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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: Easthampton

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 10/01/2014.

**Mandatory One-Year Compliance Date:** **10/01/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | 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 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 41 | Age span requirements | 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 54 | Professional development | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 11A | Designation of coordinator(s); grievance procedures | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | 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 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 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that general education teachers do not consistently attend IEP Team meetings when students may be, or are, involved in a general education program. When a required Team member does not attend, the district does not consistently ensure that the district and the parent agree, in writing, that the attendance of the Team member is either not necessary because the member's area of the curriculum or related services is not being modified or discussed, or that the excused member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  The district has determined the 3 root causes for general education teachers not attending TEAM meetings are:  1. Building administrators lack of understanding of the regulatory requirement and importance of general education teacher presence at TEAM meetings as well as their lack of prior knowledge of general education teacher's invited to TEAM meetings  2. General education teacher lack of understanding of the regulatory requirement and importance of their presence at TEAM meetings  3. The lack of prior notification to building administrators of staff invited to TEAM meetings  The root cause of the district not consistently ensuring that the district and the parent agree, in writing, that attendance of a TEAM member is not necessary is lack of planning on the part of the Special Education Coordinators.  The district is in the process of revising the TEAM meeting procedures to include:  1. Clarification of TEAM membership and the requirement of general education teachers attendance at TEAM meetings  2. Responsibility of building administrators to ensure general education teacher availability for TEAM meeting attendance  3. Special Education Coordinators responsibility to ensure that there is written agreement for TEAM member excusal by bringing TEAM Member Excuse Forms to every TEAM meeting and, whenever possible, obtain written agreement for TEAM member excusal prior to the meeting.  4. Special Education Coordinators responsibility for ensuring building administration receives copies of TEAM meeting notices congruently with general education staff.  The district will complete the following trainings:  1. Building administrators in the regulatory requirement, district TEAM meeting procedures and importance of general education teacher presence at TEAM meetings (completed by 3/27/15)  2. General Education Teachers in the regulatory requirement, district TEAM meeting procedures and importance of their presence at TEAM meetings(completed by 3/27/15)  3. Special Education Coordinators in district TEAM Meeting procedures, their responsibility to ensure that written agreement for TEAM member excusal is bring TEAM Member Excuse Forms to every TEAM meeting and, whenever possible, obtain written agreement for TEAM member excusal prior to the meeting(completed by 3/27/15)  4. Special Education Coordinators responsibility for ensuring building administration receives copies of TEAM meeting notices congruently with general education staff (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Building Administrators  Special Education Coordinators | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised TEAM meeting procedures  Copies of agendas, materials and attendance sheets for all trainings  Post training record review to measure effectiveness of corrective action | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  1. Random review of 5 attendance sheets by Special Education Director during April and May  2. Review of 10 student records (4 elementary, 4 middle/high school, 2 out of district), by Special Education Coordinators and Director, to ensure TEAM member attendance or excusal (completed by 5/22/15) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of revised Team meeting procedures along with evidence of training, including agendas, materials and signed attendance sheets, for general education teachers, special education coordinators and building administrators to ensure that general education teachers attend Team meetings when required and that the district and the parent agree, in writing, that the attendance of the Team member is either not necessary, or that the excused member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting by March 31, 2015.  Report the results of a review of student records at all levels to ensure appropriate Team member attendance or written excusal and input from missing member. Report the number of records reviewed and the number in compliance. For any noncompliance describe the root cause for the noncompliance and the district's plan to address that noncompliance by May 22, 2015.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews confirmed that the district does not consistently, within forty-five (45) school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation, determine whether the student is eligible for special education and provide either a proposed IEP and a proposed placement, or a written explanation of the finding of no eligibility, to the parent. | | |
| **Description of Corrective Action:**  The root causes for the district not consistently meeting the 45 day initial and reevaluation time lines were:  1. Delay in notification to staff of needed assessments  2. Postponement of meetings at parent request  3. An exceptionally high rate of unscheduled reevaluations initiated by school staff TEAM members  4. Reduction to 2 school psychologists for the district  The district is in the process of:  1. Revising assessment procedures to state that notification of assessment is sent to all staff responsible for assessments within 5 working days of receipt of parental consent (completed by 3/27/15)  2. Revising assessment procedures to state that meetings cannot be postponed by parents to a date after the 45th. school working day (completed by 3/27/15)  3. Revising assessment procedures to include guidelines for staff recommendation of unscheduled reevaluations (completed by 3/27/15)  4. Revising assessment procedures to include that district request for services be sent to the special education director within two working days of receipt of parental consent for testing and include the dates for both the 30th. and 45th. days (completed by 3/27/15)  5. Hiring a third school psychologist (completed by 3/27/15)  The district will train:  1. All special education professional staff, inclusive of department secretaries, in the revised assessment procedures(completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Director  Special Education Coordinators  Special Education Secretaries | | **Expected Date of Completion:**  05/22/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised assessment procedures  Copy of agenda material and attendance sheet for training  Post training record review to measure effectiveness of corrective action | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the corrective action the following will occur:  1. Random review of 5 student records by Special Education Director to ensure that determination of whether the student is eligible for special education and either a proposed IEP and a proposed placement, or a written explanation of the finding of no eligibility, is provided to the parent occurs within the 45 day timeline during April and May  2. Review of 10 student records (4 elementary, 4 middle/high school, 2 out of district by Special Education Director and Coordinator to ensure to ensure that determination of whether the student is eligible for special education and either a proposed IEP and a proposed placement, or a written explanation of the finding of no eligibility, is provided to the parent occurs within the 45 day timeline (completed by 5/22/15) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposal is accepted with the exception that procedures must be developed to ensure that when parents require postponement of the Team meeting beyond the 45th school working day, the district documents the parent's request in the student's file and schedules a meeting as close as possible to the 45 school working day deadline. | | |
| **Department Order of Corrective Action:**  Along with the other accepted revisions in procedure, the district must develop a procedure to ensure that when parents require postponement of the Team meeting beyond the 45th school working day, the district documents the parent's request in the student's file and schedules a meeting as close as possible to the 45 school working day deadline with the parent's agreement. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's revised procedures along with evidence, including agendas, materials and signed attendance logs, that the district has provided training to all relevant staff and has increased its capacity for evaluating students by March 31, 2015.  Report the results of a review of a sample of student records at all levels to ensure that within forty-five (45) school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation, the district determines whether the student is eligible for special education and provides either a proposed IEP and a proposed placement, or a written explanation of the finding of no eligibility to the parent or documents the parent's request to postpone. Report the number of records reviewed, the number in compliance. For any noncompliance describe the root cause for the noncompliance and the district's plan to address that noncompliance by May 22, 2015.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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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:**  Student record review and interviews indicated that the district does not consistently provide the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice of proposed school district action (N1), immediately following the development of the IEP (within five working days of the meeting). The district does not alternatively, provide the parent with a summary at the conclusion of the Team meeting, which at a minimum includes a completed IEP service delivery grid describing amounts and types of special education and/or related services being proposed by the district along with a statement of the goals associated with these services. (See Memorandum on the Implementation of 603 CMR 28.05(7): Parent response to the proposed IEP and proposed placement at HYPERLINK "http://www.doe.mass.edu/news/news.aspx?id=3182" http://www.doe.mass.edu/news/news.aspx?id=3182 .) | | |
| **Description of Corrective Action:**  The district has determined that the 4 root causes for not consistently provide the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice of proposed school district action (N1), immediately following the development of the IEP (within five working days of the meeting). The district does not alternatively, provide the parent with a summary at the conclusion of the Team meeting, which at a minimum includes a completed IEP service delivery grid describing amounts and types of special education and/or related services being proposed by the district along with a statement of the goals associated with these services are:  1. The district does not have a single uniform TEAM Meeting Summary Form which includes at a minimum, a summary of the decisions and agreements reached during the Team meeting including:  (a) a completed IEP service delivery grid describing the types and amounts of special education and/or related services proposed by the district, and(b) a statement of the major goal areas associated with these services.  2. Teaching and related service staff are not meeting the expectation that updating IEP accommodations, SDI, current performance, goals and benchmarks be entered into the draft annual IEPs three working days prior to the IEP meeting  3. Teaching and related service staff are not meeting the expectation that updating IEP accommodations, SDI, current performance, goals and benchmarks be entered into initial and reevaluation IEPs within three working days after the IEP meeting  4. Special Education Coordinators and Secretaries were not aware of the requirement to provide the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice of proposed school district action (N1) within 10 working days of the meeting  The district is in the process of revising the IEP procedures to include:  1. A uniform TEAM meeting Summary Form and directions for its completion (completed by 3/27/15)  2. The expectation that teaching and related service staff will update IEP accommodations, SDI, current performance, goals and benchmarks be entered into the draft annual IEPs three working days prior to the IEP meeting (completed by 3/27/15)  3. The expectation that teaching and related service staff will update IEP accommodations, SDI, current performance, goals and benchmarks be entered into initial and reevaluation IEPs within three working days after the IEP meeting (completed by 3/27/15)  4. Two copies of the proposed IEP and proposed placement along with the required notice of proposed school district action (N1) be sent to the parent within 10 working days of the meeting (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Special Education Coordinators  Special Education Secretaries | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised IEP procedures  Copies of agendas, materials and attendance sheets for all trainings  Post training record review to measure effectiveness of corrective action | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the corrective action the following will occur:  1. Random review of 5 student records by Special Education Director during April and May  2. Review of 10 student record (4 elementary, 4 middle/high school, 2 out of district) by Special Education Coordinators and Special Education Director (completed by 5/22/15) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the Team Summary Form the revised procedures to ensure district consistently provides the parent with two (2) copies of the proposed IEP and proposed placement, along with the required notice of proposed school district action (N1), immediately following the development of the IEP (within five working days of the meeting) or alternatively, provide the parent with a summary at the conclusion of the Team meeting, which at a minimum includes a completed IEP service delivery grid describing amounts and types of special education and/or related services being proposed by the district along with a statement of the goals associated with these services (note: when summary is provided, 2 copies of IEP and N1 must be provided to parents within two calendar weeks of the Team meeting), along with evidence of training for relevant staff by March 31, 2015.  Report the results of a review of a sample of student records at all levels. Report the number of records reviewed, the number in compliance. For any noncompliance describe the root cause for the noncompliance and the district's plan to address that noncompliance by May 22, 2015.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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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:**  Student record review and interviews demonstrated that the district does not, in all cases, address all federally required elements in its Notice of Proposed School District Action (N1). Specifically, the missing elements include a description of other options that the agency considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal. | | |
| **Description of Corrective Action:**  The district has determined the root cause for the district not, in all cases, addressing all federally required elements in its Notice of Proposed School District Action (N1). Specifically, the missing elements include a description of other options that the agency considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal is the lack of consistent use of the NI/N2 templates, provided by the Special Education Director, by the Special Education Coordinator and Secretaries  The district in the process of revising the process of revising the IEP procedures to include both the NI and N2 templates as well as mandating their use (completed by 3/27/15)  The district will train both Special Education Coordinators and Secretaries in the new NI/N2 procedures (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Special Education Coordinators  Special Education Secretaries | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised IEP procedures  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  1. Random review of 4 NIs and I N2 by Special Education Director during April and May  2. Review of 10 student records (4 elementary, 4 middle/high school, 2 out of district), by Special Education Coordinators and Director, to ensure appropriate completion of NI or N2 (completed by 5/22/15) | | |
| 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:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the N1/N2 templates, and the IEP procedures revised to ensure that all relevant staff consistently address all federally required elements in its Notice of Proposed School District Action (N1), along with evidence of training to include agendas, materials and signed attendance logs by March 31, 2015.  Report the results of a review of a sample of student records at all levels. Report the number of records reviewed, the number in compliance. For any noncompliance, describe the root cause for the noncompliance and the district's plan to address that noncompliance by May 22, 2015.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents, student record review and interviews indicated that the district's site visits and monitoring of out-of district placements are not documented in the student record. | | |
| **Description of Corrective Action:**  The district has determined that the district's site visits and monitoring of out-of district placements are not documented in the student record because current monitoring forms do not document all of the information required by regulation and the current and forms are not included in site visit packages .  The district is in the process of creating a new out of district monitoring form and revising the out of district monitoring procedures so that both reflect regulatory requirements and are placed in site visit packages (completed by 3/27/15). | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of a blank and 2 completed out of district monitoring forms (completed by 3/27/15) . | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  1. Review of 5 out of district student records, by Special Education Coordinators and Director, to ensure that out of district monitoring is documented in the student record (completed by 5/22/15) . | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the revised out of district monitoring procedures designed to ensure that monitoring of student programs in out of district placements takes place, and is documented in students' files, along the names/roles of the personnel responsible for oversight. Include copies of a blank and two completed out of district monitoring forms by March 31, 2015.  Report the results of a review of a sample of student records for students in out of district placements to ensure appropriate monitoring of such students is consistently taking place and is documented in student records. Report the number of records reviewed, the number in compliance. For any noncompliance describe the root cause for the noncompliance and the district's plan to address that noncompliance by May 22, 2015.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews confirmed that in the Applied Learning Center class at the high school, the ages of the youngest and oldest student differ by more than 48 months. The district submitted a waiver to the Department in July of 2014, but the waiver did not contain all the required information and was returned to the district by the Department for completion. | | |
| **Description of Corrective Action:**  The district has determined the 4 root causes for the more than 48 month difference in age between the youngest and oldest student in ALC are:  1. Review of ages of students currently in substantially separate settings is not completed by Special Education Coordinators prior to placement of new students.  2. Review of ages of students currently in substantially separate settings is not completed by Guidance Counselors at EHS prior to student class assignments  3. Review of ages of students is not completed by building administrator prior to final approval of class assignments  4. Staff, other than the Special Education Director. lack knowledge of age span waiver procedures.  The district is in the process of:  1. Revising placement and class scheduling procedures for special education students placed in substantially separate to include:  a. Review of ages of students currently in substantially separate settings prior to placement of new student completed by Special Education Coordinators.  b. Review of ages of students currently in substantially separate settings completed by Guidance Counselors at EHS prior to student class assignments  c. Review of ages of students completed by building administrator prior to final approval of class assignments (completed by 3/27/15)  2. Training Special Education Coordinators, Building Administrators and EHS Guidance Counselors in the revised placement and class placement procedures (completed by 3/27/15)  3. Training Special Education Coordinators in age span waiver procedures (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Dir. of Special Ed.  Building Administrators  Special Ed. Coord.  EHS Guidance Counselors | | **Expected Date of Completion:**  09/15/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised placement and class scheduling procedures  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure the effectiveness of the corrective action the following will occur:  1. Review of difference in age between the youngest and oldest student in substantially separate settings by Special Education Director with Special Education Coordinators in May and June of 2015  2. Review of difference in age between the youngest and oldest student in substantially separate settings by Special Education Director with Special Education Coordinators following completion of class assignments for the 2015/2016 (completed by September 15, 2015) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that the root cause of age spans larger than 48 months in the Applied Learning Center at the high school was that special education coordinators, guidance counselors, and district administrators do not review the range of ages of students in the groups prior to final approval of class assignments and were not aware of the requirement to do so. The district has scheduled training for relevant staff and has provided a description of its monitoring and oversight system with personnel responsible by role.  The district did not indicate if age span continues to differ by more than 48 months, and if so, whether the waiver request has been resubmitted to the Department. | | |
| **Department Order of Corrective Action:**  The district will provide evidence that issues of age range in the Applied Learning Center at the high school have been resolved, including classroom schedules with student names and birthdays indicated. | | |
| **Required Elements of Progress Report(s):**  Submit copies of the current class rosters for the Applied Learning Center at the high school with teacher and student names, and student birthdays indicated, and provide documentation of a waiver submission to the Department if the age span is exceeded, by March 31, 2015.  Provide a written copy of the new placement and scheduling procedure along with evidence of training for relevant staff including agenda, signed attendance sheet and copies of any materials used by March 31, 2015.  Provide the results of a review of 2015-2016 class rosters for students in substantially separate settings at the high school following completion of class assignments to ensure that the difference in age between the youngest and oldest student in any group does not exceed 48 months. Report any non-compliance and describe the district's plan to remedy the non-compliance by September 7, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015  09/07/2015 | | |

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

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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:**  Documents and interviews indicated that the district has an incomplete procedure for the suspension of students with disabilities when suspensions exceed 10 consecutive school days, or form a pattern of exclusion for more that 10 days, that refers to interim alternative educational settings, but does not address timelines, or the requirement to conduct a manifestation determination. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of this partial implementation is a needed revision to the  procedure for the suspension of students with disabilities.  The district is in the process of:  1. Revising the procedure for the suspension of students with disabilities to include specific procedures for when suspensions exceed 10 consecutive school days or form a pattern of exclusion for more that 10 days, that refers to interim alternative educational settings, and also address timelines, or the requirement to conduct a manifestation determination (completed by 3/27/15)  2. Training Building Administrators and Special Education Coordinators in the revised procedures (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Building Administrators  Special Education Coordinators | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised Manifestation Determination procedures (completed by 3/27/15)  Copies of agendas, materials and attendance sheets for all trainings (completed by 3/27/15) | | |
| **Description of Internal Monitoring Procedures:**  Review of 10 student records (4 elementary, 4 middle/high school, 2 out of district), by Special Education Coordinators and Director, to ensure revised Manifestation Determination procedures have been implemented post training as a measure of effectiveness of corrective action(completed by 5/22/15) | | |
| 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:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the newly revised procedures for the suspension of students with disabilities, along with evidence of training including copies of agendas, materials and attendance sheets for all trainings and a description of the district's monitoring and oversight system indicating responsible personnel, by role, by March 31, 2015.  Submit the results of a review of student records for any student with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days, after training of appropriate staff and implementation of the revised procedures were put into place. Report the number of records reviewed, and the number found to be in compliance. For any remaining non-compliance, report the results of a root cause analysis and describe the district's plan to remedy the non-compliance by May 22, 2015.  \*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, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the district has provided annual training to transportation providers and has provided training annually to staff on state and federal special education regulations and district special education policies and procedures. However, the district did not conduct annual training on analyzing and accommodating diverse learning needs of all students, or methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of this partial implementation is lack of awareness of the necessity of this training.  The district is in the process of:  1. Developing an annual training on analyzing and accommodating diverse learning needs of all students, or methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom  2. Providing an annual training on analyzing and accommodating diverse learning needs of all students, or methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom  3. Developing a post training document to assesses staff understanding of training information | | |
| **Title/Role(s) of Responsible Persons:**  Sp Ed Dir  Dir of Curric & Grants  Superintendent of Schools  Building Admin | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  1. Special Education Director and Director of Curriculum and Grants will review post training documents completed by staff and provide retraining if needed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training on analyzing and accommodating diverse learning needs of all students and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom including copies of agendas, materials and signed attendance sheets for all staff by March 31, 2015.  Submit the results of a review of the post training survey indicating any district concerns about staff understanding of the training and the district's plans to address those concerns by May 22, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews confirmed that the district does not have a policy concerning the hiring and employment practices of prospective employers of students, or a form containing a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices. | | |
| **Description of Corrective Action:**  The district has determined the root cause of the partial implementation of this requirement is the need to review of district policy in this area.  The district will develop, approve and implement:  1. A policy concerning the hiring and employment practices of prospective employers of students (completed by 3/27/15)  2. A form containing a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices (completed by 3/27/15)  3. A system for identifying prospective employers of students (completed by 3/27/15)  4. A system for insuring all identified prospective employers of students have signed statement form (completed by 3/27/15)  5. A system for maintaining copies of signed statement form (completed by 3/27/15)  The district will train all staff responsible for implementation and monitoring of policy and form in:  1. The new policy  2. Using the new form containing a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices  system for identifying prospective employers of students  3. The system for identifying prospective employers of students  4. The system for insuring all identified prospective employers of students have signed statement form  5. The system for maintaining copies of signed statement form (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Super of Schools  Schl Committee  EHS Admin & Guidance Counselors | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of School Committee approved policy  Copy of form containing a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices  Exemplar of system used to identify prospective employers of students  Exemplar of system used to insure insuring all identified prospective employers of students have signed statement form  Statement describing system used to maintain signed statement forms    Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  The Superintendent of Schools and EHS building Administration will review the list of identified prospective employers, and copies of signed statements (completed by 5/22/15) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the School Committee's newly approved policy concerning the hiring and employment practices of prospective employers of students along with a blank copy of the newly adopted form containing a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices by March 31, 2015.  Provide the results of an administrative review by the Superintendent and Easthampton High School Administration, of statements signed by prospective employers after the implementation of the new procedure identifying any concerns about noncompliance and describing the district's plan to resolve any noncompliance by May 22, 2105. | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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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:**  Documents and interviews confirmed that the student handbook book does not contain a reference to M.G.L. c. 76, s. 5. The handbook contains a policy affirming non-tolerance for harassment based on race, color, national origin, sex, gender identity, religion, or sexual orientation, but the policy does not include discrimination on those same bases. The student handbook has a procedure for accepting, investigating and resolving complaints alleging harassment; and disciplinary measures that the school may impose if it determines that harassment has occurred, but has no such procedure for discrimination on those same bases. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of this partial implementation is the need to update the policy addressing discrimination statements in student handbooks.  The district is in the process of developing and distributing to all students a school committee approved student handbook addendum that:  1. References M.G.L. c. 76, s. 5 (completed by 3/27/15)  2. Includes non-tolerance for discrimination based on race, color, national origin, sex, gender identity, religion, or sexual orientation (completed by 3/27/15)  3. Includes the procedure for accepting, investigating and resolving complaints alleging discrimination; and disciplinary measures that the school may impose if it determines that discrimination has occurred based on race, color, national origin, sex, gender identity, religion, or sexual orientation (completed by 3/27/15)  The district will:  1. Include language in the addendum in the 2015/2016 Student Handbooks (completed by 3/27/15)  2. Train Principals in M.G.L. c. 76, s. 5 requirements (completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  School Committee  Superintendent of Schools  Building Administration | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of addendum  Statement of date addendum provide to all students  Copies of agendas, materials and attendance sheets for training | | |
| **Description of Internal Monitoring Procedures:**  Superintendent of Schools will review copies of addendums maintained at school buildings(completed by 5/22/15) . | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the addendum to the student handbook approved by the School Committee that references M.G.L. c. 76, s. 5, includes non-tolerance for discrimination based on race, color, national origin, sex, gender identity, religion, or sexual orientation, includes the procedure for accepting, investigating and resolving complaints alleging discrimination; and the disciplinary measures that the school may impose if it determines that discrimination has occurred by March 31, 2015. Provide a description, including the date of distribution, of how the addendum was distributed and shared with students, parents and staff by March 31, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015 | | |

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

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| **Criterion & Topic:**  CR 11A Designation of coordinator(s); grievance procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the student handbook does contain the grievance coordinator's contact information, but does not contain information on grievance procedures for students and for employees providing for prompt and equitable resolution of complaints alleging discrimination based on sex or disability. | | |
| **Description of Corrective Action:**  The district has determined the root cause of the partial implementation of this requirement is the need to review of district policy in this area.  The district is in the process of developing and distributing to all students a school committee approved student handbook addendum that contains information on grievance procedures for students and for employees providing for prompt and equitable resolution of complaints alleging discrimination based on sex or disability.  The district will:  1. Include language in the addendum in the 2015/2016 Student Handbooks (completed by 3/27/15)  2. Train Principals in the requirement to include information on grievance procedures for students and for employees providing for prompt and equitable resolution of complaints alleging discrimination based on sex or disability in the Student Handbook. | | |
| **Title/Role(s) of Responsible Persons:**  School Committee  Superintendent of Schools  Building Principals | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of addendum  Statement of date addendum provide to all students  Copies of agendas, materials and attendance sheets for training | | |
| **Description of Internal Monitoring Procedures:**  Superintendent of Schools will review copies of addendums maintained at school buildings(completed by 5/22/15) . | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 11A Designation of coordinator(s); grievance procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the addendum to the student handbook approved by the School Committee that contains information on grievance procedures for students and for employees that contains the grievance coordinator's contact information, along with evidence of training for principals, including agendas, materials and signed attendance logs by March 31, 2015. Provide a description, including the date of distribution, of how the addendum was distributed and shared with students, parents and staff by March 31, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015 | | |

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

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| **Criterion & Topic:**  CR 14 Counseling and counseling materials free from bias and stereotypes | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the district does not have processes or procedures in place to ensure that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for the partial implementation is the lack of procedure for ensuring that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness.  The district is in the process of:  1. Developing a procedure to ensure that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness (completed by 3/27/15).  2. Developing a process to document annual review of counseling materials to ensure that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness, inclusive of form documenting the review signed by reviewing staff and principal maintained at the building level (completed by 3/27/15).  3. Developing and implementing a training in the new procedure and processes for school adjustment counselors, school psychologists, guidance counselors and building administrators (completed by 3/27/15) . | | |
| **Title/Role(s) of Responsible Persons:**  Director Of Special Education  Director of Curriculum and Grants  Building Administration | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised processes and procedures  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  Review of completed forms maintained in the building by the Director of Special Education and Director of Curriculum and Grants. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the newly developed procedure to ensure that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness, including the process to document the annual review of counseling materials, by March 31, 2015. Submit evidence of training in the new procedure and process for relevant staff including copies of agendas, materials, and attendance sheets for all trainings by March 31, 2015. Provide the results of a review of forms completed after training and implementation of the new procedure conducted by the Director of Special Education and The Director of Curriculum and Grants. Report any concerns about noncompliance and provide a description of the district's plan to resolve noncompliance, if any, by May 22, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews demonstrated that the district's letter sent to parents of students 16 years of age or older within ten days from a student's fifteenth consecutive unexcused absence does not contain all the required elements. The notice does not state that the student and the parent or guardian may meet with a representative of the district within ten days from the date the notice was sent or that at the request of the parent or guardian, the district may consent to an extension of the time for the meeting of not longer than fourteen days.  Further, the district does not send annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  The district has determined that the root causes of this partial implementation are:  1. The need to clarify the procedures for notice to parents of students 16 or over leaving schools without a high school diploma, certificate of attainment, or certificate of completion  2. The need to revise the notice provided to parents of students 16 or over leaving schools without a high school diploma, certificate of attainment, or certificate of completion  The district is in the process of:  1. Clarifying the procedures for notice to parents of students 16 or over leaving schools without a high school diploma, certificate of attainment, or certificate of completion  2. Revising the notice provided to parents of students 16 or over leaving schools without a high school diploma, certificate of attainment, or certificate of completion  3. Developing and implementing a training for guidance counselors and EHS administration in the clarified procedures and revised notice | | |
| **Title/Role(s) of Responsible Persons:**  Super. of Schools  Dir. Of Curriculum and Grants  EHS Admin  EHS Guidance Counselors | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Clarified procedures  Revised notice  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  Review of records of students 16 or over leaving schools without a high school diploma, certificate of attainment, or certificate of completion by the Superintendent of Schools | | |
| 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:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district's newly revised letter sent to parents of students 16 years of age or older within ten days from a student's fifteenth consecutive unexcused absence along with a copy of the newly revised annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs along with evidence of training for relevant staff to include copies of agendas, materials and signed attendance sheets by March 31, 2015.  Submit a list of students 16 or over with fifteen or more consecutive unexcused absences, along with copies of the notice sent to the students and their parents by May 22, 2015.  Submit a list of former students in the last two years who have not yet earned their competency determination and who have not transferred to another school, along with copies of the annual notice sent to  the students to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs by May 22, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015  05/22/2015 | | |

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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:**  Documents and interviews indicated that the district does not have a process in place to ensure that individual teachers in the district review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  The district has determine that the root cause for this partial implementation is the lack of a procedure to ensure that individual teachers in the district review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials.  The district is in the process of developing:  1. A procedure to ensure that individual teachers in the district review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials  2. Developing a process to document district teacher annual review of all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials  3. Trainings for teachers and Building Principals in the procedure and documentation process | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools  Director of Curriculum and Grants  Building Principals | | **Expected Date of Completion:**  05/22/2014 |
| **Evidence of Completion of the Corrective Action:**  Procedure to ensure that individual teachers in the district review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials  Documentation form  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  The Director of Curriculum and Grants will review completed forms maintained in the building | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's newly developed procedure and documentation form to ensure that individual teachers in the district review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials along with evidence of training for staff, including copies of agendas, materials and signed attendance sheets by March 31, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015 | | |

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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:**  Documents and interviews demonstrated that the district does not have a procedure in place to ensure that all aspects of its K-12 program are evaluated annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of this partial implementation is the lack of procedure to ensure that all aspects of its K-12 program are evaluated annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities.  The district is in the process of:  1. Developing a procedure to ensure that all aspects of its K-12 program are evaluated annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities (completed by 3/27/15)  2. Developing a process to document district that all aspects of its K-12 program are evaluated annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities (completed by 3/27/15)  3. Trainings for teachers and Building Principals in the procedure and documentation process(completed by 3/27/15) | | |
| **Title/Role(s) of Responsible Persons:**  Super. of Schools  Dir. Curric. & Grants  Building Administration | | **Expected Date of Completion:**  05/22/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of developed procedure  Copy of developed process  Copies of agendas, materials and attendance sheets for all trainings | | |
| **Description of Internal Monitoring Procedures:**  To measure effectiveness of the Corrective Action the following will occur:  The Superintendent of Schools and Director of Curriculum and Grants will review documentation of review maintained at the building level. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 12/30/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the district's newly developed procedure to ensure that all aspects of its K-12 program are evaluated annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities along with evidence of training for all staff to include copies of agendas, materials and signed attendance logs, and including the process to document the annual review of counseling materials, by March 31, 2015.  Submit a copy of the district's 2014-2015 annual evaluation, including conclusions reached and resolution of any identified issues, of all aspects of its K-12 program to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, by September 7, 2015. | | |
| **Progress Report Due Date(s):**  03/31/2015  09/07/2015 | | |