|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Reading

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 08/19/2014.

**Mandatory One-Year Compliance Date:** **08/19/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 18A | IEP development and content | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicated that the IEP Teams do not consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when evaluations indicate that a student's disability affects social skills development, or when the student's disability makes him or her vulnerable to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  -A new team meeting summary form was created following the CPR which includes an area to consider as a team when a student’s disability affects social skills development, or when his or her disability makes him or her vulnerable to bullying, harassment, or teasing.  -All special education staff were provided training on the requirement of the team to consider how the IEP can address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing. Training was conducted: | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services, Team Chairs, Principals | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  -Agendas, sign in sheets and a copy of the team meeting summary form  -Review of the IEPs for the 2 students who were identified  -Results of random file review to be completed in January and April 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of IEPs generated between November 15, 2014 and January 15, 2015 and again between January 15, 2015 and April 15, 2015 will be completed to ensure that the information is being captured on the team meeting summary and also that the IEP is reflecting the considerations of the team. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:**  The district's internal monitoring process must be ongoing, rather than a two-time data snapshot. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system to ensure that IEPs for students whose disability affects social skills development, or when his or her disability makes him or her vulnerable to bullying, harassment, or teasing include skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. The tracking 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):**  Provide the amendment form, the Team attendance sheet (N3A) and any documentation demonstrating the district’s actions, including a narrative description of the district’s actions for students L Batte and S Kamaha. Submit these documents on or before December 1, 2014.  Submit the newly developed IEP Team meeting summary form, along with evidence of staff training on these procedures, which will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by December 1, 2014.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by December 1, 2014.  Submit the results of an administrative review of student records for consideration of vulnerability to bullying and the documentation and provision of skills and proficiencies to address or avoid bullying, harassment and teasing. Indicate the number of records reviewed at each level (2 minimum elementary, middle, secondary and out-of-district), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by March 2, 2015.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  12/01/2014  03/02/2015 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that IEP Teams do not consistently and appropriately justify the student's removal from the general education classroom and state why the removal is considered critical to the student's program or the basis for the removal. | | |
| **Description of Corrective Action:**  A training will be provided by the team chairs to all special education staff to discuss the requirement of the team to appropriately justify the student’s removal from the general education setting and to state why the removal is considered critical to the student’s program or the basis for removal. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services, Team Chairs, Principals | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  -Agendas, sign in sheets and a copy of the team meeting summary form  -Results of random file review to be completed in January and April 2015. | | |
| **Description of Internal Monitoring Procedures:**  -A random review of IEPs generated between November 15, 2014 and January 15, 2015 and again between January 15, 2015 and April 15, 2015 will be completed to ensure that the information is being captured in both the team meeting summary form and in the IEPs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:**  The district's proposed internal monitoring process must be ongoing, rather than a two-time data snapshot. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system to ensure that IEPs contain statements that appropriate justify the student's removal from the general education classroom. The tracking 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):**  Submit evidence of staff training on development of LRE statements, which will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by December 1, 2014.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by December 1, 2014.  Submit the results of an administrative review of student records for evidence that non-participation justification statements appropriately justify the student's removal from the general education classroom and state why the removal is considered critical to the student's program or the basis for the removal. Indicate the number of records reviewed at each level (2 minimum elementary, middle, secondary and out-of-district), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by March 2, 2015.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  12/01/2014  03/02/2015 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews indicated that the district does not have a process for immediately informing parents in writing of any delayed IEP services due to a lack of classroom space or personnel, along with reasons for the delay, actions that the district is taking to address the lack of personnel, and alternative methods to meet the goals on the accepted IEP. | | |
| **Description of Corrective Action:**  The Director of Student Services will develop a process for special education staff to notify the building principal and/or the team chair if there is a delay or problem impacting the ability to implement an IEP once it has been signed. The team chair and/or principal would then be responsible for reaching out to the Director of Student Services to discuss the steps that need to be taken in order to inform parents and provide any necessary compensatory services, if appropriate or warranted.  This process will be reviewed with team chairs, principals and special education staff. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services, Team Chairs, Principals | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  -Agendas and sign in sheets  -Copies of any written communications to parents regarding missed services that occur between November 2014 and May 2015. | | |
| **Description of Internal Monitoring Procedures:**  Regular review of service delivery requirements and any challenges on implementation with both team chairs and principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:**  The district's proposed process regarding implementation of a consented-to IEP does not address immediately informing parents in writing of any delayed IEP services due to a lack of classroom space or personnel, along with reasons for the delay, actions that the district is taking to address the lack of personnel, and alternative methods to meet the goals on the accepted IEP. | | |
| **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, along with 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 December 1, 2014, submit the district's process and copy of written notice to inform parents of delayed IEP services, ensuring that the process & notice include all elements required by regulation. In addition, submit evidence of special education staff training on these procedures. This documentation will include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By December 1, 2014, submit a description of the district’s oversight & tracking system with periodic reviews, along with the name/role of the designated person.  By March 2, 2015, using the district's tracking process to identify a sample, review all records where a delay in consented-to IEP services occurred, including for special education teacher's or related service provider's leaves of absence. 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 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):**  12/01/2014  03/02/2015 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews demonstrated that important information and documents have not been translated into the major languages spoken by parents who are not proficient in English. | | |
| **Description of Corrective Action:**  The district now informs parents that they may request important information/documents be translated. We also are posting instructions for how to request this information in twelve different languages on key documents. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent, Director of Student Services, Team Chairs, Principals | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  Handbooks and/or other documents with translated instructions. | | |
| **Description of Internal Monitoring Procedures:**  A regular review of all handbook and other important documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Disapproved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:**  The district indicated that they will inform parents that they may request translated documents such as handbooks & codes of conducts. Please note that these documents must be translated into the district's major languages; parents may request translations for low-incidence languages only. | | |
| **Department Order of Corrective Action:**  Identify the major languages other than English of the district's school community. Translate important school documents, including the Code of Conduct and the HS Handbook not major languages identified by the district. | | |
| **Required Elements of Progress Report(s):**  By December 1, 2014, submit the district's translated code of conduct and high school handbook. Alternatively provide a link to the district's website where the translated documents are posted.  For all families who have indicated a preference for translated school documents on their Home Language Surveys, notify them of the availability of the translated code of conduct & HS handbook. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  According to document review and interviews, recruiting employers are not required to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of race, color, national origin, sex, gender identity, handicap, religion and sexual orientation, including prospective employers participating in work-study and paid internships. | | |
| **Description of Corrective Action:**  The district has developed a form and now requires employers recruiting at the school to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices and the statement specifically includes the following protected categories: race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Principals, Assistant Principals, Guidance Counselors | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of signed forms. | | |
| **Description of Internal Monitoring Procedures:**  --Communication regarding this to all administrators and guidance counselors  --Regular review of completed forms | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  On December 1, 2014, submit the signed employer statements that comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices, which includes race, color, national origin, sex, gender identity, handicap, religion and sexual orientation as protected categories. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district has not published relevant sections of the Bullying Intervention and Prevention Plan in its employee handbook. | | |
| **Description of Corrective Action:**  The district provides all staff with copies of the latest Bullying Intervention and Prevention policy/procedures, and provides an overview training at the beginning of the school year | | |
| **Title/Role(s) of Responsible Persons:**  Human Resources Administrator, Assistant Superintendent, Director of Student Services | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of policy/procedures, handbook, and training slides | | |
| **Description of Internal Monitoring Procedures:**  Review of handbook and trainings | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:**  The district proposes to provide all staff with copies of the latest Bullying Intervention and Prevention policy/procedures, along with an overview training at the beginning of this school year. However, it is not clear if the district has published sections of the Bullying Intervention and Prevention plan in its employee handbook as required by state regulations. | | |
| **Department Order of Corrective Action:**  Revise current employee handbooks to include relevant information on Bullying Intervention and Prevention plan. | | |
| **Required Elements of Progress Report(s):**  By December 1, 2014, provide relevant sections of the Bullying Intervention and Prevention Plan from the updated 2014-2015 employee handbook. In addition, submit evidence of staff training on the Bullying Intervention and Prevention Plan, which will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district's process to review the sponsorship or administration of scholarships, prizes, and awards does not address restrictions based on race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Description of Corrective Action:**  The district ensures that scholarships, prizes and awards sponsored or administered by the district are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability--and clearly posts this on all related documents. | | |
| **Title/Role(s) of Responsible Persons:**  Principals, Assistant Principals, Guidance Director, Guidance Counselors, Department Heads | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of announcements and/or programs regarding awards | | |
| **Description of Internal Monitoring Procedures:**  Review of documents and award recipients | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 1, 2014, submit announcements, programs and other posted documents that demonstrate the district's process to administer/sponsor scholarships, prizes and awards that are free of restrictions based upon race, color, sex, gender identity, religion, national origin, sexual orientation or disability. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district's notice to students 16 or over leaving high school without a diploma includes the following issues: 1) the notice is not sent to the student age 16 or over; 2) the notice does not indicate that it is sent ten days from the student's 15th consecutive unexcused absence; 3) the notice does not inform parents of the opportunity to meet with a representative of the district within ten days of receipt of the notice; 4) the notice does not indicate that parents may request an extension of the time for the meeting of not longer than 14 days; 5) the district refers students and families to GED programming as an alternative educational program rather than publically funded post-high school academic support programs. | | |
| **Description of Corrective Action:**  The district has revised the high school letter to ensure that it is sent to any student age 16 or over and includes all necessary information (including publicly funded post-high school academic support programs). | | |
| **Title/Role(s) of Responsible Persons:**  Principal, Assistant Principals, Guidance Director | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  -copy of revised letter template  -copies of any letters necessary to be sent | | |
| **Description of Internal Monitoring Procedures:**  Communication of this procedure to high school administration and review of letters | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 1, 2014, submit the revised notices to students 16 or over leaving high school without a diploma and their parents/guardians. In addition, submit evidence of staff training on the revised notices, which will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district's staff training on civil rights responsibilities does not include gender identity as one of the protected categories. | | |
| **Description of Corrective Action:**  The district's staff training of civil rights responsibilities has been revised to ensure that gender identity is included as one of the protected categories. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent, Director of Student Services | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of the training documents and/or slides | | |
| **Description of Internal Monitoring Procedures:**  Review of training materials | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 1, 2014, provide evidence of civil rights training for staff on the updated nondiscrimination policy with the added category of gender identity, including agenda, signed attendance sheets, and examples of training materials. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district does not have a process whereby individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  The district is establishing a process for reviewing all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent, Principals, Curriculum Leaders | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  -overview of process  -copies of agenda and/or notes from process | | |
| **Description of Internal Monitoring Procedures:**  Review of agendas/notes from curriculum meeting | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:**  The district's proposed corrective action does not indicate a plan of action. | | |
| **Department Order of Corrective Action:**  Establish a curriculum review process, which will include a process by which individual teachers in the district review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. Appropriate activities, discussions and/or supplementary materials can be used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Required Elements of Progress Report(s):**  Submit the district's curriculum review process, which will include process for individual teachers to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, along with evidence of training of relevant staff. Provide evidence of staff training on this review process, including signed attendance sheets with name and role of staff member, signed agendas with name and role of presenter, and examples of training materials. | | |
| **Progress Report Due Date(s):**  12/01/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the district does not annually evaluate all aspects of its K-12 program to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The district will establish a process to annually evaluate all aspects of the K-12 program to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent, Principals, Assistant Principals | | **Expected Date of Completion:**  08/19/2015 |
| **Evidence of Completion of the Corrective Action:**  -overview of process  -meeting agenda/notes | | |
| **Description of Internal Monitoring Procedures:**  Review of communication regarding this process, as well as review of meeting agenda/notes | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 10/08/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 1, 2014, submit the district's plan to evaluate all aspects of its 6-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, along with evidence of training on this plan to relevant staff. Documentation of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By March 2, 2015, submit evidence of implementation of the self-evaluation; this documentation can include meeting minutes, data analysis, memoranda, & reports, along with documentation of changes made to programming based on the self-evaluation. | | |
| **Progress Report Due Date(s):**  12/01/2014  03/02/2015 | | |

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

District: Reading Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Reading Public Schools/ Carla Pennacchio

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

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

**Mandatory One-Year Compliance Date: October 9, 2015**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 and interviews revealed 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 ELE Department will review the roster of active ELLs and their current WIDA levels to determine appropriate hours of service. The ELE department will hire a .5 ELL teacher to increase hours of service district-wide. The ELE staff members will review and revise their schedules to ensure the maximum hours of direct ELL instruction possible for each ELL according to their English language proficiency/WIDA levels. The ELE Department will meet monthly to review student data, hours of instruction, and English language proficiency/WIDA levels and discuss any changes in service needs. The ELE staff will adjust schedules when necessary. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Carla Pennacchio | | **Expected Date of Completion for Each Corrective Action Activity:** Review roster of ELLs and WIDA levels- October 2014. Hire a .5 ELL teacher- August 2014. Ongoing: the ELE department will meet monthly to review hours of instruction and revise ELE schedules when necessary. | |
| **Evidence of Completion of the Corrective Action:** Evidence includes the roster of current ELLs and their WIDA levels, ELL teachers’ schedules and hours of ESL instruction. | | | |
| **Description of Internal Monitoring Procedures:** The ELE department will provide hours of direct ESL instruction appropriate for the ELLs’ level of English language proficiency/WIDA levels to ensure student growth progress toward the goal of accessing the general education curriculum without ELL support. | | | |
| 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 Partial 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 14, 2015** | | | |