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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: Community Charter School of Cambridge (District)

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 08/29/2014.

**Mandatory One-Year Compliance Date:** **08/29/2015**

**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 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | 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 27 | Content of Team meeting notice to parents | Partially Implemented |
| SE 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 54 | Professional development | 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 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 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:** A review of student records and staff interviews demonstrated that the school does not consistently provide all required assessments consented to by the parent, specifically a history of the student's educational progress in the general curriculum; teacher assessment of the student’s attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults; and observation of the student in his/her natural or classroom environment. |
| **Description of Corrective Action:** a. CCSC will complete a root cause analysis to identify the barrier in completing this action.b. CCSC will add Educational Assessments A and B to the beginning stages of the evaluation process in the Procedural Narrative. c. CCSC will train general and special education staff to complete these Assessments. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**An excerpt from the Procedural Narrative that includes Educational Assessments A and B, and the added steps based on root cause analysis.Training agenda and sign in sheets |
| **Description of Internal Monitoring Procedures:** Complete an internal file review of 7 students re-evaluated this school year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight and monitoring system to ensure that all required, consented-to evaluations are conducted. The system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person.By March 30, 2015, conduct an internal review of approximately 10 records for students with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number in which all consented-to assessments were completed to determine eligibility. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/09/201503/30/2015 |

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

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| **Criterion & Topic:** SE 3 Special requirements for determination of specific learning disability | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records demonstrated that when a student is suspected of having a specific learning disability, not all IEP Team members sign the mandated Specific Learning Disability Team Determination of Eligibility form. Additionally, student records indicated that the school does not consistently use the four required components to document a determination of specific learning disability: Historical Review and Educational Assessment, Area of Concern and Evaluation Method, Exclusionary Factors, and Observation. |
| **Description of Corrective Action:** a. CCSC will add needed steps to, or edit the SLD forms to the Procedures Narrative.b. CCSC will train Special Education staff in the purpose and use of these forms. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsSpecial Programs Administrative Assistant | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**An excerpt from the Procedures Narrative that includes directions for use of these forms, including use of the observation form by the school psychologist.Training agenda, materials and sign in sheets. |
| **Description of Internal Monitoring Procedures:** Feedback distributed to staff after each meeting will include a check for this procedure.File Review of 3-5 students re-evaluated this year, who meet criteria for an SLD. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight and monitoring system to ensure that for all SLD eligibility determinations, Teams consistently use all 4 documentation components and all Team members sign the Specific Learning Disability Team Determination of Eligibility (Mandated form 28M/10). The 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):** Prior to developing the school’s revised procedure, review the Department of Elementary and Secondary Education guidance on SLD eligibility determination at http://www.doe.mass.edu/sped/iep/sld/default.html. By January 9, 2015, using the Department’s guidance as the basis for its revision, submit the school’s revised procedures to ensure that IEP Teams appropriately document the eligibility determination for students suspected of SLD, both for initials and re-evaluations, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. By January 9, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person.By March 30, 2015, conduct an internal review of approximately 5-6 records for students suspected of SLD, with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where IEP Teams completed all elements of the SLD eligibility determination process & all Team members signed the mandated eligibility form. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/09/201503/30/2015 |

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

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| **Criterion & Topic:** SE 3A Special requirements for students on the autism spectrum | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that, for students on the autism spectrum, IEP Teams do not consider and specifically address the verbal and nonverbal communication needs of the child; the need to develop social interaction skills and proficiencies; the needs resulting from the child's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development. Interviews and document review also indicated that the school has not developed a procedure for Team Chairpersons to follow when an evaluation indicates that a child has a disability on the autism spectrum, nor are special education staff familiar with the specific IEP development requirements for students on the autism spectrum. |
| **Description of Corrective Action:** a. CCSC will add relevant steps to the Procedures Narrative.b. CCSC will train special education staff in the purpose and process for the checklist. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**The relevant excerpt from the amended Procedures NarrativeFaculty training agenda and materialsAnnual Review Agendas for students on the autism spectrum |
| **Description of Internal Monitoring Procedures:** Feedback distributed to staff after each meeting will include a check for this procedure. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight and monitoring system to ensure that for all students identified as ASD, IEP Teams consider and specifically address all 7 areas of needs resulting from the child's disability that impact progress in the general curriculum. The 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):** Prior to developing the school’s corrective actions, review the Department of Elementary and Secondary Education guidance on IEP development for students identified with Autism Spectrum Disorder (ASD) at http://www.doe.mass.edu/sped/advisories/07\_1ta.html. On January 9, 2015, using the Department’s guidance as the basis for its revision, submit the school’s revised procedures to ensure that IEP Teams appropriately develop IEPs for students identified with ASD, including initial IEP development, annual IEP development, and for re-evaluations, along with evidence of special education staff training. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. By January 9, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person.By March 30, 2015, conduct an internal review of records for ASD students with IEP development conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where IEP Teams considered & specifically addressed the 7 areas in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/09/201503/30/2015 |

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

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| **Criterion & Topic:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and staff interviews demonstrated that the school does not consistently inform the student and the parent/guardian of the transfer of educational decision-making rights one year prior to the student turning 18. Review of student records and staff interviews also demonstrated that consent from the student is not always obtained for continued implementation of the IEP once the student has attained the age of majority. |
| **Description of Corrective Action:** a. CCSC will add age and birthday data to the tracking system used for IEP deadlines.b. CCSC will edit the Procedures Narrative to include use of this form before the 17th birthday.c. CCSC will train the high school special education staff on the purpose and use of this form. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsSpecial Programs Administrative Assistant | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**File Review of 3-5 students who will turn 17 this school year to see that this form is collectedRelevant excerpt from the Procedures NarrativeTraining agenda, materials and sign in sheets |
| **Description of Internal Monitoring Procedures:** Use of IEP tracking spreadsheet, reviewed weekly by the Director of Special Programs and Special Programs Administrative Assistant. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed corrective action does not include a process to secure a student's consent to continue IEP services when the student has sole or shared decision-making. |
| **Department Order of Corrective Action:**Prior to developing the school’s revised procedures, review Administrative Advisory SPED 2011-1, http://www.doe.mass.edu/sped/advisories/11\_1.html. Develop specific procedures to notify parent and student one year prior of the rights that will transfer from the parent/guardian to the student upon the student’s 18th birthday, as well as specific procedures for obtaining consent from students with shared or sole decision-making rights. |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit the school's revised procedures for providing notice of the transfer of educational decision making at age of majority and for obtaining consent consistent with the student's choice for decision-making, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. Also include in the training the requirement to secure student's consent to continue IEP services when the student has sole or shared decision-making.By March 30, 2015, conduct an internal review of 4-6 records for evidence that students and parents were notified one year in advance of the age of majority. Indicate the number of records reviewed, 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. By March 30, 2015, conduct an internal review of 2-3 records for evidence that students with sole or shared decision-making have provided consent immediately upon attainment of the age of majority. Indicate the number of records reviewed, 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 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):** 01/09/201503/30/2015 |

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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:** Record review and staff interviews indicated that within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation, the school does not consistently convene a Team meeting to determine eligibility for special education and provide to the parent either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility. |
| **Description of Corrective Action:** a. CCSC will complete a root cause analysis to determine why the Team did not consistently convene by the 45 day deadline.b. CCSC will edit the Procedures Narrative to address issues identified by the root cause analysis.c. CCSC will train staff on the newly implemented procedures. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**Root cause analysis will reflect data collected, patterns and common barriers to success, recommended next steps.File Review of 5-7 students re-evaluated this school yearRelevant excerpt of the Procedures NarrativeTraining agenda, materials and sign in sheet |
| **Description of Internal Monitoring Procedures:** Use of IEP tracking spreadsheet, reviewed weekly by the Director of Special Programs and Special Programs Administrative Assistant. |
| 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**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015 submit the root cause(s) analysis of why Teams do not consistently convene to determine eligibility for special education within 45 working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. Submit this narrative description of the root cause and a plan to remedy it.By March 30, 2015, conduct an internal review of approximately 10 records with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the IEP Team meeting was convened within 45 days of receipt of parental consent to evaluations. 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). |
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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:** A review of student records demonstrated that annual IEP Team meetings are not consistently held on or before the anniversary date of the IEP to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation. |
| **Description of Corrective Action:** a. CCSC will complete a root cause analysis that consists of a review of 10 meetings that did not meet the Annual Review deadline during the 2013-2014 school year. b. CCSC will edit the Procedures Narrative to address issues identified by the root cause as necessary.c. CCSC will train special education staff in the new procedures. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs (DSP)Special Programs Administrative Assistant (SPAA) | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**Root cause analysis will reflect data collected, patterns and common barriers to success, recommended next steps.Meeting attendance sheets for January and May, reflecting meeting dates. |
| **Description of Internal Monitoring Procedures:** Use of IEP tracking spreadsheet, reviewed weekly by the Director of Special Programs and Special Programs Administrative Assistant.Quarterly, the DSP and SPAA will pull a sample of meeting attendance sheets to check the dates against their deadlines. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015 submit the root cause(s) analysis of why annual IEP Team meetings are not consistently held on or before the anniversary date of the IEP and a detailed plan to remedy it. By March 30, 2015, conduct an internal review of approximately 10 records with annual reviews convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the IEP Team meeting was convened on or before the anniversary date of the current IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
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| COORDINATED PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records, document review, and staff interviews demonstrated that when a student is identified with a disability on the autism spectrum, IEP Teams do not consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. |
| **Description of Corrective Action:** a. CCSC will edit the Procedures Narrative to include necessary steps.b. CCSC will train special education faculty on new procedures. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**File review of 3 students on the autism spectrumRelevant excerpt from the Procedures NarrativeTraining agenda, materials and sign in sheet |
| **Description of Internal Monitoring Procedures:** Feedback to special education staff after meetings will include a check for this procedure. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight and monitoring system to ensure that when a student is identified with a disability on the autism spectrum, IEP Teams consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. The monitoring 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):** Prior to developing the school’s corrective actions, review the Department of Elementary and Secondary guidance on IEP development to prevent bullying, teasing, and harassment for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing, available at http://www.doe.mass.edu/sped/advisories/11\_2ta.html and http://www.doe.mass.edu/bullying/considerations-bully.html. By January 9, 2015, using the Department’s guidance as the basis for its revision, submit the school’s procedures to ensure that IEP Teams appropriately identify skills & proficiencies needed to avoid & respond to bullying, teasing and harassment for students on the autism spectrum, This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. By January 9, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person.By March 30, 2015, conduct an internal review of approximately 5-6 records for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing for evidence that IEP Teams have appropriate considered the skills & proficiencies and documented them in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
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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:** A review of student records demonstrated that that the school's Notices of Proposed School District Action (N1s) do not consistently include a description of the action proposed or refused by the school, an explanation of why the school proposed or refused to take the action, a description of any other options that the school considered and the reasons why those options were rejected, a description of each evaluation procedure, test, record, report, or other factors the school used as a basis for the proposed or refused action. |
| **Description of Corrective Action:** a. CCSC will edit the Procedures Narrative to include the necessary steps.b. CCSC will train special education faculty to complete the N1 in full. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**A sample of 10 completed N1 forms that demonstrate a range of proposed district actions, including Annual Reviews, Re-evaluations, IEP Amendments, etc.Relevant excerpt from the Procedures NarrativeTraining agenda, materials and sign in sheet |
| **Description of Internal Monitoring Procedures:** Two file reviews of 10 students to check for completed N1 formsFeedback to staff after meetings will include notes on the N1 forms |
| 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:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight system to ensure that Notices of Proposed School District Action (N1s) notice contain all required elements. The 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):** Please review the Department of Elementary and Secondary Education example of an appropriately developed notice (in this case an N2, Notice of District Refusal to Act), available at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf, prior to developing the school's corrective actions. By January 9, 2015, submit the school’s revised procedures to ensure that notices are documented in student records and contain all federally required information, along with 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 January 9, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person.By March 30, 2015, conduct an internal review of approximately 10 records for students with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with notices that are appropriately developed. 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). |
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| **Criterion & Topic:** SE 27 Content of Team meeting notice to parents | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records demonstrated that the school's Team meeting invitation (N3) states the purpose, time, and location of the meeting but not who will be in attendance, as an attendance sheet (N 3A) is not consistently sent with the meeting notice. |
| **Description of Corrective Action:** a. CCSC will edit the Procedures Narrative to include the necessary steps. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsSpecial Programs Administrative Assistant | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:**A sample of 10 meeting invitations, with attendance sheets attachedRelevant excerpt from the Procedures Narrative |
| **Description of Internal Monitoring Procedures:** Two file reviews at the close of Q1 and Q3 to check that meeting attendance sheets were included with the meeting invitation |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 27 Content of Team meeting notice to parents | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight and monitoring system to ensure that meeting invitations (N3s) include the meeting attendance sheets (N3As). The system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit the school’s revised procedures to ensure that meeting notices include the meeting attendance sheet, along with 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 January 9, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person.By March 30, 2015, conduct an internal review of approximately 10 records for students with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of meeting invitations (N3) that state the purpose, time, and location of the meeting and who will be in attendance. If non-compliance is identified, report the specific actions taken to correct each individual student record; identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/09/201503/30/2015 |

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

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| **Criterion & Topic:** SE 40 Instructional grouping requirements for students aged five and older | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that two periods of Learning Lab exceed the required student to staff ratios. |
| **Description of Corrective Action:** a. CCSC will edit the Civil Rights policies document to include necessary steps during scheduling periodsb. CCSC will identify options for alternative scheduling when Learning Lab classes exceed the regulatory limit. These options will be added to the policies document referenced above. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsAdministrators on the Scheduling Committee | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:**Class rosters for all Learning Lab classrooms for the current school year |
| **Description of Internal Monitoring Procedures:** Quarterly roster reviews as students are added or removed from Learning Lab based on Team decisions |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit the revised the Civil Rights policies document to include necessary steps during scheduling the Learning Lab and options for alternative scheduling when Learning Lab classes exceed the regulatory limit. Submit the current instructional grouping, using the instructional grouping form (available in the Document Library of WBMS) for all periods of Learning Lab classrooms.This progress report is due January 9, 2015. |
| **Progress Report Due Date(s):** 01/09/2015 |

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

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| **Criterion & Topic:** SE 54 Professional development | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicated that all staff members, including both special education and general education staff, have not received training on state and federal special education requirements. |
| **Description of Corrective Action:** a. CCSC will work with a consultant to discuss CPR Findings and the current development program. b. With the help of the consultant, CCSC will assess what has not been covered in professional development so far. c. With the help of the consultant, CCSC will hold a professional development day to address development shortcomings. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:**Training agenda, materials and sign in sheets. |
| **Description of Internal Monitoring Procedures:** Planning sessions with the consultant |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit evidence of general education and special education teachers training on special education state and federal laws and regulations and local special education policies and procedures. This documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. |
| **Progress Report Due Date(s):** 01/09/2015 |

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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:** A review of documents and staff interviews demonstrated that the school has not translated important information and documents such as handbooks and codes of conduct into the major languages spoken by parents or guardians with limited English skills. |
| **Description of Corrective Action:** a. CCSC has translated the code of conduct in the school’s two most dominant languages.b. CCSC will add necessary steps to the Civil Rights policies document to note regularly translated documents for recruitment, as well as the yearly update process. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsHead of SchoolDirector of External Relations | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:**Translated code of conduct.Relevant excerpt from the Civil Rights policies document |
| **Description of Internal Monitoring Procedures:** A yearly check with the Director of External Relations to assure documents are updated and translated. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit the district's translated code of conduct & Bullying Prevention Intervention plan in the major languages of the district. The district may also provide web links to its website in lieu of submitting the documents. |
| **Progress Report Due Date(s):** 01/09/2015 |

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

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| **Criterion & Topic:** CR 9 Hiring and employment practices of prospective employers of students | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school does not require prospective 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. |
| **Description of Corrective Action:** a. CCSC will develop a statement for prospective employers to sign, promising compliance with prospective employers recruiting at CCSC.b. CCSC will amend the Civil Rights policies document to include details about who should sign this document and when. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsHead of SchoolDirector of Human Resources | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**Completed Prospective Employers StatementRelevant excerpt from the Civil Rights policies document |
| **Description of Internal Monitoring Procedures:** A yearly check for completed forms to occur in January, just after internships begin, as the internship employers make up the majority of the target population for this statement. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit the school's statement for prospective employers of students to ensure that employers comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices. The school may submit signed statements from employers for internships that have already begun. |
| **Progress Report Due Date(s):** 01/09/2015 |

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

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| **Criterion & Topic:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school has not developed a process to provide written notice to parents and students after the student's 15th consecutive unexcused absence to invite the family to meet with school representatives to discuss reasons the student is leaving school, provide a time extension for the meeting if necessary, and inform the family of the student's right to return to school. Additionally, the school has not developed a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. |
| **Description of Corrective Action:** a. CCSC will develop a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs.b. CCSC will write the letter explaining the regulations covered in CR 16, to go out to students absent for 15 consecutive days and keep it on file.c. CCSC will amend the Civil Rights policies document to include steps referenced above. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsSchool PrincipalsDirector of Guidance and Counseling | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:** Completed letter to be sent out to students absent 15 consecutive daysRelevant excerpt from the Civil Rights policies document |
| **Description of Internal Monitoring Procedures:** Principals will maintain attendance data. Students who are absent more than 5 consecutive days will be contacted for supports and monitored closely by principals, the Director of Guidance and Counseling, and the school nurse. |
| 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**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit the district's two written notices and separate processes for students age 16 or over and their parents or guardians. The notices & processes must address 1) notifying students & parents after the student's 15th consecutive unexcused absence and 2) providing annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma. |
| **Progress Report Due Date(s):** 01/09/2015 |

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

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| **Criterion & Topic:** CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school's written procedures for the use of physical restraint are not made available to parents/guardians of enrolled students. Additionally, document review and staff interviews indicated that the school has not developed individual waiver procedures. |
| **Description of Corrective Action:** a. CCSC will develop a process for students who require regular restraints, and edit the Civil Rights policies document accordingly. b. CCSC will write a waiver for parents to sign that allows them to waive reporting requirements. |
| **Title/Role(s) of Responsible Persons:**Director of Special ProgramsAssociate Principal, in charge of disciplineLegal Counsel | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:**Relevant excerpt of the Civil Rights policies documentA copy of the completed waiver |
| **Description of Internal Monitoring Procedures:** Yearly review of the Civil Rights policies document, triggered by preparation for restraint training in August. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Prior to any corrective action, refer to the Department of Elementary and Secondary Education guidance on the use of physical restraint: http://www.doe.mass.edu/lawsregs/603cmr46.html?section=07.By January 9, 2015, submit the relevant excerpt of the Civil Rights policies document that articulates the school's process for students requiring regular restraints, along with a copy of the proposed waiver. |
| **Progress Report Due Date(s):** 01/09/2015 |

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

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| **Criterion & Topic:** CR 18 Responsibilities of the school principal | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school has not developed a process to provide educational services to students confined to home or hospital. |
| **Description of Corrective Action:** a. CCSC will develop a policy, separate from the current Extenuating Circumstances plan, that will ensure CCSC provides educational services to students confined to home or hospital. |
| **Title/Role(s) of Responsible Persons:**Head of SchoolDirector of Special ProgramsDirector of Guidance and Counseling | **Expected Date of Completion:**12/20/2014 |
| **Evidence of Completion of the Corrective Action:**Relevant excerpt from the Civil Rights policies document |
| **Description of Internal Monitoring Procedures:** The Student Support Team, composed of the principals, the Director of Guidance and Counseling and the Director of Special Programs will monitor students who receive educational services in the home or hospital in addition to work on Response to Intervention. The SST meets weekly to review students getting specialized support outside of the general education process. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Prior to completing any corrective action, review the Department of Elementary and Secondary Education advisory for home/hospital education: http://www.doe.mass.edu/pqa/ta/hhep\_qa.html By January 9, 2015, submit the revised school's process to provide educational services to students confined to home or hospital, separate from the school's extenuating circumstances policy. Please note that the home-hospital process must include the required Physician's Statement for Home or Hospital Placement, available at http://www.doe.mass.edu/sped/28mr/. |
| **Progress Report Due Date(s):** 01/09/2015 |

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

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| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school does not evaluate all aspects of its 7-12 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. |
| **Description of Corrective Action:** a. CCSC will develop a comprehensive system to evaluate all aspects of its 6-12 program that are related to equity.b. CCSC will outline this system in the Civil Rights policies document. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**05/30/2015 |
| **Evidence of Completion of the Corrective Action:**Relevant excerpt from the Civil Rights policies documentConclusions and next steps as a result of the program evaluation |
| **Description of Internal Monitoring Procedures:** Set benchmark deadlines and monitor with the Head of School |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date**: 10/10/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 9, 2015, submit the school'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 30, 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):** 01/09/201503/30/2015 |

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

**Charter School:** **Community Charter School of Cambridge**

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Shannon Coyle, ELL Coordinator

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: January 6, 2016**

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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:** *Although the district indicated on the SEI Program Description forms that all ELLs receive direct ESL instruction as recommended in “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013”, the ESL teacher schedule submitted by the district demonstrates that current hours of ESL instruction ELLs receive are insufficient at all levels of English proficiency and are, therefore, inconsistent with Department guidelines.* |
| **Narrative Description of Corrective Action:** The ELL Coordinator will schedule direct ESL instruction time based on students’ WIDA-assessed language levels using W-APT scores and/or previous spring ACCESS scores. Students will participate in direct ESL instruction weekly for the number of hours associated with their language level as outlined in the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013”. In order to ensure sufficient blocks of time in students’ schedules for direct ESL instruction, the ELL Coordinator with support from the Director of Special Programs and the Powerschool and Information Systems Administrator who oversees student schedules will do the following: * Put ELL students of same or similar language levels in same or similar cohorts such that they have common blocks of time available for direct ESL instruction
* Utilize non-core academic electives blocks for direct ESL instruction
 |
| **Title/Role of Person(s) Responsible for Implementation:** ELL CoordinatorDirector of Special ProgramsPowerschool and Information Systems AdministratorHead of School | **Expected Date of Completion for Each Corrective Action Activity:** * Scheduling of instructional time:

September 2015  |
| **Evidence of Completion of the Corrective Action:** * Student schedules for the 2015-2016 school year
* ELL coordinator schedule for the 2015-2016 school year
 |
| **Description of Internal Monitoring Procedures:** * The Director of Special Programs will read and approve final ELL student schedules no later than 30 days after the first day of school.
* The ELL Coordinator will submit the teaching schedule necessary to deliver direct ESL instruction to the Director of Special Programs and Head of School. The Director of Special Programs and Head of School will adjust staffing models to ensure students receive required direct ESL instructional hours.
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| Criterion: ELE 5 Program Placement and Structure | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **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): May 22, 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:** *The documentation submitted by the charter school indicates that a student with a proficiency level of 3.3 has been reclassified as Former Limited English Proficient (FLEP) although ELLs at this proficiency level require significant support to participate meaningfully in all aspects of the district’s general education program and therefore, should not be considered for reclassification.. The school’s current practice for reclassifying ELLs as Former Limited English Proficient (FLEP) is not consistent 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 school will follow the exit criteria outlined by the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” for reclassifying students as Formerly Limited English Proficient.In addition to the Department exit criteria, the school will require students to show annual progress of at least half a grade level on the Gates MacGinitie Reading Test (or other reading assessment), which all students take either at the end of the school year or during the summer for new-to-the-school students.ELL program policy documentation will be amended to include the revised exit criteria.Students and parents/guardians were informed of this exit criteria in their annual notification letters in September 2014 and it will be reiterated in ACCESS test score information which will be sent home to parents/guardians in Spring 2015. The school’s exit criteria will continue to be published as part of the annual parent notification and annual ACCESS score reporting.The ELL Coordinator and the Director of Special Programs will meet annually to determine which ELL students have met the school’s exit criteria. |
| **Title/Role of Person(s) Responsible for Implementation:** ELL CoordinatorDirector of Special Programs | **Expected Date of Completion for Each Corrective Action Activity:** * Exit criteria re-written:

September 2014* Students and parents/guardians informed of revised exit criteria:

September 2014 and then annually* ELL program policy documentation revised:

March 2015* Annual meeting to determine which students have met exit criteria:

August  |
| **Evidence of Completion of the Corrective Action:** * Parent notification letter
* Exit Criteria document in ELL program policy documentation
 |
| **Description of Internal Monitoring Procedures:** * The Director of Special Programs will conduct a student file review each October to check for adherence to exit criteria.
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 6 Program Exit and Readiness | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** Please submit a description of the district’s reclassification procedures and other supporting documents such as annual review forms. |
| **Progress Report Due Date(s): May 22, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 10 Parent Notification | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of student records and staff interviews demonstrated that the school does not send annual written notice to parents that inform parents of student’s current level of English proficiency; program placement and method of instruction used in the program; how the program will meet educational strengths and needs of the student; how the program will specifically help the student learn English; exit requirements; parents’ right to apply for a waiver, or to decline to enroll their child in the program; and if the student has additional education needs that require Special Education services.* |
| **Narrative Description of Corrective Action:** Parents/Guardians will be notified annually and in writing about their student’s participation in the school’s ELL programming. The notification will be made at the beginning of the school year.Parent notification letters for newly classified ELL students, students who will continue to be participate in ELL programming, and students who will be re-classified as FELL students will be revised to include the following: * most recent language assessment results (W-APT or ACCESS),
* a description of ELL program services and what their focus or purpose is,
* ELL program exit criteria,
* and options to: accept the program model recommended, request a waiver, or opt out from the program.

The revisions are modeled after the Massachusetts Department of Elementary and Secondary Education’s example letter. The revised letters were sent home to the appropriate students’ families on September 22, 2014. The Director of Special Programs will review ELL and FELL student files to ensure all ELL and re-classified as FELL in SY 2015 student files include signed letters. Thereafter, the Director of Special Programs will review ELL and FELL student files for signed parent/guardian notifications annually by the end of October. |
| **Title/Role of Person(s) Responsible for Implementation:** ELL CoordinatorDirector of Special Programs | **Expected Date of Completion for Each Corrective Action Activity:** * Parent notification letters revised: September 2014
* Parent notification letters sent home to new and returning ELL student families and reclassified ELL student families: September 22, 2014
* Initial Review of records: March 2015
* Annual review of records: end of October
 |
| **Evidence of Completion of the Corrective Action:** * Letter template for newly classified ELLs
* Letter template for students who continue to be classified ELL attached
* Letter template for students who are re-classified FELL attached
* Results of record review
 |
| **Description of Internal Monitoring Procedures:** * For immediate, corrective action purposes, the Director of Special Programs will review current ELL, and re-classified in SY 2015 FELL student files for evidence of parent notification.
* Thereafter and annually, no later than the end of October, the Director of Special Programs will review ELL records to ensure parent notifications have been sent and signed.
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 10 Parent Notification | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** **By May 22, 2015,** submit the school’s annual notice template.**By September 10, 2015**, conduct an internal review of records for 10 ELE students following the implementation of all corrective actions. Report the number of records containing the annual notice. If any non- compliance is identified, provide a root cause analysis and the district’s plan to remedy each identified record.**\*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): May 22, 2015; September 10, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 11 Equal Access to Academic Programs and Services | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of student records and staff interviews demonstrated that at the high school level, ELL students do not receive course credit(s) for ESL/direct language instruction.* |
| **Narrative Description of Corrective Action:** All students classified as ELL will receive course credit for ESL (direct language instruction) classes. The ELL Coordinator consulted with the Powerschool and Information Systems Administrator to assign appropriate course credit to ESL classes based on the amount of time each class meets.ELL Coordinator will regularly record grades from assignments completed for ESL class through the school’s GradeBook platform, such that they are recorded in student records and receive academic credit. |
| **Title/Role of Person(s) Responsible for Implementation:** ELL CoordinatorPowerschool and Information Systems AdministratorDirector of Special Programs | **Expected Date of Completion for Each Corrective Action Activity:** * Course Credit added to ESL class:

 November 3, 2014 |
| **Evidence of Completion of the Corrective Action:** * ELL student report cards
 |
| **Description of Internal Monitoring Procedures:** * Director of Special Programs will monitor ELL Coordinator Grade Book periodically
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 11 Equal Access to Academic Programs and Services | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** **By May 22, 2015,** submit a copy of the school’s high school course catalog, designating the course credit for high school ESL (direct language instruction) classes. **By May 22, 2015,** submit asample of current redactedELL student report cards, demonstrating that high schools ELLs receive credits for ESL classes. |
| **Progress Report Due Date(s): May 22, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 13 Follow-up Support | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of student records and staff interviews demonstrated that the school does not document its monitoring of students who have exited the ELL program in the student record.* |
| **Narrative Description of Corrective Action:** The ELL specialist will maintain and regularly review a spreadsheet with the following data for each student exited from the ELL program for two years: * Quarterly grades
* Grades on interim assessments
* State Standardized test scores
* School-based standardized test scores (Gates MacGinitie Reading Test)

Additionally, the ELL Coordinator will solicit progress reporting at the end of each semester from all content area teachers who have students who have exited the ELL program within two years. The progress reports are modeled after the template created by the Department and will be stored in individual student files.The ELL Coordinator will review the progress reports at the end of each semester and the data compiled as described above quarterly. If any or all content area progress reports present areas of concern defined as not meeting the requirements of the general education classroom, the ELL specialist will meet with those content area teachers to discuss possible supports and schedule observation time. If in-class supports or observation shows that a lack of language skills is the reason for a lack of progress in any area, the student will be re-classified ELL. |
| **Title/Role of Person(s) Responsible for Implementation:** ELL CoordinatorDirector of Special Programs | **Expected Date of Completion for Each Corrective Action Activity:** * End of Semester 1 FELL Progress Reports:

February 2015* Meetings about FELL students of concern: March 2015 / June 2015
* End of Semester 2 FELL Progress Reports:

June 2015* FELL data spreadsheet:

June 2015 |
| **Evidence of Completion of the Corrective Action:** * FELL Data Spreadsheet
* FELL Progress Reports
* Notes from meetings about FELL students of Concern
 |
| **Description of Internal Monitoring Procedures:** * ELL Coordinator and Director of Special Programs will meet quarterly to review FELL student progress
* The Director of Special Programs will conduct bi-annual student file reviews to check for completed progress reports for students classified as FELL
 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 13 Follow-up Support | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable |
| **Department Order of Corrective Action:** Not Applicable |
| **Required Elements of Progress Report(s):** **By May 22, 2015,** submit the school’s progress monitoring template for exited ELLs.**By September 10, 2015**, conduct an internal review of records for 10 former English Language Learners following the implementation of all corrective actions. Report the number of records containing the school’s monitoring template and evidence of follow up monitoring for each student. If any non-compliance is identified, provide a root cause analysis and the district’s plan to remedy each identified record.**\*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): May 22, 2015; September 10, 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:** *A review of documents and staff interviews demonstrated that the school does not conduct periodic evaluations of the effectiveness of its ELE program in developing students’ English language skills.* |
| **Narrative Description of Corrective Action:** The ELL Coordinator with the support of the Director of Special Programs will establish a team to perform analysis of the effectiveness of the ELL program, hereafter referred to as the “ELL Program Evaluation Team”. The ELL Coordinator will inform administration level faculty of their obligation to participate. Regular education teachers will be solicited on a volunteer basis based on interest and availability as determined by an application. The ELL Program Evaluation Team will consist of: * ELL Coordinator
* Director of Special Programs
* Principals of the middle and high schools
* Dean of Curriculum and Program
* One middle school general education teacher
* One high school general education teacher
* Enrollment and Administrative Services Manager

The ELL Coordinator will gather and organize data in the following categories for the ELL Program Evaluation Team to analyze:* Staff Qualifications
* ELL and FELL student grades in content areas
* ACCESS scores disaggregated across domains and content areas
* MCAS/PARRC scores
* Promotion, retention, graduation and drop-out rates
* Integration of WIDA objectives in SEI classrooms

 The ELL Program Evaluation team will meet annually to analyze the gathered data, identify strengths and areas of program growth, and establish goals and associated action steps. The ELL Coordinator will develop monitoring documents based on the Department’s sample “District ELE Program Evaluation 2013-2014” to record action steps, timelines, and persons responsible determined in ELL Program Evaluation Team meetings.The ELL Coordinator will periodically meet with members of the ELL Program Evaluation Team who are responsible for monitoring action steps. The ELL Coordinator will act as point person for any needs of the team. |
| **Title/Role of Person(s) Responsible for Implementation:** * ELL Coordinator
* Director of Special Programs
* Principals of the middle and high schools
* Dean of Curriculum and Program
* One middle school regular education teacher
* One high school regular education teacher
 | **Expected Date of Completion for Each Corrective Action Activity:** * ELL Program Evaluation Team established:

 May 2015* ELL Program data gathered and organized:

 August 2015* ELL Program Evaluation monitoring documents created:

 August 2015* ELL Program Team initial meeting:

 November 2015  |
| **Evidence of Completion of the Corrective Action:** * ELL team member application for general education classroom teachers
* ELL Program Evaluation Team meeting minutes
* ELL Program Evaluation Team action steps monitoring documents
 |
| **Description of Internal Monitoring Procedures:** * The ELL Program Evaluation Team will meet annually
* The ELL Coordinator will meet periodically with members of the team charged with action items to provide support and to ensure continued monitoring
* The ELL Coordinator will submit the ELL Program Evaluation findings and action plan to CCSC’s Administrative Team.
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| 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 [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The school’s proposed first activity, establishment of an Evaluation Team, is May 2015; other activities are proposed to occur between May and August, with an initial meeting in November 2015. The school will be required to provide evidence of corrective actions by **May 22, 2015**. Therefore, the proposed evaluation timeline must be adjusted.In addition, see the Department’s recommended District ELE Program Evaluation template, at[**http://www.doe.mass.edu/ell/resources.html**](http://www.doe.mass.edu/ell/resources.html)**.** In addition to data gathering and analysis, this document also articulates clear goal setting and timelines for achieving established outcomes. The school must develop a timeline for the completion of the evaluation, which the current proposal does not. |
| **Department Order of Corrective Action:** The school will submit its evaluation plan by **May 22, 2015**, including evidence of the Program Evaluation Team’s members (by name/role), dates for specific data gathering, data analysis, and goal setting. |
| **Required Elements of Progress Report(s):** Submit the English Language Education program evaluation plan as outline in the Department’s order of corrective action by **May 22, 2015.** |
| **Progress Report Due Date(s): May 22, 2015** |