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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: Minuteman Regional Vocational Technical

CPR Onsite Year: 2017-2018

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 08/23/2018.

**Mandatory One-Year Compliance Date:** **08/23/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | 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 24 | Curriculum review | Partially Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 15 | Professional Development Requirements | Not Implemented |
| ELE 17 | Program Evaluation | Implementation In Progress |

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| **Criterion & Topic:** SE 3 Special requirements for determination of specific learning disability | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that when a student suspected of having a specific learning disability is evaluated, the IEP Team creates a written determination as to whether or not he or she has a specific learning disability. However, not all Team members sign the written determination or, if there is disagreement as to the determination, Team members do not document their disagreement. |
| **Description of Corrective Action:** The procedure for SLD paperwork was revised. SLD paperwork was added to all team agendas as well as team meeting summary notes. Team chairs will be trained in new agendas and summary notes. All staff will be trained in SLD paperwork and the reasons for the importance of their participation. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**02/28/2019 |
| **Evidence of Completion of the Corrective Action:**Documentation of training will be provided, as well as updated procedures. A record review that shows full compliance with all criteria will be submitted as evidence of completion of corrective action. Signed attendance sheets and agendas of trainings with copies of materials and procedures will be uploaded. |
| **Description of Internal Monitoring Procedures:** Director of special education will review files on an ongoing basis for compliance. Post meeting folders will not be accepted for mailings until all necessary paperwork is included. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit the procedures for completing the Specific Learning Disability Team Determination of Eligibility (Mandated form 28M/10), which must be signed by all Team members, and evidence of staff training, including name of presenter, agenda and signed attendance sheet(s) with staff name, role and signature.Please indicate frequency of internal review by director of special education.By February 27, 2019 submit the results of an internal review of records of students who were suspected of having an SLD and with initial and re-evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number with documentation of signed agreement by all members of the IEP Team. 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):** 11/14/201802/27/2019 |

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| **Criterion & Topic:** SE 20 Least restrictive program selected | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that IEP Teams do not consistently state why removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. |
| **Description of Corrective Action:** The district will provide training on appropriate documentation for students who are removed from the general education classroom. The training will include discussion on least restrictive environment and why the removal of a student is necessary and could not be achieved in the general education setting. Training will include how to document the benefits and possible justified harm the student may experience. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**02/28/2019 |
| **Evidence of Completion of the Corrective Action:**Training sign in sheets and agenda will be submitted. Exemplars of wording will be provided. Director will complete record review of 20 files to ensure compliance. |
| **Description of Internal Monitoring Procedures:** Ongoing record review complete by director of special Education will take place not less than 20 files per 1 year period. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit evidence of training on procedures for ensuring that IEP Teams consistently state why removal from the general education classroom is considered critical to student success and why it could not be achieved satisfactorily in the least restrictive environment, and evidence of training on the procedures including the agenda, training materials, signed attendance sheets, and the name/role of presenter.Please indicate frequency of internal review by director of special education.By February 27, 2019 submit the results of an internal review of approximately ten (10) student records with IEP development subsequent to implementation of all corrective actions, and whose IEP includes grid C services, for evidence that IEP Teams consistently state why removal from the general education classroom is considered critical to student success and why it could not be achieved satisfactorily in the least restrictive environment. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that IEP Teams stated why removal from the general education classroom is considered critical to student success and why it could not be achieved satisfactorily in the least restrictive environment. 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):** 11/14/201802/27/2019 |

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| **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 indicated that the district does not consistently provide translated documents, specifically notices 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:** The district has redesigned how we collect and organize home language survey information. Home language surveys are sent home once a student is accepted. All surveys are copied and entered into a spreadsheet. Parents requiring either verbal or written translation are noted with preferred language is requested. The district has agreements with professional translation companies to provide services required. Student management system will identify parents needed translation for all teachers and staff. Team chairs will be responsible for ensuring scheduling of translators as well as having all documents including IEPs, Evaluations, Progress Reports, Senior Summaries, Consents, and any other formal documents needed for the student. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**Copies of translated documents in primary language will be uploaded as evidence of completion, as well as the roster of all special education students requiring either verbal and/or written translation. |
| **Description of Internal Monitoring Procedures:** Director of special education will review documents in student file to ensure translation takes place for all records, given the current low incidence. Meeting notes and agendas will be reviewed as well to ensure presence of translator when appropriate. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Partially Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** Although the district reports that it has revised its procedures for identifying parents who request translated documents or interpretation and assigned team chairs with responsibility for scheduling interpreters and providing translations, the corrective action plan does not include training on the procedures for Team chairs. |
| **Department Order of Corrective Action:**Provide training for team chairs on the revised procedures. |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit evidence, including the agenda, signed attendance sheet, name and role of presenter, and training materials, of special education staff training on the procedures for identifying parents that requested translations and interpreters on the home language survey, for providing the translations, and for ensuring that an interpreter attends Team meetings.By February 27, 2019 submit the results of an internal review of approximately five (5) records of students whose Home Language Survey indicates a request for translations and/or interpreters, and with IEPs developed subsequent to implementation of all corrective actions, for evidence that the parent was provided with translations of all documents and an interpreter was made available at Team meetings. Provide a detailed summary of the internal review including the number of records reviewed, and the number for which all documents were translated, and the number for which the Attendance sheet (N3A) demonstrated that an interpreter was present at the meeting. 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):** 11/14/201802/27/2019 |

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| **Criterion & Topic:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district's manifestation determination procedures incorrectly state that if a student's conduct is determined not to be a manifestation of his/her disability, the student's IEP will be amended to provide educational services during the period of exclusion. |
| **Description of Corrective Action:** Section 5.7 of the student handbook will be updated to remove the wording "if suspension is NOT a manifestation of student's disability, he or she may be suspended without further education services". Training will be provided to all staff around the obligation of the district to provide educational services to students while serving suspensions. Parents will be emailed to notify them of the change in handbook and a link to the new page will be included. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**A record review will be completed if possible given the low incidence of manifestation meetings held yearly. The change in the handbook will be submitted via link. A copy of the email notification to parents regarding the change in handbook will be submitted. |
| **Description of Internal Monitoring Procedures:** Handbooks are reviewed annually. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit revised manifestation determination procedures stating that when a student's conduct is determined not to be a manifestation of his or her disability or due to the district's failure to implement the IEP the student will be provided with educational services during the period of exclusion. Also provide evidence, such as dissemination of updated handbooks, a notice on the school website, or an email sent to staff, families, and students, that the school community has been notified of the revisions to the code of conduct. |
| **Progress Report Due Date(s):** 11/14/2018 |

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| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Staff interviews indicated that although special education staff members informally analyze outcome data to assess student progress and make programmatic changes as a result, a review of documents and an administrative staff interview indicated that the district does not regularly evaluate its special education programs and services. |
| **Description of Corrective Action:** The district will contact with an outside agency to complete a formal program evaluation of the district special education programs and services. The district will conduct evaluations before end of year 2018. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**The district will submit completed program evaluation report. |
| **Description of Internal Monitoring Procedures:** The district will continue to conduct formal program evaluations every 2-3 years using an outside agency. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit a description of the district's proposed evaluation plan including the timeline and staff with overall responsibility for implementation.By February 27, 2019 submit the special education program evaluation including an analysis of the survey data, a summary of the results, and an action plan for any recommendations based on the results. |
| **Progress Report Due Date(s):** 11/14/201802/27/2019 |

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district does not have a code of conduct for teachers. In addition, a review of documents and staff interviews indicated that the student code of conduct incorrectly states that when a student is expelled, no school or school district within the Commonwealth is required to admit the student or to provide the student with educational services, which is in violation of M.G.L. c. 71, § 37H and M.G.L. c. 71, § 37H ½.Lastly, the district's disciplinary procedures incorrectly state that a student with a Section 504 accommodation plan may be suspended without educational services if the student's behavior is found not to be a manifestation of the disability. |
| **Description of Corrective Action:** 1) Section 5-13 of the student code of conduct has been updated by removing incorrect wording "that when a student is expelled, no school or school district within the commonwealth is required to admit the student". 2) Section 5-7 of the student code of conduct has been updated to correct " The district's disciplinary procedures incorrectly state that a student with a Section 504 accommodation plan may be suspended without educational services if the student's behavior is found not to be a manifestation of the disability". Section 3-3 of the Student Code of Conduct will explicitly state "The district is responsible for providing the opportunity to make educational progress for all students who are suspended."3) A teacher code of conduct had been developed including the following:policies shall prohibit the use of any tobacco products within the school buildings, the school facilities or on the school grounds or on school buses by any individual, including school personnel. Said policies shall further restrict operators of school buses and personal motor vehicles, including students, faculty, staff and visitors, from idling such vehicles on school grounds, consistent with section 16B of chapter 90 and regulations adopted pursuant thereto and by the department. The policies shall also prohibit bullying as defined in section 37O and shall include the student-related sections of the bullying prevention and intervention plan required by said section 37O. Copies of these policies shall be provided to any person upon request and without cost by the principal of every school within the district.4) All guidance and Assistant Principal's office staff will be trained in the changes to the code of conduct. 5) All school staff will be given a teacher code of conduct via web portal and trained on it's contents. 6) Updated student code of conduct will be posted on school website a) email to all staff, students, and parents to alert them to updated code of conduct b) phone call to all parents to alert them to updated code of conduct |
| **Title/Role(s) of Responsible Persons:**Principal / Assistant Principal | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**1) Link to updated code of conduct on Minuteman website 2) Copy of new teacher code of conduct 3) Copy of sign in sheet for staff training 4) Copy of email to staff, students and parents |
| **Description of Internal Monitoring Procedures:** Review of student code of conduct yearly Review of teacher code of conduct yearly |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit the teacher code of conduct, and evidence of staff training on the code of conduct, including name of presenter, agenda and signed attendance sheet(s) with staff name, role and signature.By November 14, 2018 provide a link to the student handbook with the revised student code of conduct. Also provide evidence, such as a notice on the school website, or an email sent to staff, families, and students, that the school community has been notified of the revisions to the code of conduct. |
| **Progress Report Due Date(s):** 11/14/201802/27/2019 |

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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. |
| **Description of Corrective Action:** Section 5-21 of the student handbook in regards to harassment and bullying has been updated to include staff as possible aggressors. All School staff will be trained in the changes of the student handbook. Updated student handbook will be posted on school website a) email to all staff, students, and parents to alert them to updated code of conduct b) phone call to all parents to alert them to updated code of conduct |
| **Title/Role(s) of Responsible Persons:**Principal / Assistant Principal | **Expected Date of Completion:**03/01/2019 |
| **Evidence of Completion of the Corrective Action:**1) Link to updated handbook on Minuteman website 2) Copy of sign in sheet for staff training3) Copy of email to staff, students and parents |
| **Description of Internal Monitoring Procedures:** Review of student handbook yearly |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit evidence of staff training on the revised bullying policy identifying staff as possible aggressors, including name of presenter, agenda and signed attendance sheet(s) with staff name, role and signature.By November 14, 2018 provide a link to the student handbook with the revised bullying policy identifying staff as possible aggressors. Also provide evidence, such as a notice on the school website, or an email sent to staff, families, and students, that the school community has been notified of the revision. |
| **Progress Report Due Date(s):** 11/14/201802/27/2019 |

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| **Criterion & Topic:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's annual notice to students who have not earned a diploma or certificate and are not enrolled elsewhere does not inform students of the availability of publicly funded post-high school academic support programs and encourage them to participate in those programs, except to offer MCAS test preparation. |
| **Description of Corrective Action:** The district's annual notice to students who have not yet earned a diploma or certificate and are not enrolled elsewhere has been updated to include the availability of publicly funded post high school academic support programs and encourages them to participate in those programs. |
| **Title/Role(s) of Responsible Persons:**Principal | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**Copy of revised notice |
| **Description of Internal Monitoring Procedures:** Review of notice yearly to ensure accurate and up to date 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:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit the revised annual notice to be sent to all former students who have not yet earned their competency determination and are not enrolled elsewhere providing information about publicly funded post-high school academic support programs available to the student. |
| **Progress Report Due Date(s):** 11/14/2018 |

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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. Specifically, the district's policy and student/family handbook state only that the district complies with the provisions set forth in the state's general laws and regulations. The district has thereby not provided staff with training on the new regulations, provided staff with a copy of written restraint prevention and behavior support policy and procedures, or made the policy and procedures available to parents. A review of documents indicated that the district has identified a program staff member to serve as a school-wide resource for the administration of restraint and provided school-wide staff with in-depth training on the use of physical restraint. |
| **Description of Corrective Action:** 1) District Policy JKAA had been updated2) District student and family handbook has been updated 3) Four Staff people will be trained as trainers in crisis intervention 4) Trainers will train staff on deescalation strategies 5) All staff will be trained on updated policies |
| **Title/Role(s) of Responsible Persons:**Principal/ Assistant Principal | **Expected Date of Completion:**03/31/2019 |
| **Evidence of Completion of the Corrective Action:**Certificates of completion for trainers Certificates of completion for staff trainingsCopy of updated policy Link to website with updated student parent handbookCopy of sign in sheet for staff training on updated policies |
| **Description of Internal Monitoring Procedures:** Yearly training for trainers Ongoing training for staff Review of policy on a yearly basis Review of student parent handbook yearly |
| 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:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018 submit the district's updated written restraint prevention and behavior support policy and procedures.By February 27, 2019 submit evidence that all staff have received training on the updated restraint policy. Include training materials, signed attendance sheets, and the name and role of presenter(s).By February 27, 2019 submit a link to the restraint policy on the district website and evidence demonstrating that staff, students, and families have been notified of the policy and where to access it. |
| **Progress Report Due Date(s):** 11/14/201802/27/2019 |

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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's policy incorrectly states that the district will provide home/hospital educational instruction to students unable to attend classes for 14 consecutive school days, which is a more restrictive standard than the regulatory standard of not less than 14 school days in any school year. |
| **Description of Corrective Action:** The District policy on homebound instruction (IHBF) has been updated to indicate 14 days, instead of 14 consecutive days. |
| **Title/Role(s) of Responsible Persons:**School Principal | **Expected Date of Completion:**01/01/2019 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion will be the updated policy and link to policy on school website. An email will be sent altering students and staff of the updated policy, along with a link to the website. |
| **Description of Internal Monitoring Procedures:** Minuteman will review policies on an ongoing basis. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please see https://mailchi.mp/doe.mass.edu/commissioners-weekly-update-8-31-18-ewis-updates-digital-connections-initiative-redesigning-school-and-district-report-cards?e=fbf1e6819a and http://www.doe.mass.edu/sped/28MR/ for updated Department information and revised form on home-hospital procedures. Question and answer guidance may also be found at http://www.doe.mass.edu/pqa/ta/hhep\_qa.html.By November 14, 2018 submit the home/hospital instruction policy stating that instruction will be provided to students unable to attend school for a total of 14 days. Also provide evidence, such as a notice on the school website, or an email sent to families and students, that the school community has been notified of the revised home/hospital policy. |
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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 while the district applies an anti-bias lens when considering textbook and curriculum adoptions, the district does not have procedures in place for individual teachers to review 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:** The principal will develop a procedure for teachers to review educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis race, color, sex, gender identity, religion, national origin and sexual orientation. Common planning time is built into the master schedule and will give teachers opportunities to use the Washington Models for the evaluation of bias content in instructional materials. Staff will receive training in how to use the rubric. Each department will be responsible for using the rubric to evaluate any new materials purchased for the district. |
| **Title/Role(s) of Responsible Persons:**Principal / Assistant Principal | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**Attendance sign in sheets at staff training will serve as evidence of completion as well completed rubrics and minutes from department meetings. |
| **Description of Internal Monitoring Procedures:** Any purchase of new materials will require a completed rubric before approved. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please see the Tiered Focused Monitoring Technical Assistance Toolkit for CR 24 & 25 document, located in the WBMS Document Library under Public School Programmatic Guidance, for suggested rubrics and procedures. Contact the PSM office if you have any questions about its use.By November 14, 2018 submit procedures for individual teachers to review educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation.By February 27, 2019 submit evidence of teacher training on the procedures including signed attendance sheets, training materials, and the name and role of presenter(s). |
| **Progress Report Due Date(s):** 11/14/201802/27/2019 |

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| **Criterion & Topic:** ELE 5 Program Placement and Structure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district does not have an ESL curriculum that guides ESL instruction and supports English language acquisition of English learners (ELs) at all grade and proficiency levels. |
| **Description of Corrective Action:** The district has developed a comprehensive ESL curriculum for all grades and proficiency levels. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**A curriculum map of all ESL curriculum will be developed. Teacher's schedule of classes taught with supporting examples of curriculum will be submitted. |
| **Description of Internal Monitoring Procedures:** The ESL program will be evaluated on an ongoing basis and curriculum updated as needed. Student outcome data will be used to inform curriculum development and instruction on an ongoing basis. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018, the district will submit sample evidence of its ESL curriculum for grade 10 (all proficiency levels) and evidence of progress on the curriculum map. |
| **Progress Report Due Date(s):** 11/14/2018 |

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

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| **Criterion & Topic:** ELE 7 Parent Involvement | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that the district does not always provide language assistance to parents whose preferred language is not English and, therefore, does not always meet the obligation to communicate effectively with parents to include them in matters pertaining to their children's education. |
| **Description of Corrective Action:** The district has redesigned how we collect and organize home language survey information. Home language surveys are sent home once a student is accepted. All surveys are copied and entered into a spreadsheet. Parents requiring either verbal or written translation are noted with preferred language is requested. The district has agreements with professional translation companies to provide services required. Student management system will identify parents needed translation for all teachers and staff. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**03/15/2019 |
| **Evidence of Completion of the Corrective Action:**Copies of notices sent home in different languages will be submitted as evidence of completion. A roster of students requiring translation with student icon will be uploaded as well. A copy of the email sent to all administrators and staff with list of students requiring translation will be submitted. |
| **Description of Internal Monitoring Procedures:** A master document will be updated on an ongoing basis when changes are made, and an email will be sent to staff alerting them of changes. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 7 Parent Involvement | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018, the district will submit 1- Samples of notices sent home in different languages 2- The district's written key procedures and processes to follow in securing a translator or an interpreter3- Training and guidance provided to staff to improve the awareness and responsibility of schools to provide essential information to parents in their preferred language of communication.4- Training materials, sign-in sheets and agendas5- Samples of translated report card and progress report templates |
| **Progress Report Due Date(s):** 11/14/2018 |

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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:** Relevant SEI endorsement data indicated that some core academic teachers assigned to provide sheltered English instruction to English learners do not hold the SEI Teacher Endorsement. Similarly, the administrator assigned to supervise or evaluate core academic teachers who provide sheltered English instruction to English learners does not hold the SEI Teacher Endorsement or the SEI Administrator Endorsement. |
| **Description of Corrective Action:** The district has identified all teachers and administrators that lack required SEI endorsement. Each staff member requiring endorsement has a plan to become endorsed either by taking an SEI class or taking an MTEL test. The district has taken measures to ensure that no administrator will supervise a teacher with an EL student if they have not been certified. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**06/15/2019 |
| **Evidence of Completion of the Corrective Action:**Completion of course and subsequent endorsement for all identified teachers and administrators will be submitted as evidence of completion. |
| **Description of Internal Monitoring Procedures:** Student requiring SEI teachers will be scheduled accordingly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 27, 2019:1- Provide information on the support the district will provide to help the unendorsed educator(s) earn their endorsement and a timeline that shows the educators' efforts towards earning their SEI endorsement.2- Please submit the district's plan to ensure that ELs are assigned only to core academic teachers who hold the SEI endorsement.3- Please provide training to district administrators to ensure compliance with procedure and placement of students. Submit the training materials, sign-in sheets and agendas by the progress report due date.4- Please submit the completed SEI endorsement form available in the Document Library to provide information regarding the SEI endorsement status of the core academic teachers of ELs in the district. |
| **Progress Report Due Date(s):** 02/27/2019 |

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

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| **Criterion & Topic:** ELE 15 Professional Development Requirements | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district has not developed a professional development plan to provide educators with training in second language acquisition techniques in accordance with 603 CMR 44.06(1)(a) that requires educators to earn 15 Professional Development Points (PDPs) related to SEI or ESL for re-certification. |
| **Description of Corrective Action:** The district will incorporate professional development into it's existing calendar, so that the district is providing training for teachers in second language acquisition techniques. The district will distribute training on a yearly basis so that teachers and staff can obtain fifteen PDP's over a five year period. Additionally, all teachers have access to a professional development account, where they can participate in courses or training outside the district, at the district's expense, up to $1000/ year. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**06/15/2019 |
| **Evidence of Completion of the Corrective Action:**Copies of professional development calendar as well as sign in sheets from training will be provided as evidence of completion. |
| **Description of Internal Monitoring Procedures:** The professional development committee will ensure language acquisition techniques are a part of the yearly professional development calendar. The committee meets several times a year. Administration will ensure professional development points are awarded to all attendees. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 15 Professional Development Requirements | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 27, 2019, the district will submit 1) a copy of the professional development calendar 2) sign-in sheets from training provided which includes second language acquisition techniques. |
| **Progress Report Due Date(s):** 02/27/2019 |

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

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| **Criterion & Topic:** ELE 17 Program Evaluation | **CPR Rating:** Implementation In Progress |
| **Department CPR Findings:** A review of documents indicated that the district's ELE program is new and the district has not had the opportunity to conduct a program evaluation. Starting with the 2017-18 school year, the district will work with a committee of teachers, administrators, students and parents to evaluate its ELE program on an ongoing basis. |
| **Description of Corrective Action:** The district will develop a comprehensive program evaluation plan. The district will establish a team of stakeholders to review data and recommend improvements to the existing ESL program. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**06/15/2019 |
| **Evidence of Completion of the Corrective Action:**A completed district ELE program evaluation plan will be submitted as evidence of completion. Evidence of any recommended changes that result from the evaluation will also be submitted. |
| **Description of Internal Monitoring Procedures:** Program evaluation will happen on an every other year basis. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 09/20/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 14, 2018, please complete the Parts 1 and 2 of the Program Evaluation (a list of stakeholders involved in creating the program evaluation and data to be gathered) of the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf . By June 3, 2019, complete all of the components of the form in order to evaluate the effectiveness of the district's ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the district’s educational program. By June 3, 2019, please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation. By June 3, 2019, 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):** 11/14/201806/03/2019 |