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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: Middleton

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 04/09/2014.

**Mandatory One-Year Compliance Date:** **04/09/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 2 | Required and optional assessments | Partially Implemented |
| SE 4 | Reports of assessment results | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 25A | Sending of copy of notice to Special Education Appeals | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 6 | Availability of in-school programs for pregnant students | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 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 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that the required assessments in the student's suspected areas of disability are not being conducted including: 1) evaluation of the student's skills by the classroom teacher with current knowledge of the referred student; 2) health assessment as indicated; and 3)occupational therapy assessment by an occupational therapist . | | |
| **Description of Corrective Action:**  Activity 1: Retrain all classroom teachers regarding their responsibility for completion of Teacher Assessment Forms A & B; provide sample reports as models (redacted of student's personally identifiable information).  Activity 2: Develop plan of action with district Nurses for completion of Health Assessment when the Physician/Pediatrician of record does not return the Health Assessment form to the district.  Activity 3: All Occupational Therapy evaluations are conducted by the district's OTR; we are not sure why this item remained as needing corrective action following the district's factual correction of the draft. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Special Education Coordinators, Principals, Nurses, OTR | | **Expected Date of Completion:**  11/04/2014 |
| **Evidence of Completion of the Corrective Action:**  1. The district will provide documents related to training sessions in the fall as well as examples of the Teacher Assessment Forms A&B for initial and re-evaluations conducted; 3 from each school in January and another 3 from each school in April.  2. Written description of process used to obtain Physician's Health Assessment and sample Health Assessment Reports written by the nurses, if needed, during any fall and winter evaluations conducted in the 2014-2015 school year.  3. Sample OT evaluation reports signed by the OTR. | | |
| **Description of Internal Monitoring Procedures:**  1. Principals will review all Teacher Assessment forms as part of the Educator Evaluation cycle during the fall and winter of 2014-2015; Principals will notify Special Education Administrator of teachers who may require additional support in this process.  Special Education Administrator will read several Teacher Assessment reports each month, reflecting a cross section of grade levels and teacher experience level, and keep a file of exemplars to share if/as other teachers need assistance.  2. Special Education Administrator to review completed evaluation report packets to ensure that a Health Assessment is included when indicated/authorized by parent.  3. Special Education Administrator to review completed evaluation report packets to ensure that an OT evaluation report, signed by the OTR, is included when indicated/authorized by parent. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, submit evidence of training for appropriate special education staff on the requirements to conduct all required assessments (Educational Assessment A and B and assessments in all areas of suspected disability) that includes an agenda, training materials and a signed attendance sheet with name(s), role(s) and signature(s). Also provide a narrative description of the planned periodic reviews with the name/role of the designated person conducting internal oversight and tracking to ensure that assessments are completed. Submit to the Department by October 27, 2014.  Subsequent to the implementation of corrective actions, submit a report of the results of an internal administrative record review to determine whether required assessments are completed. Please include number of student records reviewed; the number of records in compliance; and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance. Submit this information to the Department by February 16, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 4 Reports of assessment results | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that evaluation report summaries do not always include the procedures employed and diagnostic impressions for the related services of speech and language, occupational therapy and physical therapy. | | |
| **Description of Corrective Action:**  Activity 1: The Special Education Administrator will meet with the 4 related services evaluators for the district to review the regulatory requirements and share sample reports (redacted) which clearly meet the regulatory requirement; these meetings may not necessarily happen with the staff all together, but more discipline-specific.  Activity 2: The Special Education Coordinators will review all evaluation reports as they are written and provide targeted, written feedback should the level of detail be insufficient to meet the standard; copies of their written feedback will be shared with respective principals and Special Education Administrator for additional follow-up and reflection within the appropriate Educator Evaluation standards, if needed. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Special Education Coordinators | | **Expected Date of Completion:**  11/04/2014 |
| **Evidence of Completion of the Corrective Action:**  Description of content covered in training meetings with therapists.  Sample reports from each evaluator collected during the fall and winter months by the Special Education Administrator. | | |
| **Description of Internal Monitoring Procedures:**  Sample reports from each evaluator collected during the fall and winter months by the Special Education Administrator. Targeted feedback by Special Education Coordinators to evaluators to be collected by Special Education Administrator and reviewed with any individuals requiring further training and assistance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 4 Reports of assessment results | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 submit evidence of training for related service providers on completing assessment summaries that include diagnostic impressions and procedures employed for evaluation. Include an agenda and a signed attendance sheet with name, role(s) and signature(s). Also provide a description of the district's internal oversight for assessment summary content, along with the name/role of the designated person for oversight by October 27, 2014.  Subsequent to all corrective actions, submit a report of the results of an administrative internal review of student records that includes: the number of student records reviewed; the number of records in compliance; and the steps the district will take to address any areas of non-compliance. Submit the summary of the results to the Department by February 16, 2015.  \*Please note when conduction internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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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:**  Review of student records indicated that eligibility determination meetings are not always held within forty-five (45) school working days after receipt of parental consent for evaluations. | | |
| **Description of Corrective Action:**  Training for all special education evaluation staff members regarding the importance of timelines.  Special Education Coordinators will establish a TEAM meeting date somewhere around the 35-40 the school working day after receipt of an evaluation consent form; this meeting date will be communicated to all evaluation team members and the parents via the Team Meeting Notification form, within 10 days of the parental authorization to conduct the evaluation. Any cancellations of this Team Meeting date will be documented in the student's record indicating reason, such as an inclement weather cancellation or a parental request to cancel/change the date; in which case the meeting will be rescheduled as soon as possible. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Coordinators and Administrator | | **Expected Date of Completion:**  04/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Special Education Coordinators and Administrator will maintain a spreadsheet of all evaluation dates/data during the fall/winter of 2014-2015, including any cancellation data.  Copies of Team Meeting Notifications in student records. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator will maintain a spreadsheet of all evaluation dates/data during the fall/winter of 2014-2015, and follow up with any Coordinator that is not concluding the evaluation process in the required timeline. This monitoring will continue in future school years as well. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 submit evidence of procedures and training for appropriate special education staff regarding timelines that includes the agenda, training materials, and signed attendance sheets. Also submit a narrative of the internal tracking and oversight system by designated person(s) responsible to ensure compliance with timelines. Subsequent to all corrective actions, conduct an administrative review of student records where an initial or re-evaluation IEP Team meeting was conducted to determine whether the district held an IEP meeting within forty-five (45) school working days from the signed consent. Submit the number of student records reviewed, the number in compliance, the root cause of any non-compliance and the corrective actions the district will take to remedy any identified non-compliance. Submit to the Department by February 16, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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| **Criterion & Topic:**  SE 11 School district response to parental request for independent educational evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the district does not reconvene the Team within ten (10) school working days, e.g. in some instances, the Team meets more than three weeks, after receiving private Independent Educational Evaluation reports. | | |
| **Description of Corrective Action:**  The Special Education Coordinator will schedule an IEE review meeting and send the Team Meeting Notification to the parents and other team members within 2 days of receipt of any IEE; the meeting will be scheduled to occur within the ten school working days.  In the past, school staff would call parents to arrange a mutually convenient date and due to parents' not returning phone calls quickly enough and parents' schedule preferences; this has contributed to meetings being schedule beyond the 10-days. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Coordinators and Administrator | | **Expected Date of Completion:**  06/25/2014 |
| **Evidence of Completion of the Corrective Action:**  The Special Education Administrator will collect and record data from any Team meeting notification of all IEE meetings that are convened this spring; this data will include the date the IEE was received, the date of the meeting, and the date of any action taken as a result of the IEE review meeting. | | |
| **Description of Internal Monitoring Procedures:**  The data from any Team meeting notification of all IEE meetings that are convened this spring will be transferred onto a spreadsheet kept by the Special Education Administrator; this data will include the date the IEE was received, the date of the meeting, and the date of any action taken as a result of the IEE review meeting. This process will be continued through next school year as there may not be many IEE meetings this spring to ensure the new practice is fully adopted. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training for Special Education Coordinators regarding the requirement to convene the IEP Team 10 days from the receipt of a private Independent Educational Evaluation (IEE) that includes the agenda, training materials and signed attendance sheets by October 27, 2014. Also provide a narrative description of the internal oversight and tracking system with the designated person responsible by October 27, 2014.  Subsequent to all corrective actions conduct an administrative internal review of student records for students who have had a private IEE following the training of Special Education Coordinators and provide a summary report of the number of student records reviewed, the number in compliance and the steps the district will take to correct any identified non-compliance by February 16, 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, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records demonstrated that the district does not consistently convene the Team before the anniversary date of the IEP and in some cases amendments are used to extend IEPs. | | |
| **Description of Corrective Action:**  Activity 1: Special Education Administrator and Coordinators will retrain all special education staff on IEP development expectations and timelines. (by end of Sept 2014)  Activity 2: Special Education Coordinators will plan the 3-year Re-Evaluation schedule for the entire school year by the end of September 2014; the dates by which the Liaison must complete the record review to determine which assessments must be conducted will also be clearly identified; the consent to conduct the evaluation will continue to be sent from the Central Special Education office so that we may track the evaluation process and a new practice will be to inform both the Special Education Coordinator and Liaison the date the consent to conduct an evaluation is mailed to the parents so that follow-up can occur if the consent is not returned within 10 days.  Activity 3: Special Education Coordinators will communicate with individual special education staff/liaisons at the start of each month as to what IEP-related activities are expected for the following month and capture key dates in a written form.  Activity 4: Should a re-evaluation consent form not be returned in a timely fashion, and the IEP is due to expire, the Team will reconvene and use informal and other student progress monitoring data to rewrite the IEP. When the re-evaluation is completed, the Team will reconvene again to determine IDEA eligibility and if the student remains eligible, rewrite or amend the IEP to reflect the updated evaluation data. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator and Coordinators and Special Education staff/ Liaisons | | **Expected Date of Completion:**  04/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Training information and dates of training.  Special Education Coordinators' master calendar of Re-Evaluation dates and notes from meetings with staff regarding upcoming responsibilities for the next month.  Phone logs or email communication with parents if needed, to answer any questions parents may have about a proposed re-evaluation in order to facilitate return of consent forms in a timely manner. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator will track IEP expiration dates and compare with Special Education Coordinators' master calendars to ensure new IEP development occurs before a current IEP expires.  Special Education Administrator will track the return of 'consents to re-evaluate' and notify coordinators and liaisons if consent forms are not returned within 7-10 days of mailing so they can personally follow up with parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:**  The substance of the finding relates to annual IEP meetings not being held before the anniversary date of the IEP; the district's proposed action does not specifically address this issue. | | |
| **Department Order of Corrective Action:**  Using a sample of student records with annual reviews conducted between September & December 2013, conduct a root cause analysis to determine why IEP Team meetings were not held on or before the anniversary date of the IEP. Provide training for Team Chairs & other relevant special education staff on convening the annual review before the anniversary date of the IEP. Describe the internal oversight and tracking system to ensure IEP meetings are held before the anniversary date of the IEP and the person(s) responsible. Conduct an internal review of student records to determine whether IEP Team meetings are held before the anniversary date of the IEP. | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, provide a detailed narrative description of the root cause analysis for annual reviews held between September & December 2013, including the results of the record review & analysis of factors preventing the timely convening of annual reviews. Submit evidence of training to Team Chairs & other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the present by October 27, 2014. Submit a description of the district's internal oversight and tracking system with periodic reviews, along with the name/role of the designated person by October 27, 2014. Submit the results of the review of student records with annual reviews convened following implementation of corrective actions to determine whether IEP Team meetings are held before the anniversary date of the IEP. This report must include the number of student records reviewed & the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. This progress report is due February 16, 2015. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records revealed that although the district provides a summary form with goal areas and the service delivery grid to parents at the conclusion of the Team meeting, the proposed IEP is not provided to parents within two weeks after the Team meeting, as required. | | |
| **Description of Corrective Action:**  Activity 1: Special Education Administrator and Coordinators will provide training for all special education staff regarding IEP development and the related timeline requirements. (Fall 2014)  Activity 2: Special Education Coordinators will meet with each special education liaison within 2 days of an IEP development meeting if she has not been notified that the IEP is complete and ready for mailing to the parents; the purpose of this meeting will be to solve any obstacles impeding the completion of the final document so the IEP can be mailed to the parent(s) within 5 school working days. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Coordinators, Staff/Liaisons | | **Expected Date of Completion:**  04/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Special Education Administrator to develop and record all IEP related dates on a spreadsheet and track each IEP developed and sent to parents in the district; she will meet with coordinators at least once monthly to discuss any patterns/trends that may emerge from the data analysis and develop targeted support plans to expedite IEP completion. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator to develop and record all IEP related dates on a spreadsheet and track each IEP developed and sent to parents in the district; she will meet with coordinators at least once monthly to discuss any patterns/trends that may emerge from the data analysis and develop targeted support plans to expedite IEP completion. This monitoring plan will continue through the following school year to ensure any new staff are properly trained and supported in timely IEP completion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:**  The district's proposed corrective action does not specifically address immediately sending two copies of the proposed IEP/placement to parents, e.g. within 10 school working days if parents receive a Team meeting summary following the IEP development meeting. | | |
| **Department Order of Corrective Action:**  Please review the Department's Memorandum on the Implementation of 603 CMR 28.05(7): Parent response to proposed IEP and proposed placement at http://www.doe.mass.edu/news/news.aspx?id=3180 as the basis of the district's corrective action and provide training to relevant staff. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP development conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that the district sends 2 copies of the proposed IEP/placement within 3-5 days (without a Team summary) or within 10 school working days (with a Team summary) to parents. This report must include the number of student records reviewed & the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. This progress report is due February 16, 2015. \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the Nonparticipation Justification statement in the IEP is not individualized and therefore lacks justification as to why it is critical that the student be removed from general education classroom instruction with the use of supplementary aides and receive services in a more restrictive setting. | | |
| **Description of Corrective Action:**  Special Education Administrator and Coordinators will provide an in-depth retraining of all staff in IEP development, including the importance of an adequate description of the factors contributing to a student's need to be educated for any part of his/her day in a special education setting. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Coordinators, Special Education Staff/Liaisons | | **Expected Date of Completion:**  03/01/2015 |
| **Evidence of Completion of the Corrective Action:**  IEP training packet/information along with dates of training  Special Education Administrator will review at least 2 IEPs from each special educator during the school year and create a bank of exemplar LRE statements to share with special educators who may need additional support and assistance to improve in this area. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator will review at least 2 IEPs from each special educator during the school year and personally review any areas needing ongoing correction and improvement. This will continue into the following school year as well for any new educator or anyone who needed support during the 2014-2015 school year to improve in their documentation on this section of the IEP. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP development conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that Teams consistently & appropriately justify a student's removal from the general education classroom & state why the removal is considered critical to the student's program. This report must include the number of student records reviewed & the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. This progress report is due February 16, 2015. Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews revealed that the district does not use the Notice of Proposed Action (N1) or Notice of Refusal to Act form (N2). The district instead issues a letter with a narrative describing the discussion at the Team meeting. This letter does not always contain any options considered, options rejected, or reasons for the rejection and therefore does not meet all of the federal requirements for the content of the parent notice. | | |
| **Description of Corrective Action:**  Special Education Administrator will request exemplar N1s and N2s from colleagues in other districts (redacted) and will then review with Coordinators during summer training to develop a new template for our district. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator and Coordinators | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised sample N1 and N2 letters | | |
| **Description of Internal Monitoring Procedures:**  Special Education Administrator reads every N1 and N2 letter sent from the district and will use a checklist of the required items to ensure each letter meets the standard; this will continue during the school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014, provide the district's revised template for the Notice of District Proposed Action (N1) & Notice of District's Refusal to Act (N2), which includes the required information on page one and the six guiding questions on page two. Submit evidence of training to IEP Team chairpersons and other relevant special education staff and include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by October 27, 2014. Conduct internal monitoring of approximately 15 records, representing a cross-section of the district's schools/grades, with IEP activities conducted subsequent to all corrective actions. Develop a report of the results of the internal review of records to ensure that Teams are using the revised Notice template and all six guiding questions are addressed. This report must include the number of student records reviewed & the number of records in compliance; for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance. This progress report is due February 16, 2015. Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 25A Sending of copy of notice to Special Education Appeals | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the district does not always send notice to the Bureau of Special Education Appeals within five calendar days for rejected or partially rejected IEPs. | | |
| **Description of Corrective Action:**  Every fully or partially rejected IEP will be sent to the BSEA by the end of the following school business day after receipt. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator | | **Expected Date of Completion:**  06/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Log of Rejected IEPs and the date notification was sent to the BSEA. | | |
| **Description of Internal Monitoring Procedures:**  Log of Rejected IEPs and the date notification was sent to the BSEA. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25A Sending of copy of notice to Special Education Appeals | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:**  The description for corrective action lacks specificity and the persons responsible for implementation. | | |
| **Department Order of Corrective Action:**  Conduct a root cause analysis to determine why the notices to the Bureau of Special Education Appeals (BSEA) for partially rejected and rejected IEPs are not sent within five (5) school working days to the BSEA.  Develop an internal oversight and tracking system for partially or fully rejected IEPs that includes periodic reviews by the Director of Special Education to ensure ongoing compliance.  Subsequent to corrective actions, conduct an internal review of student records with partially or fully rejected IEPs. | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 provide a narrative description of the root cause analysis to determine why the notices to the Bureau of Special Education Appeals are not being sent within five (5) school working days. Also submit a description of the internal oversight and tracking system and person(s) responsible to ensure such notice by October 27, 2014.  Subsequent to the implementation of corrective actions, submit a summary report of the student record review for records with partially or fully rejected IEPs and sending of notice to the Bureau of Special Education Appeals that identifies the number of records reviewed, the number in compliance and the steps the district will take to remedy any identified non-compliance by February 16, 2014.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the district does not have special education documents translated when the primary language of the home is other than English. Additionally, staff interviews revealed that when interpreters have been utilized, they are not always familiar with special education procedures or are not necessarily fluent in the primary language of the parents when called upon to assist with communications. | | |
| **Description of Corrective Action:**  The district will collaborate with other school districts in the area to expand upon its list of translation and interpreter agencies.  The district will develop a training guide for use with interpreters to ensure s/he is familiar with the special education procedures for which s/he is being hired.  The district will revise its Home Language Survey to ensure parents have a clear opportunity to indicate a language preference for written materials. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Administrator, Principals, ELL Coordinator, Special Education Coordinator | | **Expected Date of Completion:**  04/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised list of interpreters and translation agencies.  Training documents related to special education procedures used with interpreters.  Revised Home Language Survey. | | |
| **Description of Internal Monitoring Procedures:**  All IEP-related translation and interpretation service requests will be directed through the Student Support Services/ Special Education office so that we can track and monitor the effectiveness of these services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 provide: 1) the updated Home Language Survey; 2) the list of resources for translation and interpretation; 3) evidence of training for Principals and appropriate staff that includes the agenda, materials disseminated and a signed attendance sheet with name(s), role(s) and signature(s); and 4) a narrative description of the tracking system for parents who need translation and/or interpretation.  Subsequent to all corrective actions submit the results of an administrative internal review of student records for parents whose primary language is not English and provide a summary report regarding whether the important documents (IEP, assessment summaries, progress reports, report cards etc.) are translated or documented as being provided orally to the Department by February 16, 2014.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a)List of student names and grade levels for the student records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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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:**  Observations of facilities revealed that at the Howe Manning Elementary School there is a cluster of special education services in rooms 237, 239, 240, 245 and 246 that results in stigmatization and limits inclusion of students into the life of the school. | | |
| **Description of Corrective Action:**  The administrators identified will review space room assignments for the 2014-2015 school year and new assignments will be made so that regular education support services are intermingled with the special education spaces identified as problematic. | | |
| **Title/Role(s) of Responsible Persons:**  Principal, Special Education Administrator, Superintendent | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised floor plan with room assignments noted. | | |
| **Description of Internal Monitoring Procedures:**  Revised floor plan with room assignments noted submitted to Special Education Administrator and Superintendent. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 the district will provide a floor plan of the Howe Manning School that identifies changes in placement of any special education classrooms identified in the 2013-2014 year and the new placement of any special education classrooms for the 2014-2015 school year.  The Department will conduct a verification on-site review of facilities on or before February 16, 2014. | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

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| **Criterion & Topic:**  CR 6 Availability of in-school programs for pregnant students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district only requires a pregnant student to obtain a physician's certification to continue her education in the school but for students who have other conditions, it is not required. | | |
| **Description of Corrective Action:**  The Superintendent will review the regulatory requirements related to this criterion with the Middleton School Committee so that the MSC may revise the current school policy to ensure compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent and School Committee | | **Expected Date of Completion:**  12/22/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised policy. | | |
| **Description of Internal Monitoring Procedures:**  Revised policy. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 6 Availability of in-school programs for pregnant students | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By February 16, 2014, provide the updated policy for pregnant students to remain in regular classes and participate in extracurricular activities along with a narrative description of the district's dissemination and training to relevant staff (principals, nurses, guidance counselors). | | |
| **Progress Report Due Date(s):**  02/16/2015 | | |

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

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

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents revealed that the student handbook and code of conduct do not reference Massachusetts General Law, chapter 76, section 5 regarding a district nondiscrimination policy for protected categories to ensure consistency in its non-tolerance for harassment, procedures of due process and disciplinary measures for any determined occurrence. | | |
| **Description of Corrective Action:**  The Superintendent and Principals will review the regulatory requirements related to this criterion with the Middleton School Committee so that the MSC may revise the current school policy to ensure compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Principals and School Committee | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Revised handbook for 2014-2015 | | |
| **Description of Internal Monitoring Procedures:**  Review and revise handbook, annually, to reflect any regulatory changes. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2014 provide the Boxford School Student and Parent Handbook for the 2014-2015 school year that includes the reference in the code of conduct to M.G.L. c.76, s. 5, procedures for due process for disciplinary issues and consistency in harassment procedures. The district may upload the document or provide a link to its website where the revised handbook has been posted. Also provide evidence of training to appropriate staff (Principals, Assistant Principals, counselors) that includes an agenda, materials disseminated and a signed attendance with name(s) and role(s). | | |
| **Progress Report Due Date(s):**  10/27/2014 | | |

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

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

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents and staff interviews indicated that the district does not annually evaluate all aspects of its K-6 program to ensure that students have equal access to all programs, including athletics and extracurricular activities. | | |
| **Description of Corrective Action:**  The Superintendent and Principals will review the regulatory requirements related to this criterion and will develop a self-evaluation plan; such plan will be reviewed with the school committee. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Principals | | **Expected Date of Completion:**  04/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Written description of the annual Self-Evaluation Plan | | |
| **Description of Internal Monitoring Procedures:**  Inclusion of the Self-Evaluation plan/ results in at least one school committee meeting each year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/30/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the district's plan to annually review all aspects of the district's prek-6 programming to ensure equal access to all programming for all students by October 27, 2014, including a timeline of activities, personnel & designated tasks. By February 16, 2015, submit evidence of the implementation of the institutional self-evaluation, including data reports, presentations, survey results, etc. | | |
| **Progress Report Due Date(s):**  10/27/2014  02/16/2015 | | |

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

District: Middleton Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Middleton/ Sharon (Lyons) Stewart, Ass’t Sup’t of SSS

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

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report to the school or district.

**Mandatory One-Year Compliance Date: September 11, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *District documentation does not specify the number of ESL/ELD instruction hours that all ELLs at all proficiency levels receive and that those hours are consistent with current Department guidelines. However, student records and staff interviews indicated that current hours of ESL instruction ELLs receive are insufficient at all levels of English proficiency and are, therefore, inconsistent with Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html). | | | |
| **Narrative Description of Corrective Action:**  The District Administration (Principals, Superintendent, Assistant Superintendent of Student Support Services, ESL Coordinator) will develop a document which more clearly articulates how ESL instruction hours are determined and this document will be consistent with DESE current guidelines and relate to student proficiency levels. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Superintendent; Assistant Superintendent of Student Support Services; Principals; ELE Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:** Dec. 31, 2014 | |
| **Evidence of Completion of the Corrective Action:** District document which describes the number of ESL hours related to students’ proficiency levels.  Document to be shared with Teachers and Parents of ELL students. | | | |
| **Description of Internal Monitoring Procedures:** Principals to work with ESL instructional staff to ensure students ESL instructional time aligns with DESE guidelines.  Principals will work with their classroom teaching staff to ensure coordination of ESL program with general education program. Principals to monitor the delivery of ESL instruction to ensure planned instruction is delivered; Twice-annual reports to be provided to the Assistant Superintendent of SSS noting any missed instruction and the reason(s) why ESL instruction may have been missed. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 5 Program Placement and Structure | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  Please complete district information in the attached spreadsheet labeled *ELL List* by school for each ELL student in the district. | | | |
| **Progress Report Due Date(s): January 16, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 6 Program Exit and Readiness | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *According to the “Reclassification Guidelines” submitted by the district students may be exited from the program if a team of professionals determines that a student will no longer benefit from ESL instruction due to some issues such as the years in the program, learning disability or emotional trauma even if this student is not English proficient based on ACCESS for ELLs results and other relevant data and therefore, cannot participate meaningfully in all aspects of the district’s general education program without the use of adapted or simplified English materials. Current practice of reclassification of ELLs as Former Limited English Proficient (FLEP) in Middleton Public Schools is not consistent with the Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html) *.* | | | |
| **Narrative Description of Corrective Action:** The District Administrationwill revise its reclassification guidelines to be consistent with the DESE guidance document. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Ass’t Sup’t of SSS, Principals, ELE Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:** Jan 31, 2015 | |
| **Evidence of Completion of the Corrective Action:** Revised Reclassification policy | | | |
| **Description of Internal Monitoring Procedures:** Notes from Child Study Teams where students are reclassified as FLEP, will be sent to Ass’t Sup’t of SSS for her review and follow-up, as needed. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 6 Program Exit and Readiness | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  Please submit a description of the district’s reclassification procedures, other supporting documents such as annual review forms and the district’s program exit criteria showing that:   1. the district does not reclassify ELL students as Former Limited English proficient (FLEP) until he or she is deemed English proficient and can participate meaningfully in all aspects of the district’s general education program without the use of adopted or simplified English materials and, 2. the district does not limit or cap the amount of time in which an ELL student can remain in a language support program. | | | |
| **Progress Report Due Date(s): January 16, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 17 Program Evaluation | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Documentation and staff interviews indicated that the district has not formally evaluated the ELE program for effectiveness.* | | | |
| **Narrative Description of Corrective Action:** The District Administration will plan and conduct a program evaluation to be completed this school year; the district administration will review the findings of the program evaluation and develop an action plan related to any areas in need of adjustment. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Superintendent, Assistant Superintendent of Student Support Services, ELE Program Coordinator, Principals, Director of Curriculum | | **Expected Date of Completion for Each Corrective Action Activity:** June 1, 2015 | |
| **Evidence of Completion of the Corrective Action:** Program Evaluation Report | | | |
| **Description of Internal Monitoring Procedures:** Superintendent will schedule Program Evaluation of key elements to be conducted periodically and results shared with the school committee and public. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 17 Program Evaluation | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Approval or Disapproval:** The district specified a team of Administrators to evaluate the English language education program. Key elements will be reviewed periodically and findings will be reviewed and shared with the school committee. | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **By January 16, 2015**, provide the plan for the program evaluation including the type of data that will be used and the persons responsible to gather and analyze the data.  **By March 23, 2015**, provide evidence documenting the implementation of the ELE program evaluation, including any student, policy, or survey data analyzed and any conclusions or recommendations for changes based on the data. | | | |
| **Progress Report Due Date(s): January 16, 2015; March 23, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| Criterion & Topic: ELE 18 Records of ELL Students | | | Rating: Partially Implemented |
| **Department CPR Finding:** *Student records demonstrated that the district’s home language survey does not request information related to the need for translated documents. In addition, progress reports and report cards were not contained within each ELL student record.* | | | |
| **Narrative Description of Corrective Action:** Revise the Home Language Survey  Photocopy Progress reports from prior school year’s cumulative folder for the ELL student folder; Principals to inform classroom teachers of ELL students to regularly photocopy progress reports for ELL program coordinator. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Assistant Superintendent of SSS; Principals; ELE Coordinator | | **Expected Date of Completion for Each Corrective Action Activity: Oct 31, 2014** | |
| **Evidence of Completion of the Corrective Action:** Revised HLS | | | |
| **Description of Internal Monitoring Procedures:** HLS form is reviewed annually (in the summer) by Principals to ensure required components are included and that the most up to date form is included in the school registration packet of forms. All HLS forms that indicate any language other than English are sent to the Ass’t Sup’t of SSS so that she may monitor that the correct (revised) form is being used.  The Principals will send photocopies of all progress reports and report cards to the ELE Coordinator for inclusion in the ELL student record. The ELE Coordinator will send a copy of the ELL-supplemental progress report to each Principal for inclusion in the student’s cumulative folder.  Principals and ELE Coordinator to jointly review each ELL student record within two weeks of the conclusion of the 2nd trimester progress reporting period to ensure all required progress report forms are included in the record. Principals will provide a written report to the Assistant Superintendent of Student Support Services within two weeks of the close of school as to the status of each ELL student record completion and any outstanding issues that require follow up to ensure compliance with record completion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 18 Records of ELL Students | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Approval or Disapproval:** The district will revise the Home Language Survey form to include information related to the need for translated written documents and oral interpretation at meetings and open house events. The progress report information will be shared and copied in the cumulative folder and the ELE student record. The procedure to review needs to be on going. | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  **By** **January 16, 2015**, provide a copy of the revised home language survey. It is recommended that district use the home language survey developed by the Department, available at <http://www.doe.mass.edu/ell/resources.html> in several languages.  In addition, provide evidence of the dissemination of procedures for the inclusion of progress reports and report cards in the ELL records by **January 16, 2015.** This can include training materials, an agenda, memoranda to appropriate staff, and/or signed attendance sheets.  **By March 23, 2015**, Conduct an internal record review of a sample of ELL records from all grade levels following the implementation of all corrective actions for evidence thatprogress reports and report cards are maintained in the student record.  Report the number of ELE records reviewed and the number that contained progress reports and report cards. If any non-compliance is identified, the district will report the root cause and its proposed plan of action to remedy any noncompliance for each student record reviewed. This progress report is due **March 23, 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, their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): January 16, 2015; March 23, 2015** | | | |