MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Public School Monitoring

FOCUSED MONITORING REVIEW CORRECTIVE ACTION PLAN

Charter School or District: Haverhill FMR Onsite Year: 2018-2019 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 05/16/2019.*

Mandatory One-Year Compliance Date: 05/16/2020

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **FMR Rating** |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |

FOCUSED MONITORING REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**SE 3 Special requirements for determination of specific learning disability | **FMR Rating:**Partially Implemented |
| **Department FMR Findings:**A review of student records indicated that the Specific Learning Disability Team Determination of Eligibility form (28M/10) is not consistently signed by all Team members indicating agreement or disagreement with the determination. |
| **Description of Corrective Action:**\*Revise the procedures for SLD paperwork to include the signatures of all Team members and their agreement/disagreement with the determination.\*Add SLD paperwork to all Team agendas and Team meeting summary notes.\*Train all Team chairs and special education teachers on the revised procedures.\*Conduct an internal review of 10 records from schools across the district of students with an SLD determination to ensure compliance (initials or re-evaluations). |
| **Title/Role(s) of Responsible Persons:**Pam MacDonald, Director of Special Education | **Expected Date of Completion:** 12/01/2019 |
| **Evidence of Completion of the Corrective Action:**Submit a copy of the revised procedures for SLD paperwork.Submit a copy of the revised Team agenda and Team meeting summary notes template that include SLD paperwork.Submit evidence of training of all Team chairs and special education teachers on the revised procedures.Submit evidence of a review of 10 records from schools across the district that demonstrates compliance of SLD determination requirements. |
| **Description of Internal Monitoring Procedures:**The Special Education Administrator will review random records of students with an SLD determination (initials and re-evaluations) at least twice a year. |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** |
| **Criterion:**SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved**Status Date:** 06/11/2019**Correction Status:** Not Corrected |

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| **Basis for Decision:** |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**By October 1, 2019, the district will submit the following: 1) the revised procedures for SLD paperwork completion; 2) the revised Team agenda and Team meeting summary notes template that includes SLD paperwork; and 3) evidence of training of all Team chairs and special education teachers, i.e. the agenda, signed attendance sheets indicating role and school, and the name/role of the presenter.By February 14, 2020, the district will develop and submit a report of the results of an internal review of student records with eligibility determinations for students suspected of a specific learning disability subsequent to implementation of all corrective actions to ensure that all required elements for determination of a specific learning disability are completed. The report should include the following: 1) the number of records reviewed;2) the number of records in compliance; 3) for any records not in compliance, determine the root cause; and 4) the specific corrective actions taken to remedy the non- compliance. |
| **Progress Report Due Date(s):**10/01/201902/14/2020 |

FOCUSED MONITORING REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **FMR Rating:**Partially Implemented |
| **Department FMR Findings:**A review of student records indicated that the district does not consistently inform students and parents, at least one year prior to the student reaching age 18, of the rights that will transfer from the parent to the student upon the student's 18th birthday. |
| **Description of Corrective Action:**Revise the Age of Majority procedures to include notice to the student and parents, at least one year prior to the student reaching age 18, of the rights that will transfer from the parent to the student upon the student's 18th birthday. Procedures to include:Method of tracking upcoming eligible studentsTimeline to be followed for notification Method of notificationDocumentation in the "Additional Information" section of the IEPDevelop method of notification (Ex: Cover letter sent with the annual Parent's Notice of Procedural Safeguards before17thbirthday that states the student will assume all of the rights described in the PNPS upon the 18th birthday plusdocumentation it was sent; or, add this notification to the IEP agenda/checklist to be discussed at the IEP meeting priorto the student's 17th birthday plus have an alternate procedure in the absence of the parent or student at the meeting)Train all Team chairs on the revised procedures and method of notification.Conduct an internal review of 5 records of students who recently turned 17 to ensure compliance. |
| **Title/Role(s) of Responsible Persons:**Pam MacDonald, Director of Special Education  | **Expected Date of Completion:** 12/01/2019 |
| **Evidence of Completion of the Corrective Action:**Submit a copy of the Age of Majority procedures.Submit a copy/description of the method of notification. |

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| Submit evidence of training of all Team chairs on the revised procedures.Submit evidence of a review of 5 records that indicates compliance regarding notification of the transfer of rights one year prior to the student turning 18. |
| **Description of Internal Monitoring Procedures:**The Special Education Administrator will review the district's database for all students on IEPs who turned 17 during the previous semester and review those IEPs for compliance. |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** |
| **Criterion:**SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved**Status Date:** 06/11/2019**Correction Status:** Not Corrected |
| **Basis for Decision:** |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**By October 1, 2019, the district will submit the following: 1) the revised Age of Majority procedures (tracking, timelines, method of notification, documentation in the IEP "Additional Information" section); 2) a copy of the method of notification; and 3) evidence of training of all Team chairs and special education teachers, i.e. the agenda, signed attendance sheets indicating role and school, and the name/role of the presenter.By February 14, 2020, the district will develop and submit a report of the results of an internal review of student records of students turning 17 subsequent to implementation of all corrective actions to ensure notification of the rights that will transfer from the parent to the student upon the student's 18th birthday was provided at least one year prior to the student's 18th birthday. The report should include the following: 1) the number of records reviewed; 2) the number of records in compliance; 3) for any records not in compliance, determine the root cause; and 4) the specific corrective actions taken to remedy the non-compliance. |
| **Progress Report Due Date(s):**10/01/201902/14/2020 |

FOCUSED MONITORING REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**SE 20 Least restrictive program selected | **FMR Rating:**Partially Implemented |
| **Department FMR Findings:**A review of student records indicated that if a student is removed from the general education classroom at any time, the IEP Team does not consistently state why the removal is considered critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. |
| **Description of Corrective Action:**Provide training to Team chairs, special education teachers, and related service providers on appropriate documentation for students who are removed from the general education classroom to receive services. Training to include:Discussion/description of the least restrictive environmentDescription of why the student's education could not be achieved in the general education settingDescription of the benefits and possible justified harm the student may experienceConduct an internal review of 10 records from schools across the district to ensure the nonparticipation justification narratives are in compliance. |
| **Title/Role(s) of Responsible Persons:**Pam MacDonald, Director of Special Education | **Expected Date of Completion:** 12/01/2019 |
| **Evidence of Completion of the Corrective Action:**Submit the training agenda.Submit a copy of the training materials. Submit attendance sheets.Submit evidence of a review of 10 records from schools across the district to ensure the nonparticipation justification narratives are in compliance. |
| **Description of Internal Monitoring Procedures:**The Special Education Administrator will review on a quarterly basis a random sampling of records from schools across the district of students receiving services outside of the general education classroom to ensure the nonparticipation justification narratives are in compliance. If patterns emerge at certain schools that this portion of the IEP is not in compliance, additional training will be provided to that school team. |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** |
| **Criterion:**SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved**Status Date:** 06/11/2019**Correction Status:** Not Corrected |
| **Basis for Decision:** |
| **Department Order of Corrective Action:**  |
| **Required Elements of Progress Report(s):** |

By October 1, 2019, the district will submit evidence of training of all Team chairs, special education teachers, and related service providers on appropriate justification for students who are removed from the general education classroom to receive services. Evidence of training should include: 1) training agenda; 2) training materials; 3) signed attendance sheets indicating role and school; and 4) the name and role of the presenter.

By February 14, 2020, the district will develop and submit a report of the results of an internal review of student records of students with IEPs written subsequent to implementation of all corrective actions to ensure the nonparticipation justification narratives reflect the least restrictive environment for each student. The report should include the following: 1) the number of records reviewed; 2) the number of records in compliance; 3) for any records not in compliance, determine the root cause; and 4) the specific corrective actions taken to remedy the non-compliance.

Progress Report Due Date(s):

10/01/2019

02/14/2020

FOCUSED MONITORING REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**SE 25 Parental consent | **FMR Rating:**Partially Implemented |
| **Department FMR Findings:**A review of student records and staff interviews indicated that when the consent of the parent is required, the district does not consistently secure consent through multiple attempts using a variety of methods, such as certified letters, email and telephone calls. Record review indicated that student IEPs may be unsigned for as long as 11 months following the IEP's development. |
| **Description of Corrective Action:**Revise procedures for obtaining parental consent of the IEP. Procedures to include: Staff responsible for oversightTimeline for follow-upMethod of tracking attempts to obtain consent Methods used to obtain or attempt to obtain consentProvide training on staff responsible for oversight |
| **Title/Role(s) of Responsible Persons:**Pam MacDonald, Director of Special Education | **Expected Date of Completion:** 12/01/2019 |
| **Evidence of Completion of the Corrective Action:**Submit the revised procedures for obtaining parental consent of the IEP. Submit a copy of the training materials.Submit attendance sheets.Submit evidence of a review of 10 records from schools across the district to ensure IEPs contain parental consent or efforts to obtain consent is documented and in compliance with the revised procedures. |
| **Description of Internal Monitoring Procedures:**The Special Education Administrator will review on a quarterly basis a random sampling of records from schools across the district to ensure IEPs contain parental consent or efforts to obtain consent is documented and in compliance with the revised procedures. |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** |
| **Criterion:**SE 25 Parental consent | **Corrective Action Plan Status:** Approved**Status Date:** 06/11/2019**Correction Status:** Not Corrected |
| **Basis for Decision:** |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**By October 1, 2019, the district will submit the following: 1) the revised procedures for obtaining parental consent of the IEP (staff responsible for oversight, timeline for follow- up, method of tracking, variety of methods used to obtain consent); and 2) evidence of training of staff responsible for oversight (training agenda, training materials, signed attendance sheets indicating role and school/location, name and role of presenter). |

By February 14, 2020, the district will develop and submit a report of the results of an internal review of student records of students with IEPs written subsequent to the implementation of all corrective actions to determine the effectiveness of the revised procedures. The report should include the following: 1) the number of records reviewed;

2) the number of records in compliance; 3) for any records not in compliance, determine the root cause; and 4) the specific corrective actions taken to remedy the non- compliance.

Progress Report Due Date(s):

10/01/2019

02/14/2020