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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: Marlborough

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 10/04/2014.

**Mandatory One-Year Compliance Date:** **10/04/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 43 | Behavioral interventions | 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 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7C | Early release of high school seniors | Not Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 23 | Comparability of facilities | Partially Implemented |

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| **Criterion & Topic:** SE 6 Determination of transition services | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** See SE 8. |
| **Description of Corrective Action:** \* The district will create a procedure for inviting outside agencies to meetings. As part of the procedure, staff will be directed to add them to the attendance sheet and to send them an invitation\* The district will create a tracking sheet that highlights how and when the individuals are invited to the meeting\* In the procedure, there will be a process to follow when such said agency does not show up or follow through with attending the meeting |
| **Title/Role(s) of Responsible Persons:**• Executive Director of Special Education• High School Team Chair• Building principal | **Expected Date of Completion:**01/20/2015 |
| **Evidence of Completion of the Corrective Action:**\* Completed procedure/protocol\* Team chair attendance sheet and agenda of training on the highlighted procedure |
| **Description of Internal Monitoring Procedures:** \* Tracking sheets will be in individual student files\* File review to ensure that they are being completed |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** See SE 8. |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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| **Criterion & Topic:** SE 8 IEP Team composition and attendance | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that if a representative(s) of an invited public agency does not attend the Team meeting at the high school to discuss transition services, the district does not have a process in place to obtain the participation of the agency. |
| **Description of Corrective Action:** \* The district will create a procedure for inviting outside agencies to meetings. As part of the procedure, staff will be directed to add them to the attendance sheet and to send them an invitation \* The district will create a tracking sheet that highlights how and when the individuals are invited to the meeting \* In the procedure, there will be a process to follow when such said agency does not show up or follow through with attending the meeting |
| **Title/Role(s) of Responsible Persons:**\* Executive Director of Special Education \* High School Team Chair \* Building principal | **Expected Date of Completion:**01/20/2015 |
| **Evidence of Completion of the Corrective Action:**\* Completed procedure/protocol \* Team chair attendance sheet and agenda of training on the highlighted procedure |
| **Description of Internal Monitoring Procedures:** \* Tracking sheets will be in individual student files \* File review to ensure that they are being completed |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's revised procedures to ensure that if the representative(s) from a public agency does not attend a transition meeting at the high school, the school district takes other steps to obtain the participation of these agencies. Also submit documentation of special education staff training on the revised procedures, including but not limited to signed attendance sheets with name(s) and role(s) of staff member, agendas with name and role of presenter, and examples of training materials. By April 30, 2015, following the implementation of all corrective actions, conduct an internal record review of IEP meetings held at the high school in which a public agency was invited and did not attend. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of meetings in which a representative of a public agency did not attend. Report the specific actions taken by school district to obtain the participation of these agencies. Report the root cause(s) of the ongoing non-compliance 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):** 01/30/201504/30/2015 |

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| **Criterion & Topic:** SE 13 Progress Reports and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicated that parents do not always receive written reports on the student's progress toward reaching the annual goals set in the IEP at least as often as parents are informed of the progress of non-disabled students. |
| **Description of Corrective Action:** \* Review current progress in place \* Have all staff turn progress reports into the OSE at their building to be checked off, filed and sent out to parents \* The OSE administrative assistant will keep a progress report monitoring sheet for each student in the building noting the completion of the said document \* Once a copy turned in, one will be sent to the OSE at DEC for the student file and one will be sent to the parents \* There will be a written procedure \* There will be a tracking sheet |
| **Title/Role(s) of Responsible Persons:**Exec Dir of Special Ed\*Assistant Dir of Special Ed \*Team chairs \* Admin assistants \* Bldg principals | **Expected Date of Completion:**03/20/2015 |
| **Evidence of Completion of the Corrective Action:**\* Each administrative assistant will have a tracking sheet at their desk \* Agenda and attendance sheet of training to staff and administrative assistants |
| **Description of Internal Monitoring Procedures:** \* Administrative assistant will track the progress reports coming in \* When documents are missing, the procedures will be followed to get the documents completed by the due dates, as outlined in the procedures |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 13 Progress Reports and content | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's corrective action plan does not include ongoing periodic reviews by the Director of Special Education or their designee to ensure continued compliance. The district's proposal addresses only the submission of progress reports by staff during grade reporting periods. |
| **Department Order of Corrective Action:**Develop an internal oversight & tracking system by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit a narrative of the district's revised procedures to ensure that parents receive reports on the student's progress toward reaching the goals set in the IEP at least as often as parents are informed of the progress of non-disabled students. Provide evidence of special education staff training on the revised progress reporting procedures and signed attendance sheets with name(s) and role(s) of staff, agendas with name and role of presenter, and training materials. Submit a description of the administrative oversight & tracking system with planned periodic reviews, along with the name/role of the designated person. By April 30, 2015, conduct an internal review of a sample of student records across all building levels following the implementation of all corrective actions to ensure that written progress reports are sent to parents with the same frequency as non-disabled students. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records that contained evidence that parents received progress reports at least as often as non-disabled students. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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| **Criterion & Topic:** SE 14 Review and revision of IEPs | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicated that between annual IEP meetings, when the district and parent may agree to make changes to a student's IEP, a parent is sometimes only provided with select pages with the amendments incorporated, rather than a complete revised copy of the IEP. |
| **Description of Corrective Action:** \* Currently, the ESPED system we use does not allow staff to create the requested document within their current data management system \* In the fall of 2015, the district will be transitioning to ASPEN which has this embedded within the system, so when you create an amendment, it is being done on the specific IEP pages, along with the amendment sheet \* Until that system is up and running, the district will create a procedure to ensure that this is done \* The staff will be directed to create an amendment and to then use the DESE IEP pages to input the changes made to the IEP, as noted in the amendment page completed in ESPED \* The proposed/signed amendment will then be part of the student's file |
| **Title/Role(s) of Responsible Persons:**\* Executive Director of Special Education \* Assistant Director of Special Education \* Team Chairs | **Expected Date of Completion:**09/20/2015 |
| **Evidence of Completion of the Corrective Action:**Agenda and attendance sheet from the Team Chair meeting where the training on the procedure will take place |
| **Description of Internal Monitoring Procedures:** \* All completed amendments will have the ESPED amendment and the DESE specific pages \* File review |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's process to provide parents with a revised copy of the IEP with the amendments incorporated. Also submit evidence of special education staff training on these procedures, including signed attendance sheets with name(s) and role(s) of staff member, agendas with name and role of presenter, and examples of training materials. By April 30, 2015, conduct an internal review of records following the implementation of all corrective actions where the IEP was amended between annual meetings. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number in compliance; if non-compliance is identified, report the specific actions taken to correct each individual student record identified as noncompliant and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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| **Criterion & Topic:** SE 22 IEP implementation and availability | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Staff interviews, parent surveys, and parent interviews all indicated that when there is a lack of personnel, the district does not always immediately inform parents in writing of the actions that the school district is taking to address the lack of personnel and alternative methods to meet the goals on the accepted IEP. |
| **Description of Corrective Action:** Root Cause analysis: At the time of the CPR review, there was no special education coordinator or supervisor at either the elementary or secondary school levels. As a result, there was lack of clarity or process regarding the responsibility of building administrators to inform parents in writing of changes and/or deficits in staffing, as well as the steps that were to be taken to meet students’ needs as per their IEPs. CAP: \* District has taken steps to hire special education supervisors at the middle and secondary levels. \* A middle school Special Education Supervisor was hired for 2014-15 school year. \* Interviews are currently taking place for hiring a Special Education Supervisor at the secondary level for the 2014-15 school year. \* A written procedure for notification of parents when there are staffing changes or deficits at the building level and the steps be taken to address student IEP goals and services under these conditions. \* Sample letters to parents will be developed for such circumstances. \* Building administrators, special education supervisors, Team Chairs and other relevant staff will be provided with written process described above. \* District level special education administration will meet with building level administrative staff to explain written process. |
| **Title/Role(s) of Responsible Persons:**Exec D & Asst Dir Spec Ed, Whitcomb Spec Ed Super, Principals: Whitcomb, Jaworek, Richer, Kane | **Expected Date of Completion:**01/01/2015 |
| **Evidence of Completion of the Corrective Action:**\* Written process \* Sample letters to parents \* Attendance sheets from meetings with building administration and Team Chairs |
| **Description of Internal Monitoring Procedures:** \* Building administrators will be required to notify the Office of Special Education immediately of any staffing changes/deficits that impact student services or IEP goals. \* Queries will be emailed to building administrators on a quarterly basis regarding status of hiring to fill any staffing deficits that impact students’ IEPs services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's proposed corrective action does not include an internal monitoring system to ensure ongoing compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight & tracking system to ensure that parents are immediately informed in writing of any delayed IEP services due to a lack of personnel, along with the reasons for the delay, the actions that the school is taking to address the lack of personnel, and alternative methods to meet the goals on the accepted IEP. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's written procedure for notification of parents and a copy of the written notice to inform parents of delayed IEP service. Submit evidence of special education staff training on these procedures, including signed attendance sheets with name(s) and role(s) of staff member(s), agendas with name and role of presenter, and examples of training materials. Include a description of the administrative oversight & tracking system with periodic reviews, along with the name/role of the designated person. By April 30, 2015, using the district's tracking process to identify a sample, review all records where a delay in IEP services occurred. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where parents were notified of a delay in services & sent a written notice. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of any ongoing non-compliance with the 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):** 01/30/201504/30/2015 |

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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 and staff interviews indicated that although the district sometimes provides notices orally, the district does not always keep written documentation that it has provided such notice in an alternate manner, of the content of the notice and of the steps taken to ensure that the parent understands the content of the notice. |
| **Description of Corrective Action:** \* The district has created a Parent Registration Center with bilingual staff to assist with clarifying information to parents \* The district will create a procedure for procuring a translator/interpreter \* In this procedure, the district will provide specific steps to ensure that all copies of translated documents are kept in student files |
| **Title/Role(s) of Responsible Persons:**Executive Director of Special Education Supervisor of ELL Building principals | **Expected Date of Completion:**09/20/2015 |
| **Evidence of Completion of the Corrective Action:**Files will include copies of translated documents There will be a tracking of translators/interpreters requested in the student file Completed home language surveys |
| **Description of Internal Monitoring Procedures:** Periodic file reviews |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit revised procedures to ensure that when the district provides notices orally, there is written documentation that such notice was provided in an alternate manner, the content of the notice and of the steps taken to ensure that the parent understands the content of the notice. Submit evidence of special education staff training on these procedures, including signed attendance sheets with name(s) and role(s) of staff member(s), agendas with name and role of presenter, and examples of training materials. By April 30, 2015, using the district's tracking process to identify a sample, review all records where the district provided notices orally. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of parents that were provided oral notification. If non-compliance is identified, report the specific actions taken to correct each individual student record identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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| **Criterion & Topic:** SE 34 Continuum of alternative services and placements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents, staff interviews, parent surveys, and parent interviews all indicated that at the time of the onsite, the district's continuum of services and alternative placements at Marlborough High School provides limited opportunities for students with disabilities to participate in vocational education. |
| **Description of Corrective Action:** CR Criterion #3 - Access to a full range of education programs |
| **Title/Role(s) of Responsible Persons:**SEE CR Criterion #3 - Access to a full range of education programs | **Expected Date of Completion:**09/20/2015 |
| **Evidence of Completion of the Corrective Action:**CR Criterion #3 - Access to a full range of education programs |
| **Description of Internal Monitoring Procedures:** CR Criterion #3 - Access to a full range of education programs |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2014, provide a list of students with disabilities by initial/grade level at Marlborough High School participating in each of the following: 1) Technical education program; 2) STEM program, and 3) Vocational Skills class. |
| **Progress Report Due Date(s):** 01/30/2015 |

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| **Criterion & Topic:** SE 40 Instructional grouping requirements for students aged five and older | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that during the 2013-2014 school year, the size and composition of instructional groupings for eligible students receiving services outside the general education classroom exceeded the maximum size requirements as follows:Whitcomb Middle SchoolGrade 5 Language Based Resource Room-ELA Period 3, 9 students with one special educatorGrade 5 Language Based Resource Room-ELA Blocks 3 and 6, 9 students with one special educatorGrade 6 Academic Support, 9 students with one special educatorGrade 7 STEM Academic Support, 9 students with one special educatorGrade 7 Essentials-Reading Block 5, 9 students with one special educator Grade 7 Essentials-ELA Block 3, 13 students with one special educator and one aide Hildreth School Post Graduate ProgramCurrent Events Period F Monday, 11 students with one special educatorIn cases when the Administrator of Special Education and the certified special educator(s) providing services in an instructional group decided to increase the size of an instructional grouping beyond the maximum size, written notification to the Department and the parents of all group members of the decision to increase the instructional group size and the reasons for such decision was not provided. |
| **Description of Corrective Action:** Root Cause Analysis: \* At the building level, there was insufficient administrative oversight at the building level regarding scheduling special education students and para-educators. \* Para-educators were used as substitute teachers and to cover lunch duties. \* Current data: o Grade 5 LBRR period 3-class roster indicates 10 students with one teacher and a tech. o Grade 5 LBRR blocks 3and 6-class roster indicates 9 students with one teacher and a tech. o Grade 6 Academic support-class roster indicates no more than 8 registered students were in each class o Grade 7 STEM-Teacher had a multi-grade group. Although para-educators were available they were not assigned properly (this has been rectified) o Grade 7 Essential-Reading and ELA-an influx of new students were moved from a more restrictive class to a more LRE. This shift created a compliance issue in these classes. CAP: \* Established a new full-time Special Education Supervisor Position to facilitate direct oversight of compliance and programmatic implementation \* Teacher schedules were developed and reviewed by Special Education Supervisor to ensure compliance within mandated size and composition for instructional groupings \* Specific student staff ratio forms are in place to monitor mandated ratios. These forms will be completed each semester to monitor ratio compliance \* The guidance department will monitor class sizes as new students are added and alert administration when the number of students exceeds the mandated ratios \* Post for substitute teachers to increase the District’s pool \* Hire lunch monitors for the cafeteria so that para-educators are not pulled from duties |
| **Title/Role(s) of Responsible Persons:**\* Whitcomb School Principal \* Whitcomb School Special Education Supervisor | **Expected Date of Completion:**01/02/2015 |
| **Evidence of Completion of the Corrective Action:**\* Copies of teachers schedules including: subject, grade level, student enrollment and staff/student ratio (teacher/para-educator/Tech) were reviewed \* Student staff ratio forms being completed in classrooms of concern \* Memo to guidance for monitoring of class ratios as new students are enrolled |
| **Description of Internal Monitoring Procedures:** \* Copies of teachers schedules including: subject, grade level, student enrollment and staff/student ratio are maintained by the Special Education Supervisor \* The Special Education Supervisor will distribute a memo to all Special Education Staff instructing them to notify him in writing if class ratios exceed mandated requirements |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's corrective action does not include a process to provide written notification to the Department and the parents of all group members of the decision to increase the instructional group size and the reasons for such decision.The district's corrective action plan does not include a means to periodically review instructional grouping by the Director of Special Education or their designee to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop a process in which to provide written notification to the Department and the parents of all group members of the decision to increase the instructional group size and the reasons for such decision.Develop an internal oversight & tracking system of instructional groups by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's process to provide written notification to the Department and the parents of all group members of the decision to increase the instructional group size and the reasons for such decision. Provide a description of the district's administrative oversight & tracking system with periodic reviews, along with the name/role of the designated person. Also submit the instructional grouping for students in the following Whitcomb Middle School classes: 1) Grade 5 Language Based Resource Room-ELA Period 3; 2) Grade 5 Language Based Resource Room-ELA Blocks 3 and 6; 3) Grade 6 Academic Support; 4) Grade 7 STEM Academic Support; 5) Grade 7 Essentials-Reading Block 5; and 6) Grade 7 Essentials Block. Please include teacher, students and paraprofessional(s) name for each instructional group. Submit the instructional grouping for students in the Hildreth School's Post Graduate Program Current Events. Please include teacher, students and paraprofessional(s) name. |
| **Progress Report Due Date(s):** 01/30/2015 |

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| **Criterion & Topic:** SE 43 Behavioral interventions | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records and staff interviews indicated that for students whose behavior impedes their learning or the learning of others, the Team does not consistently consider the student's behavior including positive behavioral interventions and the possible need for a functional behavioral assessment. |
| **Description of Corrective Action:** \* The district will update their procedures for completing FBAs \* The district will provide a FBA training on January 20, 2015 for School Adjustment Counselors and School Psychologists |
| **Title/Role(s) of Responsible Persons:**\* Exec Dir of Special Ed \* Building Principals \* Team Chairs \* SACs\* School Psychs | **Expected Date of Completion:**03/20/2015 |
| **Evidence of Completion of the Corrective Action:**\* Completed procedure \* Attendance sheet and Agenda from January 20, 2015 training |
| **Description of Internal Monitoring Procedures:** \* File review |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 43 Behavioral interventions | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's newly developed procedures to ensure that students with IEPs are considered for behavioral supports such as BIPs or FBAs when their behavior impedes their learning or the learning of others. Submit evidence of staff training on these procedures, including signed attendance sheets with name(s) and role(s) of staff member, agendas with name and role of presenter, and examples of training materials. Provide evidence that the district has developed resources to support student behavioral needs, such as training for staff in Positive Behavioral Supports, on the development of Functional Behavioral Assessments and Behavioral Plans.By April 30, 2015, using the district's suspension data, develop a sample of students with IEPs who have been suspended or disciplined for in-class conduct that impedes their learning or the learning of others following the implementation of corrective actions. Conduct an internal review of these records, and provide a detailed narrative summary, including the number of records reviewed and the number of records where the student's IEP Team considered the addition of positive behavioral supports to his/her IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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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:** Review of student records and staff interviews indicated that when district personnel, the parent, and other relevant members of the Team determine that the behavior is a manifestation of the disability, the Team does not always complete a functional behavioral assessment and behavioral intervention plan for those students who do not have a plan in place. In addition, the school district does not always notify the parents of its decision to take disciplinary action and provide them with the written notice of procedural safeguards. |
| **Description of Corrective Action:** Root Cause Analysis: There has been inconsistency across buildings regarding roles and responsibilities of the staff required to complete FBAs and BIPs. CAP: \* The district will create a written procedure regarding suspension of students \* In this procedure the district will highlight when an FBA should be completed and which staff should complete the FBA based on the behavior in question \* The district will review the procedure at bi-monthly team meeting with the Team Chairs \* The district will share the information with the building principals \* The district will provide training on FBAs and BIPs for SACs and School Psychologists \* The District will provide a Team Chair training with Attorney MacAvoy on Manifestation determinations (December 11, 2014) |
| **Title/Role(s) of Responsible Persons:**Exec Dir of Special Ed, Assistant Dir Special Ed, Principals, Team Chairs | **Expected Date of Completion:**09/20/2015 |
| **Evidence of Completion of the Corrective Action:**There will be a completed procedure Team chairs will be following the procedure |
| **Description of Internal Monitoring Procedures:** File review |
| 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:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's newly developed procedures to ensure that when Teams determine that a student's behavior is a manifestation of his/her disability, the Team completes a functional behavioral assessment and behavioral intervention plan for those students who do not have a plan in place, along with its procedures ensuring parents are notified of the district's decision to take disciplinary action and provided written notice of procedural safeguards. Provide evidence of training for administrative staff, general education staff, and special education staff training on these procedures, including signed attendance sheets with name(s) and role(s) of staff member, agendas with name and role of presenter, and examples of training materials. By April 30, 2015, using the district's suspension data, conduct an internal review of records where students' behaviors were determined to be a manifestation of their disabilities for evidence that 1) Team has completed a functional behavioral assessment and/or behavioral intervention plan and 2) Parents were notified of the district's decision to take disciplinary action and provided with written notice of procedural safeguards. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the student's IEP Team considered the addition of positive behavioral supports to his/her IEP and evidence that parents were provided written notification of disciplinary action and procedural safeguards. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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

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| **Criterion & Topic:** SE 51 Appropriate special education teacher licensure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that some individuals at all levels who design and/or provide direct special education services described in the IEPs of students are not appropriately licensed. |
| **Description of Corrective Action:** \* In the summer of 2014, the district hired appropriate staff for positions \* The district will provide a spreadsheet of staff, noting their roles and their certification \* When staff are hired, the district only hires appropriately licensed staff for the role |
| **Title/Role(s) of Responsible Persons:**\* Executive Director of Special Education \* Human Resources | **Expected Date of Completion:**01/01/2015 |
| **Evidence of Completion of the Corrective Action:**\* District is providing copies of all certifications to show that all staff are appropriately certified |
| **Description of Internal Monitoring Procedures:** \* When hired, staff will be appropriately licensed as noted in the documentation provided to HR \* If not, and the district is in a situation where they cannot find such staff, a DESE waiver will be requested to ensure appropriate staffing |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Partially Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's described internal monitoring system does not indicate how the special education department keeps track of unlicensed and unwaivered special education teachers and/or related services providers. |
| **Department Order of Corrective Action:**Develop an ongoing internal oversight system for the district's special education teachers and related services providers to ensure that they are appropriately licensed or waivered. This system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit a copy of each identified teacher’s current special education license or approved waiver, along with the program/school they are assigned to. Alternatively, submit a plan of action for each identified teacher to ensure full compliance with licensure requirements. Also submit a description of the district’s oversight & tracking system for maintaining special education teacher and related service provider licensure, along with the name/role of the designated person. By April 30, 2015, submit the results of an administrative internal review of all special education and related services staff by school. Report on the number of special education teachers and related service providers who are not currently licensed, along with the district's proposed corrective actions for each individual. Please include the teacher/related service provider's name as well as their assignment and school. |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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

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| **Criterion & Topic:** SE 55 Special education facilities and classrooms | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Staff interviews and observations indicated that not all facilities and classrooms for eligible students are at least equal in all physical respects to the average standards of general education facilities and classrooms. At Richer Elementary School, student assessments are conducted in a space occupied concurrently by the guidance department administrative assistant, which compromises student confidentiality. Also at Richer Elementary, special education, speech and language, and reading instructional groups are conducted concurrently in Room 121, resulting in auditory distractions. |
| **Description of Corrective Action:** At the time of the visiting committee’s observation and expression of concern regarding of the designated area for student assessment, the Richer School principal made an immediate change at the direction of the Executive Director of Special Education. The guidance department administrative was relocated to a separate location. As a result, the student testing area become a dedicated space for the school psychologist/Team Chair to conduct assessments. During the summer months, new areas were identified for the speech/language therapists. They are in a shared space dedicated speech/language services only. Additionally, a classroom was divided to create separate, distraction-free environments for the reading specialist and inclusion specialist. |
| **Title/Role(s) of Responsible Persons:**Exec Dir of Special Ed, Richer School Principal, Assistant Dir of Special Education | **Expected Date of Completion:**11/21/2014 |
| **Evidence of Completion of the Corrective Action:**Observations by the Executive Director of Special Education, the Assistant Director of Special Education and Richer School Principal of construction and relocation dedicated areas for: Guidance administrative assistant Student assessment Speech/language therapists Inclusion specialist |
| **Description of Internal Monitoring Procedures:** On-going site visits |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015 submit copies of floor plans of the Richer School along with a letter of assurance from the principal and superintendent indicating location of dedicated space for the school psychologist/Team Chair to conduct assessments, speech/language therapy services, reading and inclusion specialist.By April 30, 2015, a DESE representative will conduct a facilities visit to the Richer School to ensure continued compliance. |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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

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| **Criterion & Topic:** CR 3 Access to a full range of education programs | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** See SE 34. |
| **Description of Corrective Action:** Marlborough High School will enhance the following programs to provide support vocational technical support for students within the high school:The Technology Education Program has been enhanced to include the following: \* building construction including special and specific projects\* marketing skills\* improved technology skills  The Life Skills Program now includes a student centered coffee and breakfast distribution called the Caravan Café. Students in the Essentials A&C classes are now supported by the Metro West Center For Independent Living through a program called Transition to Adulthood Program (TAP). The program supports the following skills:\* Social Skills, self-advocacy\* Independent living skills\* Support groups\* Peer mentoring\* Increasing job readiness and searching for jobs\* Assistive technology support\* IST & ITP assistance\* Accessing adult services post-transition\* Finding housingThe Marlborough High School STEM Program has enhanced the partnership with Quinsigamond Community College to include credit as well as certificate opportunities for all students, with a special emphasis on the underrepresented and first time college goers. We are exploring programs with QCC for articulation agreements, targeted credit at the college level for participation in AP courses, and professional development of our high school staff by professors at the college.Marlborough High School has partnered with an organization called Career Connections'Connect to Success.' The program offers the following support:We are a new program that prepares young people to enter the \* Work Readiness(ex. resume writing, interviewing techniques, job search) \* Career Exploration(ex. interest/personality inventories) \* Paid/Unpaid Internships (ex. jobs, shadowing, work experiences)\* Support Services (ex. drivers ed., bus passes, clothing for work, supplies) Referrals (ex. counseling, public assistance, housing) \* Incentive Rewards (ex. for honor role, perfect attendance, keeping a job)The Marlborough High School Therapeutic Learning Center (TLC) has been enhanced to ensure tiered level support for studentsELL students will continue to be encouraged to be a part of the STEM Program with built-in support by an ELL instructor. Staff have been trained in extraordinary numbers (beyond our target and cap) in RETELL courses and the new WIDA Standards and teachers have received and continue to receive training on how to embed a Language Objective into Learning Targets and Success Criteria. All teachers are apprised of ACCESS scores of ELLs and work continues to offer co-taught SEI classes and to include LEP and FLEP in rigorous coursework.Marlborough High School as well as the alternative school, the Hildreth School, have recently completed training to implement an on-line learning opportunity for students. The school district has contracted with the Edgenuity organization for this initiative. Courses will be available to students in early November of 2014.Marlborough High School’s alternative school, the Hildreth School offers a newly developed Vocational Skills Class to prepare students for post graduate preparedness.On-going training has been done with the special educators in regards to writing IEP transitional planning forms for special education students. Guidance counselors offer ongoing support for all students on college/career readiness. An example is a partnership with Framingham State University, which offers a College Night that our students, from grade 9, are invited to attend, during which time the college offers advice and the options available for students who need support with accessing the curriculum. Also, in Oct 2014, all students in the 9th grade toured the university library to learn research skills and to take part in an activity using the college databases.The annual Reality Fair (held on Oct 31, 2014) for all seniors offers exposure to work and work-related concerns. |
| **Title/Role(s) of Responsible Persons:**High School Administrative Team, Guidance Department, Special Education Administration | **Expected Date of Completion:**09/15/2015 |
| **Evidence of Completion of the Corrective Action:**Re-designed Marlborough High School Program of StudyCourse Selection Day EnhancementCommunication to middle schoolTeacher and Administrative Evaluation ProcessRegular written updates from program leaders |
| **Description of Internal Monitoring Procedures:** The high school will develop a formal internal monitoring process as part of the regular meeting agenda of administrators, teacher leaders and program coordinators to ensure the timeliness of implementation and oversight |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** See SE 34. |
| **Progress Report Due Date(s):** 01/30/2015 |

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

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| **Criterion & Topic:** CR 7C Early release of high school seniors | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicated that the conclusion of the seniors' school year on May 16, 2014 was more than 12 school days before the regular scheduled closing date of June 16, 2014 for Marlborough High School. |
| **Description of Corrective Action:** This is remedied for the 2014-2015 school year because the last day for senior exams is May 29, 2015 and the regular scheduled closing date for Marlborough High School is June 15, 2015. Thus, there is no more than 12 school days between these two events. |
| **Title/Role(s) of Responsible Persons:**School Committee, high school principal | **Expected Date of Completion:**05/01/2015 |
| **Evidence of Completion of the Corrective Action:**2014-2015 School Calendar on MPS website |
| **Description of Internal Monitoring Procedures:** As per School Committee Policy 7.200 School Calendar:1. The school year shall consist of not less than one hundred eighty (180) days; 10. D. Seniors - The fourth quarter for seniors ends on the 168th school day as originally scheduled on the school calendar. The earliest possible release day for seniors is twelve days prior to the regularly scheduled closing date of the school. At a minimum, school districts that operate 180 days could release and graduate their seniors on the 168th day of school. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit calendar for Marlborough High School 2014-15 school year with both the last day of school for all students and last of school for graduating seniors clearly indicated. |
| **Progress Report Due Date(s):** 01/30/2015 |

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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:** A review of the district's documents indicated that the statement signed by the employers recruiting at the school does not include "gender identity" as a protected category. |
| **Description of Corrective Action:** School Committee, Title IX Coordinator, High School Principal, High School Guidance Department, High School Career Counselors |
| **Title/Role(s) of Responsible Persons:**School Committee, Title IX Coordinator, High School Principal, High School Guidance Department | **Expected Date of Completion:**12/10/2014 |
| **Evidence of Completion of the Corrective Action:**Approval of School Committee Policy on agenda for School Committee Meeting of Nov 12, 2014 |
| **Description of Internal Monitoring Procedures:** Proposed Policy 1.100 was approved by Policy Sub-Committee of the School Committee in Sept 2014 and will be voted on by whole committee in Nov 2014:7.100 Policy of Non-DiscriminationThe Marlborough Public Schools (‘District’) does not discriminate against students, parents, employees, or the general public on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, or age. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's statement for prospective employers of students to ensure the statement specifically includes "gender identity" as a protected category. |
| **Progress Report Due Date(s):** 01/30/2015 |

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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 for employees hired after the school year begins, the district does not always implement staff training on the use of restraint within one month of their employment. In addition, review of documents indicated that the district's policy for the use of physical restraint does not include individual waiver procedures consistent with the regulations. |
| **Description of Corrective Action:** \* The district has a dedicated staff member who conducts monthly Safety Care restraint training sessions for both new and existing staff. \* It should be noted that these are separate dedicated monthly sessions. One monthly training session is dedicated to new staff as new staff, while the other monthly restraint training session is to recertify existing staff. \* The staff involved in training are building administrators, special education teachers, guidance counselors, school adjustment counselors, BCBAs, behavior techs, para educators and other staff identified on as needed basis. Regarding individual waivers procedures for student restraint, upon examination of district practices, it is apparent that the district lacks a written, published process and related forms. The reason for the apparent absence of these documents is that there has not been a request by parents for such an exemption. Action steps are as follows: \* Written procedure will be developed for individual student waiver of physical restraint \* A Waiver of Physical Restraint Form will be developed. \* Meetings will be held with all MPS building administrators, MPS Team Chairs, MPS BCBAs and building Crisis Team Members to disseminate and discuss above procedures and forms. \* Above procedure and form will be sent electronically to all building administrators and Team Chairs.(others???) \* Procedure and form will be added to Special Education Manual. \* Parents will be informed verbally of their option to accept or waive the use of physical restraint. \* If parents decide to waive the use of physical restraint, they will be provided with the appropriate waiver from. \* The signed waiver will be included in the student file, special education file and Behavior Plan, , if applicable. \* A copy of the waiver will be provided to the parent. \* If a parent/guardian signs a waiver for the use of physical restraint, all relevant staff will be informed verbally and in writing. |
| **Title/Role(s) of Responsible Persons:**MPS SafeC CertTrain/Incl Spec, Exec Dir Spec Ed, Principals: MHS, Hildreth, Whitcomb, Jaworek, Kane, Dir ECC | **Expected Date of Completion:**06/20/2015 |
| **Evidence of Completion of the Corrective Action:**Re: Restraint training \* Email of notification of new hires from Director of Human Services to Executive Director of Special Education and MPS building principals \* Email notification of new hires from MPS building principals to Safety Care certified trainer \* 2014-15 Safety Care training calendar \* Record keeping spreadsheet of staff recertification needs by MPS Safety Care trainer \* Email notifications to identified staff from MPS certified Safety Care trainer \* Attendance Sheets from Safety Care training sessions \* Copies of Safety Care training certifications \* School Crisis Team Member lists Re: Procedure and Form for Waiver of Use of Physical Restraint |
| **Description of Internal Monitoring Procedures:** Re: Physical Restraint Training \* Monthly report of documentation described above to Executive Director of Special Education, Assistant Director of Special Education and MPS building principals Re: Waiver of Physical Restraint \* Bi-monthly Principals’ meetings with Superintendent, Executive Director of Special Education, Executive Curriculum Directors of Elementary, Middle and Secondary Education \* Bi-monthly Team Chair meetings with Executive Director of Special Education and Assistant Director of Special Education \* Bi-monthly BCBA meetings with Executive Director of Special Education and Assistant Director of Special Education |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Prior to any corrective action, refer to the Department of Elementary and Secondary Education guidance on the use of physical restraint: http://www.doe.mass.edu/lawsregs/603cmr46.html?section=07.By January 30, 2015, submit the district's procedure to ensure provision of physical restraint training for newly hired employees after the school year begins, to be conducted within one month of employment along with a narrative of the oversight and tracking system with name/role of person(s) to maintain compliance. Also submit the district's individual waiver procedures consistent with the regulations. |
| **Progress Report Due Date(s):** 01/30/2015 |

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

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| **Criterion & Topic:** CR 18 Responsibilities of the school principal | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records, documents, and staff interviews indicated insufficient differentiated instruction in general education classrooms, including little or no remedial support, as a result of inconsistent implementation of the district's curriculum accommodation plan, which has not been updated since December of 2007. |
| **Description of Corrective Action:** We have implemented as our top FY15 District Goal the implementation of a multi-tiered system of student support and have been working with consultants since Spring of 2014 to set a timeline of targets and goals. We have formed a Steering Committee that meets regularly in addition to building-based committees that meet regularly. We have chosen to implement FAST as a universal screener at the elementary level and have hired a PBIS consultant at the middle school level to train staff and administration and to oversee the use of a data collecting tool.We are employing Instructional Support Teams at all levels to set up a consistent method of intervention for remedial support, although this is more robust at some levels than at others, with the high school the most in need of rethinking. This will be addressed beginning in Jan of 2015.Although we have a District Curriculum Accommodation Plan, it is outdated and will begin to be revised in Jan of 2015 through discussions that will begin at the Leadership Meetings held by the Superintendent with all principals, directors, and central office staff.We have a large cadre of teachers, who have been trained in SEI strategies as a result of the RETELL initiative:- In 2013-2014 ? 89 teachers- In 2014-2015 ? 72 teachers have registered- 15 administrators have been trainedAdditionally, our newly appointed K-12 ELL Director has trained staff on embedding Language Objectives into Learning Targets and Success Criteria in all classes |
| **Title/Role(s) of Responsible Persons:**Building principals, Special Education and ELL administration | **Expected Date of Completion:**10/15/2015 |
| **Evidence of Completion of the Corrective Action:**Revisions to District Accommodation PlanMeeting agenda of MTSS Steering Committee and Building MTSS MeetingsEvidence of staff professional development |
| **Description of Internal Monitoring Procedures:** Regular meetings of Steering Committee of MTSS and building-based MTSS committeesLeadership Team meetings led by Superintendent |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit the district's plan to set up a consistent method of intervention for remedial support by Instructional Support Teams at all levels.By April 30, 2015, submit the revised curriculum accommodation plan (DCAP) and provide a description as to how all staff will be informed of the district's revised DCAP to ensure that all efforts have been made to meet the needs of diverse learners in the general education program. |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |

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

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| **Criterion & Topic:** CR 21 Staff training regarding civil rights responsibilities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents indicated that staff training regarding civil rights responsibilities does not include "gender identity" as a protected category. |
| **Description of Corrective Action:** The term ‘gender identity’ will be added to the non-discrimination policy for inclusion in the School Committee Policy Manual and subsequent documents/letterhead that contain this non-discrimination clause.The following training will occur during the 2014-2015 school year:Jan 8 - all administrators, central office staff, and coordinator of health services will receive training on ‘gender identity’ by the DESE Director of Safe Schools Program and an attorneyMarch 12 - all guidance staff, school adjustment counselors, nurses, school psychologists will receive training on ‘gender identity’ by the DESE Director of Safe Schools Program and an attorneyThe term ‘gender identity’ will be added to the Mandatory Training that all staff must sign off on at the beginning of the school year on the first day of development/orientation before children are in the schools. Records of staff sign off on the discrete areas of this training will be held by building principals. |
| **Title/Role(s) of Responsible Persons:**Title IX Coordinator, HR Director, building principals | **Expected Date of Completion:**08/29/2015 |
| **Evidence of Completion of the Corrective Action:**Updated Mandatory Training and staff sign-off sheets |
| **Description of Internal Monitoring Procedures:** Proposed Policy 1.100 was approved by Policy Sub-Committee of the School Committee in Sept 2014 and will be voted on by whole committee in Nov 2014:7.100 Policy of Non-DiscriminationThe Marlborough Public Schools (‘District’) does not discriminate against students, parents, employees, or the general public on the basis of race, color, national origin, sex, sexual orientation, gender identity, disability, religion, or age. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit revised documentation of staff training regarding civil rights responsibilities that includes gender identity as a protected category and evidence of staff notice of this revision. Evidence of notice may be staff signature denoting revision of civil rights responsibilities that includes gender identity. |
| **Progress Report Due Date(s):** 01/30/2015 |

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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:** Review of documents, observations, and staff interviews indicated that the use of hallway space to provide instruction for English language learners at Kane Elementary School is not comparable to the facilities for other students in the district. In addition, at Richer Elementary School, instruction for English language learner students is provided in classrooms shared with other classes. At times, the total number of students occupying one classroom is approximately 25, including a "Newcomers" class for instruction of Level 1 and 2 English language learners, which results in auditory and visual distractions. |
| **Description of Corrective Action:** In 2013-2014 the Kindergarten ELL teacher at Kane School chose to meet with some groups in the large hallway near the Kindergarten wing of the school, rather than push-in to homeroom/classrooms to provide ELD instruction. In 2014-2015, The ELL program has 3 rooms for sue, including a full-sized classroom and two smaller rooms. There is currently no ELD instruction occurring in the hallways of Kane School.In 2013-2014, ELL teachers at Richer School had chosen to pull groups on one common room for instruction, rather than push-in to homerooms/classrooms to provide ELD instruction. This resulted in high numbers of students in the Newcomer Room. The student groups are smaller in number this year, resulting in fewer students in the room at any given time. In addition, ELL teachers have been encouraged to provide ELD instruction within the homerooms/classrooms in a ‘pull to the side’ model rather than bring multiple groups to the Newcomer Room. Additionally, there is a plan to add another ELL teacher to Richer School by Nov of 2014. |
| **Title/Role(s) of Responsible Persons:**K-12 ELL Director, Elementary ELL Coordinator, building principals | **Expected Date of Completion:**11/30/2014 |
| **Evidence of Completion of the Corrective Action:**Report by K-12 ELL Director about reorganization of ELL instruction in elementary schools and addition of one ELL instructor at Richer School and PowerPoint presentation by ELL Director to School Committee on Oct 28, 2014 |
| **Description of Internal Monitoring Procedures:** Based on the organizational chart of the Marlborough Public Schools, a new position was created in the spring of 2014 that has taken full effect in the 2014-2015 school year. The District now has a full-time administrative unit role of K-12 ELL Director, who supervises 3 ELL Coordinators and supervises and evaluates some 25 ELL teachers in the District. With this oversight there is a more consistent paradigm for delivery of instruction to ELLs, especially in the elementary schools. This Director meets bi-weekly with the Executive Directors of Education and sits on the leadership team of the Superintendent in meetings bi-weekly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 23 Comparability of facilities | **Corrective Action Plan Status:** Approved **Status Date:** 12/04/2014 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 30, 2015, submit floor plans for Kane Elementary School along with a narrative description of the location of all ELL classrooms and class lists of these classrooms, including the name of teacher and ELL students. Submit teacher schedules for all ELL students at Richer School to include: teacher and student name, level of student need (as determined by ACCESS overall composite score), classroom location for direct ESL instruction. Additionally, submit a floor plan for Richer School indicating location of ELE classrooms along with a letter of assurance from the principal and superintendent.By April 30, 2015 a representative of the Department of Elementary and Secondary Education will conduct an onsite visit to verify that separate facilities for English language learner students that are comparable to the facilities for other students in the district. |
| **Progress Report Due Date(s):** 01/30/201504/30/2015 |