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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: Boxford

CPR Onsite Year: 2013-2014

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 05/07/2014.

**Mandatory One-Year Compliance Date:** **05/07/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | 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 |
| CR 6 | Availability of in-school programs for pregnant students | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 23 | Comparability of facilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records and interviews indicated that the district does not consistently address the skills and proficiencies needed for students vulnerable to bullying, harassment and teasing whenever the student's disability affects social skills development and for students on the autism spectrum. |
| **Description of Corrective Action:** Special Education Administrator and Coordinators to provide training to all special education staff regarding the requirements related to IEP development including the requirements related to documenting a student's disability impact related to social skills development, including, but not limited to students with an Autism Spectrum classification. The training will include several examples of phrasing to describe various types/ levels of need for students. |
| **Title/Role(s) of Responsible Persons:**Special Education Administrator and Special Education Coordinators | **Expected Date of Completion:**10/30/2014 |
| **Evidence of Completion of the Corrective Action:**Agenda and sign in sheet for training; example IEPs with the statement included |
| **Description of Internal Monitoring Procedures:** Annually, the Special Education Administrator will review IEPs and randomly select at least one IEP from every special education liaison during the school year to check and ensure documentation related to social development needs and vulnerability related to bullying of others is properly stated. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 27, 2014 submit evidence of training for appropriate special education staff regarding the requirements to document the skills and proficiencies for students on the autism spectrum and other students with social skills needs to address or avoid bullying, harassment and teasing. See the Technical Assistance Advisory SPED 2011-2; Bullying Prevention and Intervention at http://www.doe.mass.edu/sped/advisories/11\_ 2ta.html. The evidence should include the training agenda with date, handouts and signed attendance sheet(s), name(s), role(s) and signature(s). By February 16, 2015 conduct an internal monitoring of a sample of student records across grade levels for students with ASD and students who have social skills needs subsequent to the implementation of corrective actions. The summary report will include the number of student records reviewed, the number of student records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. \*Please note when conducting internal 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 records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/27/201402/16/2015 |

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

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| **Criterion & Topic:** SE 18B Determination of placement; provision of IEP to parent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records revealed that although the district provides a summary form with goal areas and the service delivery grid to parents at the conclusion of the Team meeting, the proposed IEP is not provided to parents within two weeks after the Team meeting. |
| **Description of Corrective Action:** Activity 1: Special Education Administrator and Coordinators will provide training for all special education staff regarding IEP development and the related timeline requirements. (Fall 2014) Activity 2: Special Education Coordinators will meet with each special education liaison within 2 days of an IEP development meeting if she has not been notified that the IEP is complete and ready for mailing to the parents; the purpose of this meeting will be to solve any obstacles impeding the completion of the final document so the IEP can be mailed to the parent(s) within 10 school working days. |
| **Title/Role(s) of Responsible Persons:**Special Education Administrator, Special Education Coordinators | **Expected Date of Completion:**04/01/2015 |
| **Evidence of Completion of the Corrective Action:**Special Education Administrator to develop and record all IEP related dates on a spreadsheet and track each IEP developed and sent to parents in the district; she will meet with coordinators at least once monthly to discuss any patterns/trends that may emerge from the data analysis and develop targeted support plans to expedite IEP completion. |
| **Description of Internal Monitoring Procedures:** Special Education Administrator to develop and record all IEP related dates on a spreadsheet and track each IEP developed and sent to parents in the district; she will meet with coordinator at least once monthly to discuss any patterns/trends that may emerge from the data analysis and develop targeted support plans to expedite IEP completion. This monitoring plan will continue through subsequent school years to ensure any new staff are properly trained and supported in timely IEP completion. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:** The district's proposed corrective action does not specifically address immediately sending two copies of the proposed IEP/placement to parents, e.g. within 10 school working days if parents receive a Team meeting summary following the IEP development meeting. |
| **Department Order of Corrective Action:**Please review the Department's Memorandum on the Implementation of 603 CMR 28.05(7): Parent response to proposed IEP and proposed placement at http://www.doe.mass.edu/news/news.aspx?id=3180 as the basis of the district's corrective action and provide training to relevant staff. |
| **Required Elements of Progress Report(s):** Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP development conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that the district sends 2 copies of the proposed IEP/placement within 3-5 days (without a Team summary) or within 10 school working days (with a Team summary) to parents. This report must include the number of student records reviewed & the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. This progress report is due February 16, 2015. Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level 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):** 10/27/201402/16/2015 |

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

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| **Criterion & Topic:** SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records and staff interviews revealed that the district does not use the Notice of Proposed Action (N1) or Notice of Refusal to Act form (N2). The district instead issues a letter with a narrative describing the discussion at the Team meeting. This letter does not always contain any options considered, options rejected, or reasons for the rejection and therefore does not meet all of the federal requirements for the content of the parent notice. |
| **Description of Corrective Action:** Special Education Administrator will request exemplar N1s and N2s from colleagues in other districts (redacted) and will then review with Coordinators during summer training to develop a new template for our district. |
| **Title/Role(s) of Responsible Persons:**Special Education Administrator and Coordinators | **Expected Date of Completion:**01/01/2015 |
| **Evidence of Completion of the Corrective Action:**Random sample N1 and N2 letters to be selected each week and shared with DESE PQA team members via CAP progress reports |
| **Description of Internal Monitoring Procedures:** Special Education Administrator reads every N1 and N2 letter sent from the district and will use a checklist of the required items to ensure each letter meets the standard; this will continue during the school year. |
| 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**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 27, 2014, provide the district's revised template for the Notice of District Proposed Action (N1) & Notice of District's Refusal to Act, which includes the required information on page one and the six guiding questions on page two. Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP activities conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that Teams are using the revised Notice template and all six guiding questions are addressed. This report must include the number of student records reviewed & the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. This progress report is due February 16, 2015. Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level 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):** 10/27/201402/16/2015 |

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

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| **Criterion & Topic:** SE 29 Communications are in English and primary language of home | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicated that the district does not have special education documents translated when the primary language of the home is other than English. Additionally, staff interviews revealed that when interpreters have been utilized, they are not always familiar with special education procedures or are not necessarily fluent in the primary language of the parents when called upon to assist with communications. |
| **Description of Corrective Action:** The district will collaborate with other school districts in the area to expand upon its list of translation and interpreter agencies. The district will develop a training guide for use with interpreters to ensure s/he is familiar with the special education procedures for which s/he is being hired. The district will revise its Home Language Survey to ensure parents have a clear opportunity to indicate a language preference for written materials. |
| **Title/Role(s) of Responsible Persons:**Special Education Administrator, Principals, ELL Coordinator, Special Education Coordinators | **Expected Date of Completion:**04/01/2015 |
| **Evidence of Completion of the Corrective Action:**Revised list of interpreters and translation agencies. Training documents related to special education procedures used with interpreters. Revised Home Language Survey. |
| **Description of Internal Monitoring Procedures:** All IEP-related translation and interpretation service requests will be directed through the Student Support Services/ Special Education office so that we can track and monitor the effectiveness of these services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 27, 2014 provide: 1) the updated Home Language Survey; 2) the list of resources for translation and interpretation; 3) evidence of training for Principals and appropriate staff that includes the agenda, materials disseminated and a signed attendance sheet with name(s), role(s) and signature(s); and 4) a narrative description of the tracking system for parents who need translation and/or interpretation. Subsequent to all corrective actions submit the results of an administrative internal review of student records for parents whose primary language is not English and provide a summary report regarding whether the important documents (IEP, assessment summaries, progress reports, report cards etc.) are translated or documented as being provided orally to the Department by February 16, 2014.This report must include the number of student records reviewed and the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. \*Please note when conducting internal 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 student records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/27/201402/16/2015 |

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

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| **Criterion & Topic:** CR 6 Availability of in-school programs for pregnant students | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the district requires a pregnant student to obtain a physician's certification to continue her education in the school but for students who have other conditions, it is not required. |
| **Description of Corrective Action:** The Superintendent will review the regulatory requirements related to this criterion with the Boxford School Committee so that the BSC may revise the current school policy to ensure compliance with this criterion. |
| **Title/Role(s) of Responsible Persons:**Superintendent and Boxford School Committee | **Expected Date of Completion:**01/30/2015 |
| **Evidence of Completion of the Corrective Action:**Revised policy |
| **Description of Internal Monitoring Procedures:** BSC to review policy as needed to ensure compliance with any evolving regulatory requirements. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 6 Availability of in-school programs for pregnant students | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By February 16, 2014, provide the updated policy for pregnant students to remain in regular classes and participate in extracurricular activities along with a narrative description of the district's dissemination and training to relevant staff (principals, nurses, guidance counselors). |
| **Progress Report Due Date(s):** 02/16/2015 |

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

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| **Criterion & Topic:** CR 7 Information to be translated into languages other than English | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and interviews indicated that the district does not have a system to determine whether parents may require documents to be translated into the primary language of the home, or to orally translate documents if indicated and therefore, important information and documents are not consistently translated for parents who need them. See also SE 29. |
| **Description of Corrective Action:** Revise the Home Language Survey to ensure that parents whose primary language is not English have a clear opportunity to indicate their language of preference for both oral and written communication. |
| **Title/Role(s) of Responsible Persons:**ELL Coordinator, Assistant Superintendent of Student Support Services | **Expected Date of Completion:**11/30/2014 |
| **Evidence of Completion of the Corrective Action:**Revised Home Language Survey |
| **Description of Internal Monitoring Procedures:** ELL Coordinator & Assistant Superintendent of Student Support Services to receive all HLSs from the schools that indicate any language other than English, and will review the required communication for families with respective principals. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 27, 2014, submit a copy of the new Home Language Survey that allows parents whose primary language is not English to indicate whether translation and interpretation are needed. Submit a narrative description of the district's system to document oral interpretation, along with evidence of its implementation by October 27, 2014. |
| **Progress Report Due Date(s):** 10/27/2014 |

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

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents revealed that the student handbook and code of conduct do not reference Massachusetts General Law, chapter 76, section 5 regarding a district nondiscrimination policy for protected categories to ensure the district's consistency in its non-tolerance for harassment, along with procedures of due process and disciplinary measures for any determined occurrence. |
| **Description of Corrective Action:** The Superintendent and Principals will review the regulatory requirements related to this criterion with the Boxford School Committee so that the BSC may revise the current school policy to ensure compliance. |
| **Title/Role(s) of Responsible Persons:**Superintendent, Principals, Boxford School Committee | **Expected Date of Completion:**10/30/2014 |
| **Evidence of Completion of the Corrective Action:**Revised Handbook for 2014-2015 |
| **Description of Internal Monitoring Procedures:** Review and revise handbook, annually, to reflect any regulatory changes. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 27, 2014 provide the Boxford School Student Handbook for the 2014-2015 school year that includes the reference in the code of conduct to M.G.L. c.76, s. 5, procedures for due process for disciplinary issues and consistency in harassment procedures for protected categories. The district may upload the document or provide a link to its website where the revised handbook has been posted. Also provide evidence of training to appropriate staff (Principals, Assistant Principals, counselors) that includes an agenda, materials disseminated and a signed attendance with name(s) and role(s) as to the requirements. |
| **Progress Report Due Date(s):** 10/27/2014 |

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

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| **Criterion & Topic:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents indicated that the faculty handbook does not include "gender identity" as a protected category in its nondiscrimination statement. |
| **Description of Corrective Action:** Superintendent will review the faculty handbook with the HR Director and ensure that all protected categories are specifically mentioned in the nondiscrimination statement. HR Director to update handbook. |
| **Title/Role(s) of Responsible Persons:**Superintendent and HR Director | **Expected Date of Completion:**11/30/2014 |
| **Evidence of Completion of the Corrective Action:**Copy of faculty handbook with updated nondiscrimination statement. |
| **Description of Internal Monitoring Procedures:** Annual review of faculty handbook by the HR Director to ensure nondiscrimination statement meets current federal requirements. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 24, 2014 provide a narrative description of the process to ensure that all nondiscrimination statements in the faculty handbook now include "gender identity" as a protected category. Also provide a narrative description of the methods of dissemination for all staff notifying of this update, including a copy of the faculty handbook. The district may upload the document or provide a link to its website where the revised handbook has been posted. |
| **Progress Report Due Date(s):** 10/27/2014 |

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

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| **Criterion & Topic:** CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that the district does not conduct staff training on physical restraint based on regulatory requirements regarding appropriate responses to student behavior that may require intervention. This training needs to occur within the first month of the school year, and for employees hired after the school year begins, within one month of employment on how to keep students safe while waiting for a resource person who can fully implement de-escalation procedures and a physical restraint as a last resort. Additionally, some resource persons have not had the in-depth updated training required in order to administer proper physical restraint. |
| **Description of Corrective Action:** The Principals will provide training in the school/district policies regarding the use of Physical Restraint, to include the names/roles of all staff in each school that has received the in-depth prevention and physical intervention training. The district BCBA will update the PowerPoint training document by the opening of school in the 2014-2015 school year and share with each Principal for use in their staff training.The PowerPoint training document/slide show will be a required training for all new employees as they are hired and shared with these new employees by the HR Director when she meets with new employees to complete 'new employee' paperwork. |
| **Title/Role(s) of Responsible Persons:**Principal, HR Director, Assistant Superintendent of Student Support Services, District BCBA | **Expected Date of Completion:**09/30/2014 |
| **Evidence of Completion of the Corrective Action:**copy of the training agenda, PowerPoint, and each employee's 'certificate of completion' |
| **Description of Internal Monitoring Procedures:** HR Director to include the Crisis Prevention/Physical Intervention training document/link to the slide show for all new employees upon hire with directive to complete the training within first 30 calendar days of employment; Principals to follow up with all new employees within 2 weeks of hire to review the training and discuss protocols to ensure understanding of the requirements. |
| 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**: 06/30/2014 |
| **Basis for Decision:** As some resource persons have not had the in-depth updated training required in order to administer proper physical restraint, recertification or identification of properly certified resource staff needs to be conducted. |
| **Department Order of Corrective Action:**Please provide evidence of updated training for resource persons assigned for the 2014-15 year and identify all currently certified resource staff at each school building. |
| **Required Elements of Progress Report(s):** By October 27, 2014 provide evidence of physical restraint awareness level training during the first 30 days of school for all staff. Include the agenda with date of presentation, training materials, PowerPoint presented and signed attendance sheets. Also provide an updated list of currently certified resource staff for the 2014-15 year at each school with name(s), role(s) and dates of certification.By February 16, 2015, please submit evidence of training for any new employees hired after the school year begins, within one month of employment on how to keep students safe while waiting for a resource person who can fully implement de-escalation procedures and a physical restraint as a last resort. |
| **Progress Report Due Date(s):** 10/27/201402/16/2015 |

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

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| **Criterion & Topic:** CR 23 Comparability of facilities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** The observation of facilities at Spofford Pond School revealed that there is shared space in Room 3 where three different instructional groups, e.g. ELL, Literacy, and Response to Intervention, are meeting simultaneously. Staff interviews reported high distractibility for the students with instructional groupings of up to eight students in each group and the lack of any partitions. |
| **Description of Corrective Action:** Principal to reassign instructors in the 3 mentioned programs to either different spaces or to arrange their schedules to ensure that no more than one program at a time is using the space with students. |
| **Title/Role(s) of Responsible Persons:**Principal and Assistant Superintendent of Student Support Services | **Expected Date of Completion:**09/30/2014 |
| **Evidence of Completion of the Corrective Action:**Revised floor plan and/or staff schedules as evidence that there is no longer simultaneous instruction happening |
| **Description of Internal Monitoring Procedures:** Floor plan utilization plans to be reviewed annually, in the spring prior to the next school year, with the Assistant Superintendent of Student Support Services to ensure that simultaneous instruction does not re-occur. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 23 Comparability of facilities | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 24, 2014 provide a floor plan to indicate where each of the three instructional groups meets, e.g. ELL, Literacy, and Response to Intervention groups assigned to Room 3. If shared space is used, provide a schedule for the room indicating no further simultaneous instruction. Also provide a letter of assurance from the principal and superintendent to ensure compliance with this criterion.On or before February 12, 2015 the Department will conduct an on-site visit to review the instructional space(s) at Spofford Pond School. |
| **Progress Report Due Date(s):** 10/27/201402/16/2015 |

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

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| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that the district does not have a process for reviewing educational materials for simplistic and demeaning generalizations. Teachers are unfamiliar with the requirements for curriculum review and do not participate in a review of materials for stereotypes related to the protected categories. |
| **Description of Corrective Action:** The Director of Curriculum will develop and train Principals and Curriculum Specialists to use a checklist when evaluating educational materials for use in the classroom; this checklist will specifically include information related to simplistic and demeaning generalizations. Principals will provide and review this checklist with all staff and will also require these checklists accompany any request for educational materials purchase. The Director of Curriculum does require explicit information from publishers regarding their process for review related to this criterion when a large curriculum adoption is under consideration. |
| **Title/Role(s) of Responsible Persons:**Director of Curriculum and Principals | **Expected Date of Completion:**11/30/2014 |
| **Evidence of Completion of the Corrective Action:**Spot-checking materials orders by the Director of Curriculum to ensure compliance with this revised need; checklists to be attached to all purchase order requests. Random curriculum checklists. |
| **Description of Internal Monitoring Procedures:** Principals will provide the curriculum checklists with their 'opening of school' information each school year and will keep the checklists attached to any purchase order for educational materials. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 27, 2014, submit a copy of the checklist used to evaluate educational materials used by district staff. Submit evidence of training to principals, curriculum specialists and other relevant education staff on the district's process to review all educational materials for simplistic and demeaning generalizations, and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. |
| **Progress Report Due Date(s):** 10/27/2014 |

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

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| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that the district does not annually evaluate all aspects of its K-6 program to ensure that students have equal access to all programs, including athletics and extracurricular activities. |
| **Description of Corrective Action:** The Superintendent and Principals will review the regulatory requirements related to this criterion and will develop a self-evaluation plan; such plan will be reviewed with the school committee. |
| **Title/Role(s) of Responsible Persons:**Superintendent and Principals | **Expected Date of Completion:**04/01/2015 |
| **Evidence of Completion of the Corrective Action:**Written description of the annual Self-Evaluation Plan |
| **Description of Internal Monitoring Procedures:** Inclusion of the Self-Evaluation plan/ results in at least one school committee meeting each year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date**: 06/30/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit the district's plan to annually review all aspects of the district's prek-6 programming to ensure equal access to all programming for all students by October 27, 2014, including a timeline of activities, personnel & designated tasks. By February 16, 2015, submit evidence of the implementation of the institutional self-evaluation, including data reports, presentations, survey results, etc. |
| **Progress Report Due Date(s):** 10/27/201402/16/2015 |

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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****COORDINATED PROGRAM REVIEW** |

District: Boxford Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: BOXFORD PUBLIC SCHOOLS/ Sharon Stewart, Asst Superintendent

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

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 to the school or district.

**Mandatory One-Year Compliance Date: October 27, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | **Rating:** Partially Implemented |
| **Department CPR Finding:** *District documentation does not specify the number of ESL/ELD instruction hours that all ELLs at all proficiency levels receive and that those hours are consistent with current Department guidelines. However, student records and staff interviews indicated that current hours of ESL instruction ELLs receive are insufficient at all levels of English proficiency and are, therefore, inconsistent with Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html). |
| **Narrative Description of Corrective Action:** The District Administration (Principals, Superintendent, Assistant Superintendent of Student Support Services, ESL Coordinator) will develop a document which more clearly articulates how ESL instruction hours are determined and this document will be consistent with DESE current guidelines and relate to student proficiency levels.  |
| **Title/Role of Person(s) Responsible for Implementation:** Superintendent; Assistant Superintendent of Student Support Services; Principals; ELE Coordinator  | **Expected Date of Completion for Each Corrective Action Activity:** March 31, 2015 |
| **Evidence of Completion of the Corrective Action:** District document which describes the number of ESL hours related to students’ proficiency levels. Document to be shared with Teachers and Parents of ELL students.  |
| **Description of Internal Monitoring Procedures:** Principals to work with ESL instructional staff to ensure students ESL instructional time aligns with DESE guidelines.Principals will work with their classroom teaching staff to ensure coordination of ESL program with general education program. Principals to monitor the delivery of ESL instruction to ensure planned instruction is delivered; Twice-annual reports to be provided to the Assistant Superintendent of SSS noting any missed instruction and the reason(s) why ESL instruction may have been missed.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 5 Program Placement and Structure | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval: N/A** |
| **Department Order of Corrective Action:** N/A |
| **Required Elements of Progress Report(s):** 1- Please complete district information in the attached spreadsheet labeled ELL List by school for each ELL student in the district. 2- Provide a copy of the 2014-15 ESL teacher schedules for all grade levels district wide.All schedules should include the following for each block of time: * + Names of the ELL students
	+ Grade level for each student;
	+ English proficiency level for each student
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| **Progress Report Due Date(s): March 2, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 6 Program Exit and Readiness | **Rating:** Partially Implemented |
| **Department CPR Finding:** *According to the “Reclassification Guidelines” submitted by the district students may be exited from the program if a team of professionals determines that a student will no longer benefit from ESL instruction due to some issues such as the years in the program, learning disability or emotional trauma even if this student is not English proficient based on ACCESS for ELLs results and other relevant data and therefore, cannot participate meaningfully in all aspects of the district’s general education program without the use of adapted or simplified English materials. Current practice of reclassification of ELLs as Former Limited English Proficient (FLEP) in Boxford Public Schools is not consistent with the Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html) *.* |
| **Narrative Description of Corrective Action:** The District Administrationwill revise its reclassification guidelines to be consistent with the DESE guidance document.  |
| **Title/Role of Person(s) Responsible for Implementation:** Asst Sup’t of Student Support Services, Principals, ESL Coordinator | **Expected Date of Completion for Each Corrective Action Activity:** March 31, 2015 |
| **Evidence of Completion of the Corrective Action:** Revised Reclassification Policy  |
| **Description of Internal Monitoring Procedures:** Notes from Child Study Team Meetings where students are reclassified as FLEP to be sent to Assistant Superintendent of SSS for her review and follow up, as needed. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 6 Program Exit and Readiness | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** N/A |
| **Department Order of Corrective Action:** N/A |
| **Required Elements of Progress Report(s):** Please submit a description of the district’s reclassification procedures and other supporting documents such as annual review forms showing that:1. the district does not reclassify ELL students as Former Limited English proficient (FLEP) until he or she is deemed English proficient and can participate meaningfully in all aspects of the district’s general education program without the use of adopted or simplified English materials and,
2. the district does not limit or cap the amount of time in which an ELL student can remain in a language support program.
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| **Progress Report Due Date(s): March 2, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 16 Equitable Facilities | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Observation of facilities conducted at Spofford Pond Elementary School revealed that in Room 3 there is a space shared with ELLs, Literacy and Response to Interventions instructional groups simultaneously with no partitions. Staff interviews indicated high distractibility and noise as a result of grouping up to eight students at one time.* |
| **Narrative Description of Corrective Action:** Classroom assignments for the start of the 2014-2015 school year included reassignment of the ELE Program to a dedicated classroom.  |
| **Title/Role of Person(s) Responsible for Implementation:** Principal | **Expected Date of Completion for Each Corrective Action Activity:** Already completed for Sept 1, 2014 |
| **Evidence of Completion of the Corrective Action:** Floor map already sent to DESE which shows the ESL classroom as a dedicated classroom.  |
| **Description of Internal Monitoring Procedures:** Review of room assignments annually between Principals and Assistant Superintendent of SSS |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 16 Equitable Facilities | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** The district uploaded a floor plan of the Spofford Pond School along with a statement of assurance from the superintendent and principal of the school to the Department in November 2013. The floor plan shows that a class room has been identified for ESL instruction for the 2014-2105 school year. A representative from the Department will verify the relocation of the ESL classroom by January 28, 2015.  |
| **Progress Report Due Date(s): March 2, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 17 Program Evaluation | **Rating:** Not Implemented |
| **Department CPR Finding:** *Review of documents and staff interviews indicated that the district has not evaluated its ELE program for effectiveness.* |
| **Narrative Description of Corrective Action:** The District Administration will plan and conduct a program evaluation to be completed this school year; the district administration will review the findings of the program evaluation and develop an action plan related to any areas in need of adjustment.  |
| **Title/Role of Person(s) Responsible for Implementation:** Superintendent, Assistant Superintendent of Student Support Services, ELE Program Coordinator, Principals, Director of Curriculum  | **Expected Date of Completion for Each Corrective Action Activity:** June 1, 2015 |
| **Evidence of Completion of the Corrective Action:** Program Evaluation Report  |
| **Description of Internal Monitoring Procedures:** Superintendent will schedule Program Evaluation of key elements to be conducted periodically and results shared with the school committee and public. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 17 Program Evaluation | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** Please see the Department’s model evaluation template, ELE Program Evaluation School Year, available at <http://www.doe.mass.edu/ell/resources.html> on the DESE website. The evaluation process should consist of using ELE student proficiency data individually and in the aggregate as a means to determine the effectiveness of the district’s programming.By **March 2, 2015, submit the district’s detailed** plan to conduct an ELE program evaluation, including data collection methods and a timeline for completion of activities.By **May 4, 2015**, submit the results of the district’s ELE program evaluation, including data analysis, conclusions, and the district’s action plan for areas identified as in need of remedy. |
| **Progress Report Due Date(s): March 2, 2015; May 4, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 18 Records of ELL Students | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records indicated that the district did not always translate important documents, progress reports and report cards if required.* |
| **Narrative Description of Corrective Action:** Revise the Home Language Survey to ensure district collects accurate information regarding a family’s need for translated documents. Secure a contract with a translation agency to translate important documents for parents who indicate a need for such.  |
| **Title/Role of Person(s) Responsible for Implementation:** Asst Supt of SSS, ELE Program Coordinator | **Expected Date of Completion for Each Corrective Action Activity:** Done-Nov. 1, 2014 |
| **Evidence of Completion of the Corrective Action:** Revised HLSCopies of any important documents that are translated.  |
| **Description of Internal Monitoring Procedures:** HLS form is reviewed annually (in the summer) by Principals to ensure required components are included and that the most up to date form is included in the school registration packet of forms. All HLS forms that indicate any language other than English are sent to the Ass’t Sup’t of SSS so that she may monitor that the correct (revised) form is being used. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 18 Records of ELL Students | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** Please see the Department’s records checklist and Home Language Survey (HLS) for district use, available at <http://www.doe.mass.edu/ell/resources.html> on the DESE website. Please note that this HLS has been translated into a variety of languages.By **March 2, 2015**, submit the district’s revised HLS and documentation of the district’s contract with a translation agency.By **May 4, 2015,** conduct an internal review of records for 10 ELE students enrolled following the implementation of all corrective actions. Report the number of records containing the revised home language survey and translated progress reports and report cards in the native language, if applicable. If any non-compliance is identified, provide a root cause analysis and the district’s 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): March 2, 2015; May 4, 2015** |