revised internal monitoring process, including number of records by school, frequency, and name and role of the reviewer.  By October 12, 2018, submit the results of an internal review of ten (10) student records with annual IEP meetings subsequent to implementation of all corrective actions for evidence that Team meetings are consistently held, on or before the anniversary date of the IEP, 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. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which meetings were held on or before the anniversary date of the IEP. 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 role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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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 when parents receive 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, the district sends two copies of the proposed IEP and proposed placement to the parent within two calendar weeks of the meeting. However, student record review indicated that when a summary is not provided at the conclusion of the IEP Team meeting, the district sends two copies of the proposed IEP and placement to parents beyond three to five days following the Team meeting. | | |
| **Description of Corrective Action:**  Develop a memo for the Special Education staff on IEP Timeline regulations with all Liaisons responsible for developing IEP's.  Review documentation in the Policy and Procedure Manual and update if necessary.  Provide training prior to the start of the School year regarding Special Education Timelines and district policy on meeting notes. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Documentation in the Policy and Procedure manual.  Memo sent to staff regarding Special Education timelines and IEP development.  Proposed IEP with dated N1 letter within 10 days of the date of the meeting according to the attendance sheet. Copy of initialed meeting notes attached to the IEP. | | |
| **Description of Internal Monitoring Procedures:**  Internal review of 2 files per quarter for compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy for ensuring that IEP Teams consistently propose IEPs within 3-5 days without a Team meeting summary or within 2 calendar weeks with a Team summary. Please see Department guidance at http://www.doe.mass.edu/news/news.aspx?id=3182 for the specific required elements in a Team summary.  By June 29, 2018, submit evidence of training for appropriate special education staff on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  Include the specific names and roles of the staff who will complete the district's ongoing quarterly record review.  By October 12, 2018, submit the results of an internal review of ten applicable student records with IEP meetings subsequent to implementation of all corrective actions for evidence that when a summary is not provided at the conclusion of the IEP Team meeting, the district sends two copies of the proposed IEP and placement to parents within three to five days following the Team meeting. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that IEPs are proposed within 3-5 days without a Team summary or 2 calendar weeks with a Team summary. 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 role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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| **Criterion & Topic:**  SE 19 Extended evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when a Team finds the evaluation information insufficient to develop an IEP, the Team, with parental consent, agrees to an extended evaluation, but the Team does not reconvene promptly to develop an IEP when the evaluation is complete. Specifically, the extended evaluation period consistently exceeds eight school weeks. | | |
| **Description of Corrective Action:**  Review policy on Extended Evaluation and update if needed.  Train all Team Chairpeople on the policy regarding Extended Evaluations and the utilization of this process. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Extended Evaluation policy uploaded in Policy and Procedure manual.  Meeting date, agenda and signed attendance for the training.  Signed and accepted Extended Evaluation and Meeting Invitation announcement documenting a scheduled meeting within the 8 week period. | | |
| **Description of Internal Monitoring Procedures:**  Internal review of records one Extended Evaluation per quarter. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 19 Extended evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy for ensuring that extended evaluation periods do not exceed eight school weeks.  By June 29, 2018, submit evidence of training for appropriate special education staff on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  Include the specific names and roles of the staff who will complete the district's ongoing quarterly record review.  By October 12, 2018, submit the results of an internal review of approximately five (5) student records with extended evaluations subsequent to implementation of all corrective actions for evidence that extended evaluations are completed within eight weeks. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that extended evaluations were completed within eight weeks. 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 role(s), and their signature(s). | | |
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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:**  Develop a policy for documenting non-participation justification in the IEP.  Develop a template for completing the non-participation justification portion of the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Team Chairperson work group agenda and attendance for policy development.  Policy uploaded to the Policy and Procedure Manual for access by all responsible staff.  IEP's with services in the C Grid include rich non-participation justification statements clearly identifying the academic time out of the general education classroom and the reason for the removal based on the child's disability. | | |
| **Description of Internal Monitoring Procedures:**  Internal review of two files per quarter for quality of non-participation justification statements. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy for ensuring that IEPs 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.  By June 29, 2018, submit evidence of training for appropriate special education staff on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  Include the specific names and roles of the staff who will complete the district's ongoing quarterly record review. Please note that the sample size of 2 IEPs quarterly does not address sampling IEPs across the district's schools.  By October 12, 2018, submit the results of an internal review of ten (10) student records with IEP meetings subsequent to implementation of all corrective actions for evidence that IEPs consistently state why removal from the general education classroom is considered critical. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that IEPs consistently state why removal from the general education classroom is considered critical. 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 role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents, staff and parent interviews, and parent surveys indicated that the district does not immediately inform parents in writing of delayed services, reasons for the delay, and actions that the district is taking to address the lack of space or personnel. Specifically, document review and interviews indicated that parents are informed in writing when there is a lack of personnel; however, this notification is not always sent to parents immediately and does not consistently offer alternative methods to meet students' goals on the accepted IEPs. | | |
| **Description of Corrective Action:**  Develop a policy for informing parents of delayed Special Education services.  Identify steps to be taken when a delay has occurred, as well as staff responsible for informing parents of the delay.  Develop letter to send to families that will inform of the delay at the building level.  The Special Education Director will then communicate with families the reason for delay, actions the District is taking to address the delay and steps to be taken to ensure the provision of the accepted services in the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Policy for communication to families of delayed services.  Template letter uploaded to the Policy and Procedure Manual for access by responsible staff members.  Letter indicating the reason of the delay, actions to address and steps being taken to ensure accepted IEP services are delivered uploaded to the Policy and Procedure manual. | | |
| **Description of Internal Monitoring Procedures:**  Ongoing staff attendance monitoring for extended absences. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy and the parent notification letter for ensuring that notification to parents regarding the need for compensatory services is sent immediately and consistently offers alternative methods to meet students' goals on the accepted IEPs.  By June 18, 2018, submit a evidence of training for appropriate special education staff on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials. Include the specific names and roles of the staff who will complete the district's quarterly record review.  By October 12, 2018, submit the results of an internal review of student records with delayed services subsequent to implementation of all corrective actions for evidence that notification to parents regarding the need for compensatory services is sent immediately and consistently offers alternative methods to meet students' goals on the accepted IEPs. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that notification to parents regarding the need for compensatory services is sent immediately and consistently offers alternative methods to meet students' goals on the accepted IEPs. 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 role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff and parent interviews indicated that the parent advisory council for special education does not participate in the planning, development, and evaluation of the district's special education programs. | | |
| **Description of Corrective Action:**  Conduct regular meetings with Co-Chair for the SEPAC- documented | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Log of meetings, agenda, attendance and notes for each meeting. | | |
| **Description of Internal Monitoring Procedures:**  Quarterly review of documented meetings and content of the meetings.  Year end meeting with SEPAC Co-Chair to evaluate the year and needs moving forward. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed plan does not address how the parent advisory council for special education will become involved in the planning, development, and evaluation of the district's special education programs. Conducting regular meetings would not necessarily lead to the required change, and evaluating the PAC itself at the end of the year is not the intention of the regulation. | | |
| **Department Order of Corrective Action:**  Review the Department's guidance on parent advisory councils at http://www.doe.mass.edu/sped/pac/default.html.  Develop a detailed plan to involve the parent advisory council in the planning, development, and evaluation of the district's special education programming and services. Include participants, a timeline of activities, and a described outcome.  This plan will be developed with the input of the district's SEPAC. | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018 submit the district's plan to involve parents in the planning, development, and evaluation of the district's special education programs, including meeting notes, a schedule of meetings/timeline of proposed activities, and signed attendance sheets from the meetings.  By October 12, 2018, submit evidence that the parent advisory council for special education has participated meaningfully in the planning, development, and evaluation of the district's special education programs. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the district does not consistently monitor the provision of services to and the programs of individual students placed in public and private out-of-district programs. | | |
| **Description of Corrective Action:**  Develop a policy regarding monitoring of Out of District Placements with Team Chairpeople.  Revise the Out of District Monitoring Form  Train Team Chairpeople on the policy for Out of District Programming and Monitoring  Upload the OOD monitoring form to the Policy and Procedure Manual | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Team Chairpeople will keep active files on OOD students and placements.  OOD monitoring forms will be utilized and filed in students files.  Upload the Policy and the Monitoring form to the DESE Website.  Attendance and agenda for training on OOD monitoring. | | |
| **Description of Internal Monitoring Procedures:**  Internal review of records will review two OOD files quarterly for compliance in monitoring and upload to the security portal. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's policy and out-of-district monitoring form for ensuring that the provision of services to and the programs of individual students placed in public and private out-of-district programs is consistently monitored.  By June 18, 2018, submit evidence of training for appropriate special education staff on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  Include the specific names and roles of the staff who will complete the district's ongoing quarterly record review.  By October 12, 2018, submit the results of an internal review of five (5) out-of-district student records with IEP development subsequent to implementation of all corrective actions for evidence that the provision of services to and the programs of individual students placed in public and private out-of-district programs is consistently monitored. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that appropriate monitoring was conducted. 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 role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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| **Criterion & Topic:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents, staff interviews and parent surveys indicated that two classrooms of students with disabilities enrolled in the Transitional Education program at Woburn High School do not have access to the same non-academic and extracurricular programs as nondisabled students due to scheduling. Specifically, students in grades 9-12 are automatically enrolled in physical education and the Best Buddies program without being offered other electives and enrichment. | | |
| **Description of Corrective Action:**  Building Principal, Special Education Transitional Education Team and the Special Education Director will explore options to include music and art classes into the schedules of the students in the Transitional Education Program. Currently students have access to the following: Vocational Education, Consumer and Homemaking Education, Employment opportunities, Counseling, Health services, Transportation, Physical Education, Sport Teams and Best Buddies.  A protocol and procedure for course selection will be developed and implemented prior to the 2018-2019 academic year. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion of corrective action will be:  \*Protocol with Procedure for course selection for the Transitional Education Program  \*Individual student schedules | | |
| **Description of Internal Monitoring Procedures:**  Yearly scheduling procedure will be reviewed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the revised master schedule to include all appropriate electives as options for students in the Transitional Education Program at Woburn High School. The district may also include meeting minutes and other forms of evidence demonstrating the corrective actions for this criterion.  By October 12, 2018, submit the results of an internal review of student schedules and Additional Information page for high school students enrolled in the Transitional Education program subsequent to implementation of all corrective actions to ensure that students have access to electives other than physical education and Best Buddies. Provide a detailed narrative summary of the selected electives and enrichment classes by student. 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):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district provides optional training opportunities on special education laws, regulations, and local policies and procedures, the district does not ensure that all staff, specifically general education teachers, receive this required training. In addition, document review and staff interviews indicated that special education and general education teachers, teaching assistants, and paraprofessionals do not always receive training on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom. | | |
| **Description of Corrective Action:**  Working group will be created to explore professional development needs of the District. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence Director of Special Education  Assistant Superintendent | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Professional Development offered by the District for the academic year 2018-2019 | | |
| **Description of Internal Monitoring Procedures:**  Working group will meet yearly to re-evaluate the professional development needs of the District | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the profession development calendar and description of professional development for ensuring that general education teachers receive annual training on special education laws, regulations, and local policies and procedures and all staff, specifically special education and general education teachers, teaching assistants, and paraprofessionals, receive training on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom.  By October 12, 2018, submit evidence of training for staff on special education laws, regulations, local policies and procedures and training on methods of collaboration to accommodate diverse learning styles of students in general education classrooms for the 2018-2019 school year. Include the training agendas, signed attendance sheets that identify staff by name and role, the name and role of presenters, and training materials. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations indicated that Transition Education classrooms at Woburn High School are identified with permanently installed signage, thereby stigmatizing students attending these programs. | | |
| **Description of Corrective Action:**  Signs at Woburn Memorial High School will be removed and replaced with signs that indicate classroom number and teacher name only. | | |
| **Title/Role(s) of Responsible Persons:**  Kimberly Lawrence | | **Expected Date of Completion:**  01/31/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion of the change of signs will be an upload of photo evidence of the change. | | |
| **Description of Internal Monitoring Procedures:**  Observation and review of WMHS signage | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018 submit evidence that stigmatizing signage from the Transition Education classrooms have been removed. This can include photographs, work invoices, statement of assurance, etc.  A Department representative will schedule an onsite date to visit the Transition Education classrooms at Woburn High School prior to the October 12, 2018 progress report due date. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 7C Early release of high school seniors | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that seniors are released more than 12 school days before the regular scheduled closing date of the high school. | | |
| **Description of Corrective Action:**  Establish working group to review district calendar, including release date for seniors. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent and High School Principal. | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Submission of school calendar indicating release date for seniors and all other students. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of school calendar by administration and school committee. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018 submit the district's official 2018-2019 calendar demonstrating that ensuring that neither the conclusion of the seniors' school year nor graduation is more than 12 school days before the regular scheduled closing date of the high school. | | |
| **Progress Report Due Date(s):**  06/29/2018 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's Bullying Prevention and Intervention Plan does not include staff as possible aggressors in its definition of bullying.  A review of documents also indicated that the district's Bullying Prevention and Intervention Plan is not provided annually to all staff, including bus drivers, athletic coaches and paraprofessionals. | | |
| **Description of Corrective Action:**  Will establish a working group of administrators to review and update our Bullying Intervention Plan to include staff as aggressors. We will provide updated to plan to all staff, on annual basis. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, District Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Updated Bullying Plan | | |
| **Description of Internal Monitoring Procedures:**  Will include meeting agendas, and annual sign off sheet for all employees. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit web links to the updated Bullying Prevention and Intervention Plan that includes staff as possible aggressors in its definition of bullying on the district's website.  By October 12, 2018, submit evidence of training for all staff, including bus drivers, athletic coaches, and paraprofessionals, on the revised Plan. Include the agenda, signed attendance sheet, name and role of presenter, and training materials. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has not developed a 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. | | |
| **Description of Corrective Action:**  Will develop a protocol for reviewing of student discipline data on annual basis. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent and Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Completed protocols. | | |
| **Description of Internal Monitoring Procedures:**  Creation of an administrative calendar for due dates, including review of student discipline data. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's plan for ensuring a 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 is conducted on a regular basis. This plan should include the frequency of the data review and the individuals responsible for conducting the review at each school (e.g., the principals and a possible team of other staff members).  Please see Department guidance at http://www.doe.mass.edu/lawsregs/advisory/discipline/qa.html.  By June 29, 2018, submit evidence of training for principals on the revised policy. Include the agenda, signed attendance sheet, name and role of presenter, and training materials. Please include an example of disaggregated data from your data system.  By October 12, 2018, submit a sample of the periodic data review of suspensions and removals for selected student populations from the high and middle schools, and one of the elementary schools. Include a narrative interpretation of the data review and impact of removal for the subgroups of selected students, along with any changes made to reduce the suspensions, such as use of alternatives to suspension or review of suspension policies. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district has developed a notice to students 16 and over and their parents to send within five days of the student's tenth consecutive absence; however, staff interviews indicated that this notice is not consistently sent. In addition, document review and staff interviews 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:**  Will develop protocol to ensure that students leaving school over age 16 and parents are notified all issues contained herein. | | |
| **Title/Role(s) of Responsible Persons:**  High School Principal and Guidance Director | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  A copy of protocol and letter used will be evidence. | | |
| **Description of Internal Monitoring Procedures:**  Director of Guidance will develop protocol and communicate consistently with all relevant parties, keep agendas, and communicate with truant officer. | | |
| 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:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's revised policy, including the district's notice, to ensure that students 16 and over and their parents are notified within five days of the student's tenth consecutive absence.  By June 29, 2018, submit the district's process, including the district's annual outreach notice, to contact former students who have left school, not enrolled elsewhere and not earned their diploma, and inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs.  By October 12, 2018, 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 district. If the student has not transferred to another district, 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. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has not developed and implemented written restraint prevention and behavior support policy and procedures consistent with regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. The district has thereby not provided staff with training on the new regulations, provided staff with a copy of the policy and procedures, or made the policy and procedures available to parents. A review of documents and staff interviews indicated that the district has identified program staff to serve as school-wide resources for the administration of restraint and provided school-wide resource staff with in-depth training on the use of physical restraint. | | |
| **Description of Corrective Action:**  Working group will review existing policy, and develop plan to train all staff. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Special Education Director, Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  District Professional Development Calendar, meeting agenda's, and staff sign in/completion of physical restraint training. | | |
| **Description of Internal Monitoring Procedures:**  Annual submission of each schools training on restraint. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018 submit the district's written restraint prevention and behavior support policy and procedures consistent with regulations under 603 CMR 46.00. See http://www.doe.mass.edu/lawsregs/603cmr46.html?section=06 for the current regulations.  By October 12, 2018 submit evidence of training for all staff on the district's revised policy restraint prevention and behavior support policy and procedures consistent with regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  For a Department training module on physical restraint, please see http://www.doe.mass.edu/sped/videos/restraint/story\_html5.html. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has a district curriculum accommodation plan (DCAP) that was developed in 2011. However, interviews indicated that the DCAP is inconsistently implemented across schools, as not all staff are aware of the plan or understand what supports are available to meet the needs of diverse learners in the general education classroom. | | |
| **Description of Corrective Action:**  Form a working group to review current DCAP. Group will include multiple stakeholders. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent of Curriculum and Instruction, Special Education Director, and Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Meeting agenda's at each school, and staff sign in, indicating that the DCAP was reviewed. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of DCAP, including students records to ensure fidelity of implementation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018 submit evidence of the DCAP revision, including a detailed narrative describing the district's process, meeting agendas, a timeline of activities, and proposed date of completion.  By October 12, 2018, submit the revised DCAP and evidence of training to ensure that all staff are aware of the revised DCAP and understand what supports are available to meet the needs of diverse learners in the general education classroom. Include the agenda, signed attendance sheet, name and role of presenter, and training materials. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the district provides an in-service training for all school personal annually regarding federal civil rights responsibilities, this training does not address the prevention of discrimination and harassment on the basis of students' gender identity. | | |
| **Description of Corrective Action:**  We will add gender identity to our in-service training given annually regarding our Federal Civil Rights responsibilities. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Assistant Superintendent, and Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  In-service training will be completed and documented. | | |
| **Description of Internal Monitoring Procedures:**  Staff agenda's, and sign in at in-service training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 12, 2018, submit the revised training document and evidence of training for all school personnel on the revised policy regarding federal civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' gender identity. Include the agenda, signed attendance sheet, name and role of presenter, and training materials. | | |
| **Progress Report Due Date(s):**  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district incorporates cultural competency in its educator evaluation rubric and its curriculum adoption procedures, the district does not ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  All newly adopted materials will be reviewed by our district wide curriculum working groups. Previous material and review will be done by teachers throughout the district using district designed protocols to ensure all areas are culturally competent. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Curriculum and Instruction, Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Protocol will be developed, and a schedule for teachers to submit the protocol indicating review (and acceptance/rejection) will be done. | | |
| **Description of Internal Monitoring Procedures:**  Our leadership team will review the materials and feedback from teachers, and respond accordingly. These meetings will occur at the mid-year, and end of year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's procedure for ensuring 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. Please include any form or document that teachers are asked to use, along with evidence of training on the procedure.  By October 8, 2018, submit a written narrative summary of the outcomes of the curriculum review and changes the district is implementing to address any barriers to equal access. | | |
| **Progress Report Due Date(s):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  Establish a working group to evaluate our K-12 programming for equal access. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent and Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Copies of minutes, agenda's, and self evaluation form along with completed review and recommendations. | | |
| **Description of Internal Monitoring Procedures:**  Annual review completed and presented to Superintendent. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 29, 2018, submit the district's plan for implementation, including timeline and key staff responsible for an institutional self-evaluation to ensure the district provides equal access to all programming across all grades Pre-K to 12.  By October 12, 2018, 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 October 12, 2018, submit a written narrative summary of 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):**  06/29/2018  10/12/2018 | | |

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

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that some students have been reclassified as Former English Learners (FELs) at the WIDA proficiency level as low as 3.3. English learners (ELs) at this proficiency level require significant support to participate meaningfully in all aspects of the district's general education program and, therefore, should not be considered for reclassification. | | |
| **Description of Corrective Action:**  Meet and review proficiency levels with all ESL staff and building administrators. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent for Curriculum and Instruction | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Agenda's, meeting minutes, and attendance sheets. | | |
| **Description of Internal Monitoring Procedures:**  Annual report from ESL teachers indicating FEL's and proficiency levels upon reclassification. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1-Submit the district's revised reclassification policies and procedures.  2- Provide training to all staff members involved in the reclassification process to ensure that they are all knowledgeable about the changes and submit the training materials, sign-in sheets and agendas.  3-Please use FEL Roster available in the Document Library to provide information for all the ELs in your district who have been reclassified in the last school year. | | |
| **Progress Report Due Date(s):**  06/29/2018 | | |

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

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| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and teacher licensure in the Educator Licensure and Renewal (ELAR) portal indicated that not all district teachers/tutors who teach English as a Second Language (ESL) hold an ESL license or a current waiver issued by the Massachusetts Department of Elementary and Secondary Education. | | |
| **Description of Corrective Action:**  A review of appropriate licensure for all teachers, paraprofessionals, and long term subs. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent and Principals | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  All staff will be appropriately licensed. | | |
| **Description of Internal Monitoring Procedures:**  An annual review of license will occur, and hiring will be done according to appropriate licensure. We are looking to hire a Human Resource Director for the WPS. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit the license information of the current ESL teachers and waiver information for the teachers who don't hold an ESL license. | | |
| **Progress Report Due Date(s):**  10/12/2018 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not have a comprehensive system in place to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the educational program. | | |
| **Description of Corrective Action:**  A working group of ESL teachers and Assistant Superintendent will meet bi-annually to ensure that we are evaluating the effectiveness of our program. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent | | **Expected Date of Completion:**  03/14/2019 |
| **Evidence of Completion of the Corrective Action:**  Meeting agenda's, minutes, attendance, and outcome recommendations. | | |
| **Description of Internal Monitoring Procedures:**  Report will be provided to Superintendent to ensure that students English language skills and ability to participate meaningfully in the educational program is being addressed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/18/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1. Please complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf.  2. Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  3. Please provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the program at promoting and supporting the rapid acquisition of English language proficiency by ELs as is required in G.L. c. 71A. | | |
| **Progress Report Due Date(s):**  10/12/2018 | | |