|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: City On A Hill Charter Public (District)

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 03/30/2018.

**Mandatory One-Year Compliance Date:** **03/30/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 14 | Review and revision of IEPs | 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 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Not 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 |
| ELE 3 | Initial Identification of ELs and FELs | Partially Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that although students beginning at age 14 are invited and encouraged to attend part or all of their IEP Team meetings, when IEP Teams discuss transition services, Transition Planning Forms do not consistently address the student's disability-related needs. Record review demonstrated that transition planning consists of statements that apply to all students, rather than individualized to meet the needs of each student. | | |
| **Description of Corrective Action:**  1. Review the Transition Plans (TPs) that were reviewed during Records Review, and identify statements that ?apply to all? students, instead of individually.  2. Brainstorm specific or more individualized steps to replace in TPs.  3. Train LN Case Managers to change plans from generic statements to individualized statements/ideas, including practice rewriting a TP from the past.  4. Case Managers write all new TPs with these new expectations.  4. Circuit's Supervisor reviews all TPs and works with case managers to ensure they are individualized. | | |
| **Title/Role(s) of Responsible Persons:**  Day Farenga,Special Education Administrator; Lauren Chrystal, Circuit's SpEd Supervisor | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Three Transition Plans from each case manager covering a variety of ages, disabilities and post-secondary plans. These will be reviewed by Ms. Chrystal and noted in a summary spreadsheet about their quality, individualization and components. | | |
| **Description of Internal Monitoring Procedures:**  Training will occur during the August PD for school year 18-19. Training Attendance Sheet and materials will be submitted in 1st Progress Report to this CAP. Monitoring will occur continuously while IEPs and their related TPs are being created in the fall. A review of a cross section of TPs as noted above will occur before December Progress Reports. Any non-compliance issues will be noted, retraining for that case manager, and ongoing monitoring will continue if necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, for the students whose record was identified by the Department, submit the required documentation listed on the Student Record Issues Worksheet.  By September 21, 2018, prior to training case managers, review the following:  - http://www.doe.mass.edu/sped/28m9.pdf  - Technical Assistance Advisory SPED 2013-1: Postsecondary Goals and Annual IEP Goals in the Transition Planning Process at http://www.doe.mass.edu/sped/advisories/13\_1ta.html;  - Technical Assistance Advisory SPED 2014-4 Transition Assessment in the Secondary Transition Planning Process at http://www.doe.mass.edu/sped/advisories/2014-4ta.html;  - Technical Assistance Advisory SPED 2016-2: Promoting Student Self-Determination to Improve Student Outcomes at http://www.doe.mass.edu/sped/advisories/2016-2ta.pdf.  By September 21, 2018 submit evidence of case manager training on the procedures for developing TPFs for all students aged 14 and older, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By December 14, 2018 submit the results of an internal review of five (5) records of students with transition planning & TPF 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 with evidence of transition planning and appropriately completed TPFs. 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):**    09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when a required IEP Team member is unable to attend the Team meeting, including general education teachers and related service providers, when the IEP meeting involves a modification or discussion of related services, the Team member is not consistently excused in writing by the parent. Record review indicated, however, that the excused member does consistently provide written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  1. Review Attendance sheet of records reviewed in the Site Visit to see pattern of who didn?t attend a meeting that should have (providers? Gen ed teachers? LN Teachers? )  2. Demonstrate that LC has been sending Waivers for people who will not be attending to the parents with the invite, but doesn?t have them signed and back.  3. Create new protocol at beginning of meeting to have that same Waiver signed. Protocol stays in place that if parent does not agree, and wants a member of the team to attend, that meeting is postponed.  4. Add this protocol to SpEd Procedures Manual.  5. Signed Waivers will be attached to the Meeting Invite before placing in the student's hard copy file.  6. If meeting was postponed because parent did not agree to waiver and meeting is being rescheduled to include that Team member, it will be noted on the Invite, and in Meeting History meeting notes. | | |
| **Title/Role(s) of Responsible Persons:**  Day Farenga,Special Education Administrator; Lauren Chrystal, Circuit's SpEd Supervisor | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  A spreadsheet created by the SpEd Admin that denotes all IEP meetings held between August and December 2018 that denotes that waiver for non-attending team members was created, sent to parent, signed by parent. | | |
| **Description of Internal Monitoring Procedures:**  SpEd Administrator will review all meeting attendance sheets before the December CAP submission to determine that all Team members were invited that have a stake in the building of the new IEP, that Waivers were created and sent to parents before the meeting, that the Waiver was signed at the IEP meeting by the parent/guardian. A simple spreadsheet will be created to capture the name of student record of IEP meeting held between August and December 2018, then waiver sent and signed will be noted. Any pattern of non-compliance will require discussion of struggles to comply, changes to protocol if needed, and further monitoring. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter school must also develop a process for the parent to agree, in writing, that the attendance of a Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed. | | |
| **Department Order of Corrective Action:**  Prior to developing the charter school's corrective actions, review the Department's guidance on required IEP Team members and the excusal process at http://www.doe.mass.edu/sped/idea2004/spr\_meetings/ -- specifically the Key Points - Team Meetings and the Reference Sheet for Team Membership documents.  Develop procedures to ensure that parents and the district agree in writing that a Team member's participation is not necessary because the Team member's are of curriculum or service is not being discussed or modified. | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, using the Department's guidance as the basis, submit the charter school's revised procedures to ensure that IEP Teams are comprised of required Team members or that the written agreements for alternate participation or excusal are signed by the parent and the charter school case manager.  By September 21, 2018, submit evidence of case manager training on the procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By December 14, 2018 conduct an internal review of approximately 10 records with IEP Teams convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with all required Team members or evidence of appropriate use of excusal process. 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).are convened with all required Team members and the excusal process, along with evidence of general and special | | |
| **Progress Report Due Date(s):**  09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **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. In addition, record review indicated that IEP Teams do not consistently convene to review and revise the IEP to address any lack of expected progress towards the annual goals and in the general curriculum. | | |
| **Description of Corrective Action:**  A) IEP not held before annual date:  1. Review all Annual and Re-eval dates to attempt to discover a pattern or reason that dates were delayed.  2. Determine ways to fix the pattern/reason.  3. Implement the plan to fix the issues that delayed meeting dates.  4. Review by Special Education Administrator every 2 months to support the new plan to stay on track with meeting dates. Support Supervisor as needed.  B) Determine way to easily review all Progress Reports per student to compare last two PR with third most recent PR.  1. Use eSped Preview of current Progress Reports, per student, to review all records in the Site Visit Record Review to compare last two PR with third most recent PR. Determine which students demonstrate a lack of expected progress towards annual goals.  2. Train and charge Case Managers with reviewing ALL students on their caseload for the first round of CAP. After that, CMs will check those they had to report ?No progress? each quarter and compare to last 2 PR for that student.  3. If this is the 3rd quarter that Progress Reports states ?No Progress,? report to Supervisor. \*\*NOTE: 3rd Progress Report may not be the school?s 3rd quarter; this review is meant to note 3 quarters during the student?s IEP period.  4. Supervisor reviews grades, goal compared to PR write ups, checks behavior and attendance records to determine legitimacy of PR statement.  5. A column will be added to the usual Case Load Meeting Tracker that denotes whether progress on the goal has been made by Q4.  6. Hold either an internal Wrap Around Services meeting to reinforce the IEP supports to ensure student progress, or convene a meeting with the parent/guardian to consider additional supports, or more realistic measurable goals.  7. Team determines changes in supports for grades, behavior, attendance and updates IEP as needed. Meeting notes taken as documentation of the meeting and lists meeting as ?NYP PR mtg.?  8. If student still not making progress at time of 4th PR, the supports, modifications, and placement will be reassessed at the Three- year Re-evaluation meeting. If it is only time for the student's Annual Meeting, an assessment that directly relates to the goal should be administered prior to the meeting and data reported at the meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Day Farenga,Special Education Administrator; Lauren Chrystal, Circuit's SpEd Supervisor | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  A) The SpEd Admin will use eSped data base reports to show meetings still outstanding by a certain due date. A Root Cause Analysis will be written for the discovery of a pattern of delays.  B) Meeting Tracker with column denoting "lack of progress on goals", steps and/or meeting held, and signed attendance sheet of meeting as evidence.  A copy of the student's 4th IEP quarter Progress Report will be evidence of some progress beginning to be made. | | |
| **Description of Internal Monitoring Procedures:**  A) SpEd Admin and School Supervisor will discuss the patterns discovered in the review of the meeting tracker dates to determine the source of the problem, and decide on ways to improve adherence to timelines. SpEd Admin will review the tracker every two months with the Supervisor to support adherence to timelines.  B) Supervisor will conduct Progress Report reviews using the database, and enter into the meeting tracker (with a new column for "lack of progress on goals") any records that show a lack of progress. Supervisor and SpEd Admin will determine next steps for each instance, whether a wrap around or an IEP meeting is needed. The following quarter, the Supervisor will review the PR for those students to determine if progress is being made, and follow above steps. SpEd Admin will monitor this process after every quarter of progress reports for another quarter until supervisor ensures compliance with new procedures of oversight. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit the charter school's revised procedures to ensure that annual IEP Team meetings are convened on or before the anniversary date of the current IEP and procedures to review and revise the IEP to address any lack of expected progress towards the annual goals and progress in the general curriculum, along with evidence of special education staff training on these procedures. The documentation will include the revised procedures, signed attendance with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By December 14, 2018 conduct an internal review of approximately 10 records with annual reviews convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the IEP Team meeting was convened on or before the anniversary date of the current IEP and the number of records with a review and revision of the IEP to address any lack of expected progress towards the annual goals and progress in the general curriculum. 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):**  09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **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 charter school's proposed actions, specifically an explanation of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  1. Review all IEPs that were reviewed for this CPR to find common omissions.  2. Check MA DESE Website, COAH Dudley and New Bedford, for examples of solid N1s that contain sufficient detail of the explanation of each evaluation procedure.  3. SpEd Admin trains the LN Supervisor on best practices for content of N1s.  4. SpEd Admin monitors N1s every month for consistent improvement and compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Day Farenga,Special Education Administrator; Lauren Chrystal, Circuit's SpEd Supervisor | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  The spreadsheet with data on the random records that have had N1s written after the August/Sept training, level of compliance, and if any additional fixes needed to occur, then a column that they were completed correctly. | | |
| **Description of Internal Monitoring Procedures:**  1. Supervisor will review all IEPs that were reviewed for this CPR to find common omissions.  2. SpEd Admin will check MA DESE Website, COAH Dudley and New Bedford, ask SpEd Director?s Institute, and MCPSA for examples of solid N1s that contain sufficient detail of the explanation of each evaluation procedure.  3. SpEd Admin trains the LN Supervisor on best practices for content of N1s.  4. SpEd Admin monitors N1s every month for consistent improvement and compliance using a simple spreadsheet of a minimum of 6 random records that have had N1s written after the August/Sept training. If there are some N1s that don't have an explanation of the evaluation procedure or record, more random records will be reviewed. If necessary, additional training will occur. | | |
| 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:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For Department guidance on developing notices, please see http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf (this is a notice of district refusal to act, but still provides guidance on development of page 2's six questions).  By September 21, 2018, submit evidence of case manager training on Notice of Proposed School District Action (N1) addressing the question requiring an explanation of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action.  By December 14, 2018, submit the results of an internal review of ten (10) records of students across all grade levels with IEPs developed subsequent to implementation of all corrective actions for evidence that the Notice of Proposed School District Action (N1) includes an individualized response explaining evaluation procedures, tests or records used as a basis for the proposed or refused action. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the N1 contains sufficient detail for each component of the charter school's proposed actions. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently provide translated documents, specifically assessment summaries and progress reports, for parents whose primary language of the home is other than English and who have requested translations per the Home Language Survey. | | |
| **Description of Corrective Action:**  1. Research eSped and other translation companies for best prices on Prog Rep and assessment translations. Determine if an assessment summary done for the N1 can be used in Key Eval without additional cost. Establish current interpreting company (outside of eSped) for evaluation summary translations if needed.  2. Revise Re-Evaluation procedures to include translation of assessment summary, attach summary to full evaluation in English before sending to families.  3. Revise Progress Report procedures to include translation for parents who have requested document translation. Send translated PR with other PR and grades or within 3 school working days.  4. SpEd Admin trains LN Supervisor on new procedures.  5. SpEd Admin reviews every quarter to ensure that assessments and Progress Reports are being translated for parents whose primary language of the home is other than English, and have requested translations per the Home Language survey. | | |
| **Title/Role(s) of Responsible Persons:**  Day Farenga,Special Education Administrator; Lauren Chrystal, Circuit's SpEd Supervisor | | **Expected Date of Completion:**  12/20/2018 |
| **Evidence of Completion of the Corrective Action:**  Spreadsheet of students whose parents require IEP and related documents to be translated, and the discover of compliance to regulations. A narrative may also be written referring to the data. | | |
| **Description of Internal Monitoring Procedures:**  SpEd Admin will support Circuit's Supervisor to determine that most reasonable cost for evaluation summaries to be translated. Supervisor will be expected to be able to have Progress Reports translated via the eSped Translation Service. This will be completed by the Sept CAP due date. SpEd Admin will review all records before the December CAP due date to ensure that student records with parents whose primary language of the home is other than English, and have requested translations per the Home Language survey, have had the Q1 PR translated, and that any evaluations required for those families have been translated during the fall. A simple spreadsheet will be generated that lists students whose parents required IEP and related documents be translated, whether they will have a re-eval in the 18-19 school year, and if PR was translated. This will be reported in the December CAP. It is not anticipated that additional monitoring will be required. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018 develop procedures for translation of documents and interpretation for IEP meetings.  Submit the procedures that include: a list of contracted interpreters who are familiar with special education procedures and programs, a copy of the protocol for staff to follow to when a family requires an interpreter for an IEP meeting; evidence of training to relevant staff on the newly developed protocol. Include the signed attendance with name and role of staff member, agenda with name and role of presenter, and examples of training materials; as well as a description of the charter school's oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By December 14, 2018, conduct an internal review of approximately 5-6 records for students whose parents required translated documents and/or interpreters for IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with translated assessment summaries and progress reports and interpreters documented on the attendance sheet (N3A). 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):**  09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the parent advisory council does not advise the charter school on matters that pertain to the education and safety of students with disabilities, and does not meet regularly with school officials to participate in the planning, development, and evaluation of the charter school's special education programs. | | |
| **Description of Corrective Action:**  1. Since COAH Circuit has struggled for years to get attendance at LN PAC meetings through many different avenues, and the regular school PAC has only 7 members, the school does not feel it can increase the number of productive meetings beyond the required two for a school year. Those two meetings will be one in which there is a presentation on the rights of students and their parents to understand state and federal special education laws, and a survey or discussion of special education programs the school offers to solicit feedback for improvements.  2. If interest increases, the school will be pleased and immediately move to add additional meetings up to one a quarter.  3. Beginning one month before the second or last meeting of the year, the meeting announcements will include a survey to solicit feedback on the special education program at the school. The survey will be available on paper and electronically.  4. The subsequent meeting will review the results from the survey. Those who attend the meeting will first have an opportunity to fill out a survey if they have not already done so. Then the council will discuss the results, prioritize them and establish next steps.  5. Next steps may include discussions with school leadership to change elements of the program, add opportunities, or remove barriers. The LN Supervisor will decide whether to bring those ideas to leadership herself or have members of the council join her.  6. Survey results, council decisions and progress to implementing changes will be noted on LNPAC meeting notes, as according to their bi-laws. | | |
| **Title/Role(s) of Responsible Persons:**  Day Farenga,Special Education Administrator; Lauren Chrystal, Circuit's SpEd Supervisor | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Flier with both LNPAC meeting dates which will be handed out all year at IEP meetings. A robocall text with dates of when the calls were made prior to each meeting. LNPAC materials presented at each meeting (Rights of Parents, survey, survey results) and meeting notes. | | |
| **Description of Internal Monitoring Procedures:**  The school Supervisor will create a flier with both meeting dates on it and agenda. She will create the robocall text to be used one month before the first and last meetings. SpEd Admin will approve the materials and submit them for the September CAP. The survey for soliciting feedback on programming will be created around January and sent to all families of students on IEPs in both email and paper form with a March 5 deadline. Survey will be resent two more times until at least 5 parents respond. Results will be tallied and sent to the same list of parents. An LNPAC meeting will be set for mid-March in order to meet the CAP deadline. The results will also be entered into the LN Meeting notes, as well as next steps that the council advises. The results, next steps and LN Meeting Notes will be submitted in the March CAP. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018 submit the LNPAC by-laws and evidence of the workshop on the rights of students and parent/guardians under state and federal special education laws. Also submit a copy of the LNPAC brochure and the agenda with name and role of presenter, and examples of training materials signed attendance for the first meeting of the 2018-2019 school year. | | |
| **Progress Report Due Date(s):**  09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school has not developed a system for periodic review of discipline data by the principal to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. | | |
| **Description of Corrective Action:**  City on a Hill Circuit Street has a system where the Network Data Team updates an Early Warning Indicator Tracker on a biweekly basis where suspensions (both in school and out of school) are reported. We have special education subgroup in this tracker but we will expand to include English Language Learners and race/ethnicity. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  The tracker will be set up in August 2018 for implementation on the first week of school, early-September. | | |
| **Description of Internal Monitoring Procedures:**  This tracker will be updated by the Network Data Team biweekly and emailed to the Principal for use during their School Leadership Team meetings. The Principal will be held accountable by the Chief Academic Officer. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018 submit an example of the Early Warning Tracker with data by special populations and the agenda for the School Leadership Team, including the Principal's periodic review of discipline data by special populations.  By December 14, 2018, submit the Principal's periodic review of discipline data by special populations along with the detailed analysis of the impact any removals have on special populations, as well as the changes that will be made. | | |
| **Progress Report Due Date(s):**  09/21/2018  12/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school's annual and continuous notification to applicants, students, parents, and employees does not include the name(s) of the coordinator(s) for compliance with its responsibilities under Title IX and Section 504. | | |
| **Description of Corrective Action:**  The Student and Family Handbook has been updated with the names and correct addresses of the staff members responsible for Title IX and Section 504. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  04/12/2018 |
| **Evidence of Completion of the Corrective Action:**  The Student and Family Handbook has been updated to include the actual coordinators' names. I uploaded the handbook to Additional Documents. | | |
| **Description of Internal Monitoring Procedures:**  The Student and Family is updated each summer by myself to ensure all updates are entered and are compliant. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district uploaded the Student and Family Handbook for SY 2018-2019 which is missing information for the Title IX Coordinator. The Section 504 Coordinator is listed with name, office address and phone number. | | |
| **Department Order of Corrective Action:**  When the School Council reviews the Handbook, make revisions to include the Title IX Coordinator by name with office address and phone number.  Develop a plan to disseminate the information to applicants, students, parents and employees. | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018 submit the link to the revised charter school's handbook for students and families on the school's website, which includes the name(s), office address(es), and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504. | | |
| **Progress Report Due Date(s):**  09/21/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **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:**  Not Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school has not developed a written notice to send to students 16 or over, and their parent/guardian, within five (5) days of the student's tenth consecutive absence to discuss reasons the student is leaving school, offering at least two dates and times for an exit interview between the superintendent (or designee) and the student and parent/guardian to occur prior to the student permanently leaving school, along with contact information for scheduling the exit interview and an extension of the meeting at the request of the parent/guardian for no longer than 14 days.  Document review also confirmed that the charter school 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:**  I created letters for students at 10 absences that offers the exit interview, an exit interview template, and a follow-up letter for all students who are not enrolled elsewhere with academic support programs and HiSet information. I uploaded to additional documents. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  04/19/2018 |
| **Evidence of Completion of the Corrective Action:**  The letters and documents have been uploaded to additional documents. | | |
| **Description of Internal Monitoring Procedures:**  I created a process and have communicated this to all schools' Office Managers, Principals and Vice Principals, and Compliance Officers in the Network. I oversee compliance and will hold the schools accountable. Here is the email I sent: If a student is absent for 10 consecutive days, send the CR 16 [drop out exit int] letter. To prepare this letter, please enter the student's name and the date. You will also need to collaborate with your Principal to find two times when they are available for an exit interview to offer to the student's family. The times should be far enough in advance so they have time to get the letter in the regular mail.  If the student or family attend the exit interview, Principals will use the Exit Interview form attached and save in the student's physical file.  Each year, Kline and Nix will get a list of students who are considered "drop-outs" by DESE standards because they are not enrolled anywhere. They will provide this list to each Office Manager.  Office Managers will send out the CR 16 [drop out follow-up] letter to those students. This letter gives information about the HiSet, JobCorps, and Tecca. They can also reach out to me for more information. | | |
| 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:** 04/25/2018  **Correction Status:** Corrected | |
| **Basis for Decision:**  The charter school uploaded templates for a letter with an exit meeting and a survey to complete with the student at the exit meeting to assist in identifying connections or motivators to keep the student engaged in school. A template was also developed for students who have left and not transferred to another school, which has recommendations for alternatives to continue their education. Additionally the Deputy Chief Academic Officer sent an email to the Office Managers who will send and file the letters. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

|  |  |  |
| --- | --- | --- |
| **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 charter school 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 school 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 charter school 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:**  We have training materials we use for staff during our Faculty Orientation Week. We will update this powerpoint to include the most updated language of 603 CMR 46.00 and ensure that staff receive this during the regular training. We will also include more details about the location of the staff who are restraint trained and reminders of this throughout the school year. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  09/01/2018 |
| **Evidence of Completion of the Corrective Action:**  The updated powerpoint and training sign-in sheet for Faculty Orientation in August 2018. | | |
| **Description of Internal Monitoring Procedures:**  I will work with Lauren Chrystal, Special Education Supervisor, to ensure that all materials contain the most updated information from DESE. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed corrective action does not indicate how the revised prevention of physical restraint and behavior support policy and procedures will be disseminated to parents. | | |
| **Department Order of Corrective Action:**  Post the revised policy on the charter school's website for employees, students and parents to access. | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit the revised physical restraint support policy and procedures, along with signed attendance sheets with name and role of staff member, agenda with name and role of presenter, and the training materials (power point) to demonstrate the implementation of annual staff training on the prevention of restraint consistent with regulatory requirements within the first 30 days of school.  By September 21, 2018 submit a link to the charter school's website posting of the Prevention of Physical Restraint and Behavior Supports policy. | | |
| **Progress Report Due Date(s):**  09/21/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school does not have procedures for educational services for students who must remain at home or in a hospital on a day or overnight basis, or any combination of both, for medical reasons and for a period of not less than fourteen school days in any school year. | | |
| **Description of Corrective Action:**  Our Student and Family Handbook does not include the procedure for educational services for students who must remain at home or in a hospital for fourteen school days or more. I am updating the Student Handbook for all three schools with this policy and will review with the Principal (as we do with all new policies). | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  09/01/2018 |
| **Evidence of Completion of the Corrective Action:**  The Student and Family Handbook for 18-19 will contain this policy and procedure. | | |
| **Description of Internal Monitoring Procedures:**  It is my responsibility to consistently update the Student and Family Handbook for all three schools on an annual basis. Over the summer each summer, I will review and update the handbook and then send to each school's Principal at the start of August for them to ADD school-specific information to the handbook and officially adopt all Network-wide policies. An all-Principal meeting in August run by me reviews these policies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018 submit the charter school's procedures for educational services in home or hospital, including who will provide the educational services and a copy of the form the student's physician must complete prior to the provision of services. | | |
| **Progress Report Due Date(s):**  09/21/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  ELE 3 Initial Identification of ELs and FELs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school has an existing procedure to administer the home language survey (HLS) and the screening test if necessary; however, the charter school does not administer the HLS to the parents/guardians of all newly enrolled students. Therefore, the school's current initial identification practices are not consistent with 603 CMR 14.02(1), which requires districts and charter schools to identify all potential English learners (ELs) by administering a home language survey and screen their English proficiency when the answer to any question on the survey is a language other than English. | | |
| **Description of Corrective Action:**  For the 2016-2017 school year, an attempt was made to administer all home language surveys in person or over the phone. This was ultimately not completely successful, and some students were left without a HLS document. Information about their home language was found in other ways, including checking our CoaH registration paperwork. Since spring 2017, the HLS document has been added back in the registration packet that is completed by every enrolling family. | | |
| **Title/Role(s) of Responsible Persons:**  Julia Latino | | **Expected Date of Completion:**  05/01/2018 |
| **Evidence of Completion of the Corrective Action:**  I can provide a copy of the home language survey that is being placed in registration packets. | | |
| **Description of Internal Monitoring Procedures:**  I will collaborate with the Student Recruitment Manager each spring to ensure an up to date version of the home language survey is included in our standard registration paperwork. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification of ELs and FELs | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide information regarding the process followed to identify potential ELs who enrolled to the school in the SY 2018-19. | | |
| **Progress Report Due Date(s):**  09/21/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  ELE 5 Program Placement and Structure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the Castañeda's Three-Pronged Test and documents submitted as the charter school's English as a Second Language curriculum indicated that the school does not have a complete ESL curriculum that guides ESL instruction and supports English language acquisition of ELs at all grade and proficiency levels. After an evaluation of the documentation and a review of the school's 2017 ACCESS for ELLs scores, the Department concludes that ELs enrolled in the charter school's ELE program are not appropriately served, and the ELE program is not effective in developing students' English language skills. | | |
| **Description of Corrective Action:**  As part of the program evaluation (ELE #17), I plan to evaluate which aspects of our curriculum are effective, and what can be strengthened or added to reach students who are not making progress on the ACCESS test. (Spoke with Sibel Hughes about this plan on 4/13.) | | |
| **Title/Role(s) of Responsible Persons:**  Julia Latino | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  The completed program evaluation will have an action plan/steps to take in order to build on our existing curriculum so that it best serves our students' English language development needs. | | |
| **Description of Internal Monitoring Procedures:**  The program evaluation process is scheduled to take place each spring on a two year interval. Using this guideline, I will reassess data and our curriculum every two years. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please see ELE 17. | | |
| **Progress Report Due Date(s):**  07/14/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  ELE 7 Parent Involvement | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the charter school does not always provide language assistance to parents whose preferred language is not English and, therefore, does not always meet the obligation to communicate effectively with parents to include them in matters pertaining to their children's education. | | |
| **Description of Corrective Action:**  In reviewing our records there were a few instances where fall 2016 parent notification form letters were not translated into the parents' preferred language. This error was corrected in 2017. To ensure this does not happen again, I will conduct an additional record review to check original home language surveys and maintain a list of preferred languages. If no HLS is present in the record, I will contact the family to determine their preferred language. | | |
| **Title/Role(s) of Responsible Persons:**  Julia Latino | | **Expected Date of Completion:**  06/01/2018 |
| **Evidence of Completion of the Corrective Action:**  I will submit a copy of the preferred language record review described above. | | |
| **Description of Internal Monitoring Procedures:**  The preferred language list will be reassessed during the month of September of each school year to ensure that parent notification letters (and all subsequent mailings and communications) are translated appropriately. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 7 Parent Involvement | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit a copy of the parent notification letters sent to students' parent or guardian in their preferred language. | | |
| **Progress Report Due Date(s):**  09/21/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that not all ESL teachers hold an ESL license appropriate for the grade level they are assigned to teach or a current waiver issued by the Massachusetts Department of Elementary and Secondary Education.  A review of documents and SEI endorsement data also indicated that not all core academic teachers assigned to provide sheltered English instruction to English learners hold the SEI Teacher Endorsement. | | |
| **Description of Corrective Action:**  I will collaborate with network principals to put a plan in place to ensure core academic teachers earn their SEI endorsement on an appropriate timeline.  The ELL teacher at CS is now fully licensed. I can upload a copy of her unofficial license from ELAR. | | |
| **Title/Role(s) of Responsible Persons:**  Julia Latino | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  I will submit the ELL teacher's license information. I will also submit the action plan developed in collaboration with principals. | | |
| **Description of Internal Monitoring Procedures:**  This responsibility will be handled by the principals and will become part of the teacher evaluation process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1- By 7/14/2018, provide information on the support the district will provide to help the unendorsed educator(s) earn their endorsement and a timeline that shows the educators' efforts towards earning their SEI endorsement.  2- By 7/14/2018, please submit the district's plan to ensure that ELs are assigned only to core academic teachers who hold the SEI endorsement.  3- By 7/14/2018, please provide training to district administrators to ensure compliance with procedure and placement of students. Submit the training materials, sign-in sheets and agendas by the progress report due date.  4- By 12/14/2018, please submit the completed SEI endorsement form available in the Document Library to provide information regarding the SEI endorsement status of the core academic teachers of ELs in the district. | | |
| **Progress Report Due Date(s):**  07/14/2018  09/21/2018 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school does not have a comprehensive process to evaluate the effectiveness of its ELE programming in developing students' English language skills and increasing their ability to participate meaningfully in the school's educational program. | | |
| **Description of Corrective Action:**  The program evaluation is set to being this month. I will be analyzing the following areas to evaluate strengths and weaknesses:  ACCESS results (speaking, listening, reading, writing)  Growth to Proficiency  Number or percent proficient  MCAS results (Math, ELA, STEM)  Participation and access to support services, electives, and extracurriculars  Graduation rate  Rate of retention  Services provided  After that, I will present my findings to the program evaluation team (DCAO, CS principal, CS ELL teacher, network data manager), and we will collaborate to identify action steps. I will also use this data analysis to build on and improve our ESL curriculum so that it better serves our students. | | |
| **Title/Role(s) of Responsible Persons:**  Julia Latino | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  The action plan that results from this program evaluation will be submitted by June 30th, 2018. | | |
| **Description of Internal Monitoring Procedures:**  The program evaluation will now be completed on a two year cycle, with the next program evaluation occurring in the spring of 2020. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1. Please submit the charter school's ELE program evaluation.  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):**  07/14/2018 | | |