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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: Conservatory Lab Charter (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 09/18/2014.

**Mandatory One-Year Compliance Date:** **09/18/2015**

**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 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Not Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 43 | Behavioral interventions | Partially Implemented |
| SE 44 | Procedure for recording suspensions | Not Implemented |
| SE 45 | Procedures for suspension up to 10 days and after 10 days: General requirements | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 47 | Procedural requirements applied to students not yet determined to be eligible for special education | Partially Implemented |
| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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| **Criterion & Topic:** SE 2 Required and optional assessments | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated 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:** Special education and general education teachers will be trained that Ed Assessments A and B must be completed for each student, and that they will be asked to fill them out as part of the assessment process. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs / Day Farenga | **Expected Date of Completion:**04/15/2015 |
| **Evidence of Completion of the Corrective Action:**signed attendance sheets from training |
| **Description of Internal Monitoring Procedures:** After the training and a meeting has been held, Director will check to see if these were used. If not, they will be reminded. then in 4 months Director will randomly select 3-4 Eligibility Meeting records to ensure compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** For those students identified by the Department in need of Educational Assessments A and B and observations, submit documentation as described in the Student Issues Worksheet. This progress report is due December 12, 2014. By December 12, 2014, submit the district's revised procedures to ensure completion of 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. Additionally, submit 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 March 6, 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 where consented to assessments were completed. 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):** 12/12/201403/06/2015 |

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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, documents and staff interviews demonstrated that when an evaluation indicates that a child has a disability on the autism spectrum the IEP Team does not consistently consider or specifically address the verbal and nonverbal communication needs of the student; unusual responses to sensory experiences; resistance to environmental change or change in daily routines; engagement in repetitive activities and stereotyped movements; or any other needs resulting from the student'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 IEP Teams 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:** My Team that leads meetings will have a training by me to review these steps. If a child has an evaluation that indicates he/she has ASD, then these 7 areas must be discussed at each annual meeting. Amend the meeting agenda for Eligibility, Initial and Tri-annual review to include a discussion about Autism and the specific 7 areas, verbal-nonverbal needs, social skills, sensory responses, environmental changes, repetitive activities, behavioral supports, and other needs. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs/ Day Farenga | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:**Signed attendance sheets from training regarding Autism in IEP meetings. Copy of Meeting agendas for Eligibility, Initial, Tri-annual and Annual Reviews. |
| **Description of Internal Monitoring Procedures:** Director will complete a record review of the current ASD students to ensure that this has been followed. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/22/2014 |
| **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 with 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 December 12, 2014, 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 December 12, 2014, 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 6, 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):** 12/12/201403/06/2015 |

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| **Criterion & Topic:** SE 11 School district response to parental request for independent educational evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and interviews demonstrated that the school has not developed procedures for responding to parent requests for independent educational evaluations. |
| **Description of Corrective Action:** Learning Specialists will alert the Director to any meetings or discussions at which the school's evaluation is considered inadequate so that the following measures will take place. If a parent disagrees with an initial evaluation or re-evaluation completed by the school district, and the parent requests an independent educational evaluation, or if the parent is requesting an evaluation in an area not assessed by the school district, the school will fund the independent evaluation. The school maintains the right to attempt to share costs through the free or reduced cost program, or to appeal to the BSEA if the school feels that the evaluation was comprehensive and appropriate. When an independent evaluation will occur, it will adhere to the expectations of using trained, professional personnel, adhering to regulation dates for completion and submission. The results will be use in a subsequent meeting to determine if the IEP should be amended. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**09/18/2015 |
| **Evidence of Completion of the Corrective Action:**attend sheet, policyAttendance sheet at a training in the availability and procedures to follow when the parents request an independent evaluation. The Policy will be included in the Special Education Procedures Manual. |
| **Description of Internal Monitoring Procedures:** The Director will look at student records if a request happened. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Prior to developing the school's corrective actions, review the Department of Elementary and Secondary Education guidance on Independent Education Evaluations (IEE), located on the DESE website at http://www.doe.mass.edu/sped/advisories/04\_1.html.By December 12, 2014, develop and submit procedures for responding to parent requests for independent educational evaluations and evidence of training for staff that includes the training agenda, signed attendance sheets and materials presented.By December 12, 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. By March 6, 2015 submit the results of an administrative review of student records in which the parent/guardian has requested an Independent Evaluation, after the implementation of corrective actions. Indicate the number of records reviewed, the number found to be compliant, and 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). |
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| **Criterion & Topic:** SE 13 Progress Reports and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of records demonstrated that parents are not consistently provided with reports on the student's progress towards reaching the IEP goals as often as parents are informed of the progress of non-disabled students. |
| **Description of Corrective Action:** Inform all Learning Specialists, and Providers that there will be 4 Progress Reports sent out each year. This corresponds to the schedule of reports sent out to non-disabled students: a 1st quarter progress report, a mid-year Report Card, a second progress report and a final Report card. LS and Providers will be given deadlines for completing them that match these school calendar dates. |
| **Title/Role(s) of Responsible Persons:**Day Farenga, Director of Special Programs | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:** Learning Specialists and Providers will be informed in person and given a calendar. They will sign a sheet of understanding this new policy. In the special education database will be the dates on the Progress Reports for each quarterly submission for the year. |
| **Description of Internal Monitoring Procedures:** Progress Reports will be monitored each quarter for completeness and timeliness. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit evidence of training for all special education and related services staff members responsible for writing progress reports to ensure that parents are provided with reports on the student's progress towards reaching the IEP goals as often as parents are informed of the progress of non-disabled students. Include the agenda, training date, sign-in sheets indicating the name/role of staff, and the name/title of the presenter. By March 6, 2015, conduct an internal review of approximately 10 student records ensuring that progress reports are provided to parents/guardians as often as they are for non-disabled peer. Provide a detailed narrative summary of this internal review of progress reporting, including the number of records reviewed. 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 when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 12/12/201403/06/2015 |

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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 and interviews 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:** using eSped database, project review dates for the year. Get caught up on meetings, do best I can.Special Ops staff is all new to the database. We now have added the records of many new enrollees, and updated many errors in the database. It can now be used to generate reports that alert them to upcoming review and tri-annual reviews. They will set the dates with families and hold meetings within 1 week of the end dates. This CPR revealed some meetings that must be redone. Current review dates and the re-do IEP meetings will attempt to be caught up by November 15. Remaining reviews should be done on time. |
| **Title/Role(s) of Responsible Persons:**Day Farenga, Director of Special Programs and Learning Specialists | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:**Meeting dates as listed throughout the eSped database, signatures on completed IEPs and Meeting Attendance sheets. |
| **Description of Internal Monitoring Procedures:** Running alert reports, checking with Learning Specialists on meeting progress. Checking database for completion and timing. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, develop a sample of IEPs with annual reviews convened between May 2014 and November 2014 for evidence that annual reviews are conducted on or before the anniversary date of the IEP. Using the data from this sample, complete and submit a 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 6, 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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| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records demonstrated that IEP Teams do not specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students whose disability affects social skills development, when the student's disability makes him or her vulnerable to bullying, harassment or teasing, or for students identified with a disability on the autism spectrum. |
| **Description of Corrective Action:** Learning Specialists will be given instruction in consideration of students susceptible to bullying or teasing, and how to address these concerns in an IEP meeting. During the meeting, the question must be asked to the whole Team, if incidents of bullying have occurred, if social skill support is needed, and if the child has ASD, then the specific 7 questions of SE2 will be discussed. The current meeting agenda or notes template, will be updated to cover these concerns. IEP Teams will be required to review the school's Anti-Bullying Policy. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:**Meeting notes of all meetings should show the Team response to the question of susceptibility to bullying. Each staff member will sign off on staff Handbook which contains the school's Anti-Bullying Policy sign off sheet which will be maintained in the staff’s personnel file. |
| **Description of Internal Monitoring Procedures:** Before the first three meetings of each Learning Specialist, a reminder will be given to be sure they have the updated meeting note template, and reminded to ask. After that, random checks will be made to ensure compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/20/2014 |
| **Basis for Decision:** The school's proposed internal monitoring process does not specifically address the frequency of ongoing monitoring to ensure continued compliance. |
| **Department Order of Corrective Action:**Develop an internal oversight and monitoring system to ensure that for students whose disability affects social skills development, the student's disability makes him or her vulnerable to bullying, harassment or teasing, or for students 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 establish periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** For those students identified by the Department in need of IEP development to address bullying, harassment and teasing, submit documentation as described in the Student Issues Worksheet. This progress report is due December 12, 2014. Prior to developing the schools 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 December 12, 2014, using the Departments guidance as the basis for its revision, submit the schools procedures to ensure that IEP Teams appropriately identify skills & proficiencies needed to avoid & respond to bullying, teasing and harassment for students whose disability affects social skills development, when the student's disability makes him or her vulnerable to bullying, harassment or teasing, or for students identified with a disability 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 December 12, 2014 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 6, 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 appropriately 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). |
| **Progress Report Due Date(s):** 12/12/201403/06/2015 |

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| **Criterion & Topic:** SE 29 Communications are in English and primary language of home | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and interviews demonstrated that when the family's primary language is other than English, the school does not consistently translate special education documents such as IEPs, notices, and assessment summaries into the primary language of the home. Additionally, a review of student records and interviews demonstrated that for families who are not fluent in English, the school does not provide interpreter services. |
| **Description of Corrective Action:** The special education database used at Conservatory Lab, has all the main documents already translated into a variety of common languages. This resource was unknown to the previous administrators. These can be used for simple invitations with dates. For documents with longer personal narration, the company provides translation for a fee. For meetings, we have teachers and a translation service already on board to interpret. Translation needed - ask parent at meeting. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**12/15/2015 |
| **Evidence of Completion of the Corrective Action:**Records that have been translated will be kept in the student's file. Attendance records at meetings including that of the translator. |
| **Description of Internal Monitoring Procedures:** Before the meeting takes place, it will be determined if the family needs an interpreter through phone conversation or correspondence. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, submit a narrative description of the updated procedures to translate special education documents such as IEPs, notices, and assessment summaries into the primary language of the home when the family's primary language is other than English and copy of the protocol for staff to follow to when a family requires an interpreter for an IEP meeting.By December 12, 2014 submit evidence of training to relevant staff on the newly developed protocol, including signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.By March 6, 2015, conduct an internal review of approximately 5-6 records for students whose parents required interpreters at IEP meetings and required translated documents 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 interpreters documented on the attendance sheet (N3As) and translated documents. 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 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):** 12/12/201403/06/2015 |

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| **Criterion & Topic:** SE 32 Parent advisory council for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Interviews demonstrated that while the school's parent advisory council on special education meets bi-monthly, the council has not established by-laws regarding officers and operational procedures. In addition, the parent advisory council does not participate in the planning, development, and evaluation of the school's special education programs. |
| **Description of Corrective Action:** Meetings have already been reduced to 4 for the year. SE-PAC must be advertised to increase attendance. At first meeting, parents will be empowered to adopt by-laws, using those of other cities as a guide. They will elect officers and set a plan for best times and topics for next meeting. Parents will be informed of status, and changes in special ops at CLCS. Then they will be asked for input on other changes or needs of their families. SE-PAC needs it bylaws. Eval done by Survey, ask for input at meetings. Make them part of fixing the dept. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:**Fliers used for advertisement, attendance sheets, the by-laws, the names of elected officers on web-site, meeting notes. |
| **Description of Internal Monitoring Procedures:** The Director will be supporting the SE-PAC at its inception; monitoring the 4 meetings. Survey on the last meeting will complete the Self-Monitoring. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 6, 2014, submit a narrative description of the Special Education Parent Advisory Councils established by-laws and the parents/guardians participation in the planning, development, and evaluation of the school's special education programs and results of the parents' survey. |
| **Progress Report Due Date(s):** 12/12/2014 |

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| **Criterion & Topic:** SE 43 Behavioral interventions | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records and interviews indicated that for students whose behavior impedes their learning or the learning of others, the school does not always consider the student's need for behavioral supports, such as positive behavioral interventions or the possible need for a functional behavioral assessment. |
| **Description of Corrective Action:** Students who are struggling academically and behaviorally will be given to the attention of the (newly established ) Student Support Team which includes staff trained in ABA. If a student's behavior impedes their learning, or the learning of others, we will do a Functional Behavior Assessment to determine the root cause of the problem. Where required, a Behavioral Intervention Plan will be created with positive alternatives to attain the same goal, including the goal of learning. This BIP will be shared with appropriate support personnel. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs with help from Dean of Discipline | **Expected Date of Completion:**01/31/2015 |
| **Evidence of Completion of the Corrective Action:**Student's whose record shows many behavioral infractions through data collection (warnings and detention, suspensions from activities including buses, restraints and meetings with parents triggered solely from behavioral issues in school) should have an FBA and BIP attached to their record. In addition, there will be a list of students who receive counseling for behavioral needs. |
| **Description of Internal Monitoring Procedures:** Dean of Discipline, Directors of Primary, Lower and Upper schools, with input from teachers and Learning Specialists, will be in continual discussion (in meetings and via emails) about student needs (daily), next steps (weekly), and success rates(monthly). Review of student suspension data will be periodically conducted by the Director of Special Programs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 43 Behavioral interventions | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:** The school's submission did not include staff training on procedures to ensure that students with IEPs or 504 plans are considered for behavioral supports such as BIPs or FBAs when their behavior impedes their learning or the learning of others. |
| **Department Order of Corrective Action:**Conduct staff training on procedures to ensure that students with IEPs or 504 plans are considered for behavioral supports such as BIPs or FBAs when their behavior impedes their learning or the learning of others. |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit the schools newly developed procedures to ensure that students with IEPs or 504 plans are considered for behavioral supports such as BIPs or FBAs when their behavior impedes their learning or the learning of others, along with evidence of special education staff training on these procedures. This documentation will include the procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. By December 12, 2014, submit evidence that the district has developed resources to support student behavioral needs, such as training for staff in Positive Behavioral Supports, on the development of Functional Behavioral Assessments and Behavioral Plans, etc. By March 6, 2015, using the district's suspension data, develop a sample of students with IEPs or 504 plans who have been suspended or disciplined for in-class conduct that impedes their learning or the learning of others following the implementation of corrective actions. Conduct an internal review of these records, and provide a detailed narrative summary, including the number of records reviewed and the number of records where the student's IEP Team considered the addition of positive behavioral supports to his/her IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 12/12/201403/06/2015 |

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

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| **Criterion & Topic:** SE 44 Procedure for recording suspensions | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and interviews demonstrated that the school does not have a procedure to record the number and duration of suspensions from any part of a student's program, including suspensions from special transportation prescribed by the IEP. |
| **Description of Corrective Action:** The Dean of Discipline will maintain a database which tracks the number and duration of all suspensions including suspensions from special transportation required by the IEP. All suspensions of a student with an IEP will be reviewed by the Director in consultation with appropriate staff to decide if a Manifest Determination meeting should be convened. The school's discipline policies will be clearly communicated in the Parent Students Handbook (with Parental sign off of Learning Agreement). The Director will review all suspensions periodically for compliance with applicable regulations. Staff training which occurred in August 2014 regarding GL C-71 will be supplemented during the school year. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline; Director of Special Programs | **Expected Date of Completion:**03/31/2015 |
| **Evidence of Completion of the Corrective Action:** The Student Handbook with the policy of strikes to expulsion is clearly stated. The database with a record of names and dates of discipline measures. Attendance sheet of teachers and staff who were trained in the new/updated policy and record keeping procedures. Minutes of any meeting held before/after suspension or of a Manifest Determination meeting. |
| **Description of Internal Monitoring Procedures:** Meet with Dean of Discipline to review current data base. Review of Student Parent Handbook for alignment with SPED regulations. Establish schedule for periodic review of school suspension data. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 44 Procedure for recording suspensions | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Develop and submit a narrative description of the school's procedure to record the number and duration of suspensions from any part of the student's program, including suspensions from special transportation prescribed by the IEP. Provide evidence of training to relevant staff, including signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.This progress report is due December 12, 2014. |
| **Progress Report Due Date(s):** 12/12/2014 |

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

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| **Criterion & Topic:** SE 45 Procedures for suspension up to 10 days and after 10 days: General requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and interviews demonstrated that the school has not developed disciplinary procedures for students with disabilities with suspensions up to and beyond 10 days. |
| **Description of Corrective Action:** The school will adopt, publish and follow procedures for suspension up to 10 days and after 10 days:1. Any eligible student may be suspended for up to 10 days in any school year without implementation of criterion SE46.2. After a student with special needs has been suspended for 10 days in any school year, the school must provide sufficient services for the student to continue to receive a free and appropriate public education with any subsequent removals. 3. The school provides additional procedural safeguards for students with disabilities PRIOR to any suspension beyond 10 consecutive days or more than 10 cumulative days (if there is a pattern of suspension) in any school year. This must include a Manifest Determination meeting to determine if the student needs more support or accommodations due to his/her disability. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline, Director of Special Programs | **Expected Date of Completion:**03/31/2015 |
| **Evidence of Completion of the Corrective Action:**The Student Handbook will be updated to include school policy of insuring academic progress for any student with disabilities who is suspended. Director will review suspension data to determine if a Manifestation Determination is required. Minutes or attendance sheet from policy makers meeting. |
| **Description of Internal Monitoring Procedures:** A meeting held with Directors and policy makers to determine adoption of the above required procedures. Next, a change in the Student Handbook and dissemination of the policy to current parent/guardians of all students. To determine if the system is working, a student who unfortunately falls into this situation will be used as an example of how staff must follow procedures and find any concerns in its implementation. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 45 Procedures for suspension up to 10 days and after 10 days: General requirements | **Corrective Action Plan Status:** Approved **Status Date**: 10/20/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Prior to developing the school's corrective actions, review the Department of Elementary and Secondary Education guidance on disciplinary procedures for students with disabilities with suspensions up to and beyond 10 days at http://www.doe.mass.edu/lawsregs/stateregs.htmlBy December 12, 2014, using the Department's guidance as the basis for its revision, submit the school's disciplinary procedures for students with disabilities with suspensions up to and beyond 10 days along with evidence of training of relevant staff. 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. |
| **Progress Report Due Date(s):** 12/12/2014 |

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

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| **Criterion & Topic:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and interviews demonstrated that the school has not developed disciplinary procedures for students with disabilities whose suspensions exceed 10 consecutive school days or have a pattern of suspensions exceeding 10 cumulative days. |
| **Description of Corrective Action:** A review of all suspensions and data will be conducted by the Director to ensure that any student with special needs suspended for more than 10 days or a series of suspensions totaling more than 10 days, will result in a Manifestation Determination meeting. The Director will prepare the relevant laws which will be included in the Student-Parent Handbook and disseminated with the assistance of SE-PAC. Any student suspended will be permitted to make academic progress consistent with the requirements of MGL C71 and relevant sections. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline, Director of Special Programs | **Expected Date of Completion:**03/31/2015 |
| **Evidence of Completion of the Corrective Action:**Signed agreement by the aforementioned "responsible persons" to ensure compliance with appropriate regulations. A shortened version of SE46 will be included in the Student Handbook. FBAs, BIPs and meeting notes of MDs on students who fall under this situation. |
| **Description of Internal Monitoring Procedures:** When students with disabilities have been suspended for 8 days, the procedures will be reviewed and prepared to be enacted by all responsible personnel. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit revised school policies for disciplinary procedures for students with disabilities whose suspensions exceed 10 consecutive school days or have a pattern of suspensions exceeding 10 cumulative days along with evidence of administrative staff, general education staff, and special education staff training on these procedures. This documentation will include the procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. By March 6, 2014, using the district's suspension data, develop a sample of students with IEPs or 504 plans who have been suspended beyond 10 days. Conduct an internal review of these records, and provide a detailed narrative summary, including the number of records reviewed and the number of records for evidence that a manifestation determination was conducted & educational services provided. 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):** 12/12/201403/06/2015 |

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

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| **Criterion & Topic:** SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school has not developed procedures for disciplining students not yet determined to be eligible for special education. |
| **Description of Corrective Action:** If the school has prior knowledge of a suspected disability, from parent concern in writing, parent request for an evaluation, staff expressed to Director of Special Programs about a pattern of behavior, then the school will ensure all protections available to that student until disability determination is made. In the event the school is unaware of a suspected disability, (i.e. no previous notice from a parent of a disability), then protections for a student with disabilities do not need to be extended. However, if the parent requests an evaluation subsequent to the initiation of disciplinary action, then an expedited evaluation will be done to determine eligibility. If found eligible, then all procedural safeguards will be afforded to the student subsequent to the finding. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline, Director of Special Programs | **Expected Date of Completion:**03/31/2015 |
| **Evidence of Completion of the Corrective Action:**Adoption of the above policy (or its Legal Standard SE 47) in writing by those responsible for school discipline policy. A shortened version will be included in the Student-Parent Handbook and disseminated to families. |
| **Description of Internal Monitoring Procedures:** Director will disseminate to all staff an overview of the protocol for disciplinary students not yet determined to be eligible for special education. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit the school's revised procedures for disciplining students not yet determined to be eligible for special education, along with evidence of training for relevant staff 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. |
| **Progress Report Due Date(s):** 12/12/2014 |

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

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| **Criterion & Topic:** SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents demonstrated that one speech and language therapist does not have a current license. |
| **Description of Corrective Action:** Our Speech and Language Pathologist, who has worked at Conservatory Lab for years, has a Federal license that renews every three years and a state license that renews every year. Pathologist states that licenses are expiring on Dec. 1, 2014. A copy of her current two licenses and copies of her licenses renewed in Dec. will be kept on file. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**10/31/2014 |
| **Evidence of Completion of the Corrective Action:**Copy of the licenses will be uploaded. |
| **Description of Internal Monitoring Procedures:** A reminder put in Director's calendar to gather the current and renewed licenses now and in December. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **Corrective Action Plan Status:** Approved **Status Date**: 10/20/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014 submit a copy of the Speech and Language Pathologist's current license. |
| **Progress Report Due Date(s):** 12/12/2014 |

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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:** A review of documents and staff interviews demonstrated that general education teachers and paraprofessionals are not regularly trained in the following areas: state and federal special education requirements and related local special education policies and procedures; analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. |
| **Description of Corrective Action:** I was brought in to develop the department and shift the culture to one of inclusion for a diverse student body. Professional development must be done in 1 hour sessions for new, returning, administrative and music staff about how inclusion works, how students are supported in the classroom as much as possible with access to the general ed content through accommodations from which all learners benefit. Also, Learning Specialist will meet with teachers once a week to review upcoming curriculum, ensure access points for all diverse learners, make modifications to work, and support the teacher to write lessons with Universal Design. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:**Schedule/calendar of teacher/learning specialist meetings; PowerPoint and handouts from the PD; attendance sheets from the PDs. NOTE: Three PDs have already been held to announce a change in language to be politically correct and inclusive, to explain the basics of Universal Design, to support the use of accommodations to keep expectations high for grades and tests, to give support to music teachers for applying accommodations in their classrooms. |
| **Description of Internal Monitoring Procedures:** Feedback from teachers on levels of support and ability to write curriculum and activities that will support all learners. During the year, respond to teachers requests for further information and support, and follow through with more PD on the topics they need. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:** The school's proposal does not address general education teachers and paraprofessionals are not regularly trained in the following areas: state and federal special education requirements and related local special education policies and procedures. |
| **Department Order of Corrective Action:**Complete staff training for general education teachers and paraprofessionals on state and federal special education requirements and related local special education policies and procedures. |
| **Required Elements of Progress Report(s):** By December 12, 2014, 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):** 12/12/2014 |

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

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| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the school does not regularly evaluate its special education programs and services. |
| **Description of Corrective Action:** The Director of Special Programs will create a list of criteria, including those described in this CPR, for evaluation. The criteria will range from staffing needs, delivery of services, quality of support; IEP/504 accuracy, standardization and review of timelines; testing support, student progress, providers service delivery, data base accuracy, and more. These will be evaluated twice a school year to encourage responsive improvements. Major changes may be established over the summer, included in a Procedures packet, and trainings given to support personnel during summer Professional Development. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs; Head of School; Operations Manager | **Expected Date of Completion:**09/18/2015 |
| **Evidence of Completion of the Corrective Action:**The review of IEPs for standardization, completion, completion of database required elements. Spreadsheets, meetings notes from department and/or meetings about department improvement with Head of School and Operations Manager. Feedback in a survey from SE-PAC at end of the year. An evaluation at the beginning of next school year with better procedures in place. |
| **Description of Internal Monitoring Procedures:** Every week, the Special Ops team meets to discuss problems, changes, updates, and expectations. These discussions monitor our staffing and service delivery. Mid-way through the year, and again at the end of the year, a major meeting to discuss the dept. programs and services will be concluded. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014 submit evidence of the school's newly developed assessment tool to be used for evaluating special education programs and services.By March 6, 2015, submit a copy of the evaluation that was conducted using this process and/or data analysis that demonstrates the evaluation process has been implemented. |
| **Progress Report Due Date(s):** 12/12/201403/06/2015 |

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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 student records, documents, and interviews demonstrated that important information and documents, such as handbooks and codes of conduct, are not consistently translated into the major languages spoken by parents or guardians with limited English proficiency. The school has not established a formal system of oral interpretation to assist parents/guardians whose primary language is other than English, including those who speak low-incidence languages. |
| **Description of Corrective Action:** The school has entered into a business relationship with E Lingua, a translation and interpretation company. A review of Home Language Surveys (completed in Sept for LEP placement testing) showed Spanish as the primary native language of parents when their native language was not English. After the Codes of Conduct and Handbooks are updated to compliance with laws about bullying, discipline and suspensions, it will be translated into Spanish. A system will be created using the school data base that identifies parents who need a translator to responsibly participate in important school events. The data base for special education contains a box that will alert the Director to the need for an interpreter for IEP and 504 Annual, Initial and Eligibility meetings. An interpreter will be provided when it is clear that those individuals who need the translation will be attending the meetings/events. |
| **Title/Role(s) of Responsible Persons:**Director of Special Programs; Head of Operations; SchoolBrains Administrator (school database) | **Expected Date of Completion:**06/15/2015 |
| **Evidence of Completion of the Corrective Action:** The translated Code of Conduct, Student-Parent Handbook. Meeting attendance that shows an interpreter when needed. |
| **Description of Internal Monitoring Procedures:** The partnership with an interpreter and translation service has already occurred. The responsible parties will meet to clarify the use of each data base to alert event and meeting leaders to the possible need for interpreters at events. They will monitor each other for the need for services as meetings/events come up during the next five months. The system will be included in meeting/event planning protocols. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014 submit the schools 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):** 12/12/2014 |

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

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the school's code of conduct does not include appropriate procedures for the discipline of students with special needs and students with Section 504 Accommodation Plans. |
| **Description of Corrective Action:** The School's Code of Conduct published in the Student Handbook will include a shortened but clear set of procedures that the school will follow for the discipline of student with special needs or with Section 504 Accommodations. The procedures aforementioned in CPR findings SE 43,44,45,46, and 47 will be discussed, adopted and put in the Student and Staff Handbook. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline, Director of Special Programs | **Expected Date of Completion:**05/31/2015 |
| **Evidence of Completion of the Corrective Action:**The new Code of Conduct in publishable form, as well as inclusion in the Student Handbook to be published for school year 2015-2016. |
| **Description of Internal Monitoring Procedures:** The Director and Dean will meet periodically to discuss procedures for the discipline of students with special needs, aforementioned CPR Corrective Action SE 43,44,45,46, and 47 by March 31, and into the Code of Conduct, and disseminated to parents by May 31st. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit the school's revised code of conduct demonstrating that it includes the required due process procedures for the discipline of students with special needs and students with Section 504 Accommodation Plans. The school may also provide web links to its website in lieu of submitting the documents, identifying the relevant sections by page number. |
| **Progress Report Due Date(s):** 12/12/2014 |

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

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| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that the Bullying and Prevention Plan is not translated into the major languages spoken by parents or guardians whose primary language is other than English. |
| **Description of Corrective Action:** The bullying intervention and prevention plans will be translated into Spanish as that has been determined to be the most common language spoken by parent/guardians whose first language is not English. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline and Operations Manager | **Expected Date of Completion:**01/31/2015 |
| **Evidence of Completion of the Corrective Action:**The completed Bullying Intervention and Prevention Plan in Spanish. |
| **Description of Internal Monitoring Procedures:** By mid-November a company should be identified to do the translation and funds set aside. Plan will be translated by January 15, 2015. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, in lieu of immediately translating the Bullying Intervention and Prevention Plan for parents who are not proficient in English, provide evidence of the district's method of disseminating the information to these identified parents.By March 6, 2015, submit a copy of the translated Bullying and Bullying Intervention Plan into the major languages spoken by parents/guardians whose primary language is other than English. The school may also provide web links to its website in lieu of submitting the documents. |
| **Progress Report Due Date(s):** 12/12/201403/06/2015 |

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

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| **Criterion & Topic:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents demonstrated that while the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation, its notice does not include the name(s), office address(es), and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504. |
| **Description of Corrective Action:** Robyn Petlow, the Director of Middle School and trained in non-discrimination policy, will be the person designated to coordinate compliance under Title IX and Section 504. A memorandum will alert students and staff to know who to go to if they were harassed, bullied, or sexually harassed. Her name, office address and phone number will be added to the Staff and Student Handbook. |
| **Title/Role(s) of Responsible Persons:**Director of Middle School, Robyn Petlow | **Expected Date of Completion:**11/15/2014 |
| **Evidence of Completion of the Corrective Action:**This information will be added to both Handbooks electronically, and may be printed for evidence. |
| **Description of Internal Monitoring Procedures:** Person has been determined already. Name and address will be included in the Student and Staff Handbook at time of update. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit evidence that the district's published materials to families includes the name(s), office address(es), and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504. The district may provide a link to its website, with pages number identifying the relevant sections. |
| **Progress Report Due Date(s):** 12/12/2014 |

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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 interviews demonstrated that the school has developed and implemented annual staff training on the use of restraint within the first month of each school year or, for employees hired after the school year begins, within a month of their employment. However, a review of documents and interviews revealed that the school's written procedures are not consistent with Department of Elementary and Secondary Education regulations in order to prevent or minimize any harm to the student as a result of the use of physical restraint. |
| **Description of Corrective Action:** Current student handbook describes the use of physical restraint following most of the DESE guidelines. However, a few statements do not follow the DESE regulations. The Dean of Discipline will remove/add parts that are not compliant with DESE regulations. These procedures will be updated in the Handbook. The Dean of Discipline has attended a one week training in de-escalation of behaviors and restraint. All faculty and staff will be given a training in the updated procedures by December 1st, and will sign an attendance sheet. |
| **Title/Role(s) of Responsible Persons:**Dean of Discipline | **Expected Date of Completion:**12/15/2014 |
| **Evidence of Completion of the Corrective Action:** The corrected and updated handbook. Faculty trained in restraint will enact these procedures and submit their certification. Staff attendance sheet for in-service trainings. |
| **Description of Internal Monitoring Procedures:** The procedures will be corrected in the Student Handbook and Staff Handbook by January 15th. Annual staff training on the use of restraint will be conducted in the two school locations and completed by Dec. 1. |
| 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**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Prior to developing the school's corrective actions, review the Department of Elementary and Secondary Education guidance on physical restraint at http://www.doe.mass.edu/pqa/sa\_nr/46\_req.html.By December 12, 2014, using the Department's guidance as the basis for its revision, submit the school's revised procedures to ensure that the school's written procedures are consistent with Department of Elementary and Secondary Education regulations in order to prevent or minimize any harm to the student as a result of the use of physical restraint, 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. |
| **Progress Report Due Date(s):** 12/12/2014 |

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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 demonstrated that the school has not developed a process to provide educational services to students confined to home or hospital. |
| **Description of Corrective Action:** Upon receipt of a physician's written order verifying any student enrolled in the school must remain at home or in a hospital for more than 14 days, the appropriate school Director will arrange for educational services at their site. These services will be provided with sufficient frequency to allow the student to continue his or her educational progress, as long as such services do not interfere with the medical needs of the student. If the student has special needs, the Director will coordinate these services with the Director of Special Programs to be in consistency with their needs as stated in the IEP. Educational service in home or hospital. |
| **Title/Role(s) of Responsible Persons:**Head of School and Director of Special Programs | **Expected Date of Completion:**03/31/2015 |
| **Evidence of Completion of the Corrective Action:**Director will generate school wide memorandum outlining the policy. |
| **Description of Internal Monitoring Procedures:** A meeting between the Head of School and Director of Special Programs will occur to determine level of compliance and any procedural changes that must be made. The policy will be added to school documents. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **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 December 12, 2014, submit the revised school's process to provide educational services to students confined to home or hospital. 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):** 12/12/2014 |

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

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| **Criterion & Topic:** CR 21 Staff training regarding civil rights responsibilities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews demonstrated that all school personnel are not trained at least annually regarding civil rights responsibilities. |
| **Description of Corrective Action:** Train ALL staff that it is a civil rights issue if you discriminate. The school will provide annual training for all school personnel regarding civil rights responsibilities including the prevention of discrimination on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation and the appropriate methods for responding to it in the school setting. This year's training will occur on November 15, 2014. |
| **Title/Role(s) of Responsible Persons:**Head of School and Operations Manager | **Expected Date of Completion:**12/15/2014 |
| **Evidence of Completion of the Corrective Action:**Attendance sheet and an agenda of the in-service training. |
| **Description of Internal Monitoring Procedures:** Plans for the training are already made. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit evidence of training for all school personnel regarding civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students? race, color, sex, gender identity, religion, national origin and sexual orientation and the appropriate methods for responding to it in the school setting. This evidence 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. |
| **Progress Report Due Date(s):** 12/12/2014 |

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

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| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews demonstrated that while the school's curriculum director reviews 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, the school does not have a process for individual teachers to review educational materials. |
| **Description of Corrective Action:** An in-service training for all teachers by the Dean of Curriculum, Teacher Mentor, Expeditionary Learning Mentor, and Literacy Coach, should illuminate the possible civil rights violations that occur in teacher made and professionally published material. They will instruct the teachers in how to use the Civil Rights Check List to review material independently and modify or eliminate its use. |
| **Title/Role(s) of Responsible Persons:**Dean of Curriculum, Teacher Mentor, Expeditionary Learning Mentor, Literacy Coach | **Expected Date of Completion:**03/31/2015 |
| **Evidence of Completion of the Corrective Action:**Attendance sheet from the in-service training. A random check on a teacher's choice of curriculum materials. |
| **Description of Internal Monitoring Procedures:** Periodically, the responsible parties will discuss plans for the in-service training. It will be held by end of Semester 1. A random check by "responsible persons" of teacher's choices of materials will establish compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date**: 10/22/2014 |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By December 12, 2014, submit the district's revised curriculum review process, which will include a means 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. Evidence 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. |
| **Progress Report Due Date(s):** 12/12/2014 |

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

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| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and interviews indicated that the district does not evaluate all aspects of its pre-kindergarten-seven 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:** All students participate in El Sistema music program for two hours a day, five days a week. There are no athletics nor extra-curricular activities offered at Conservatory Lab. Therefore there are no documents of attendance in other activities from which to run reviews for compliance. |
| **Title/Role(s) of Responsible Persons:**Director of Middle School | **Expected Date of Completion:**01/31/2015 |
| **Evidence of Completion of the Corrective Action:**Student schedules from each grade. |
| **Description of Internal Monitoring Procedures:**  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Disapproved **Status Date**: 10/22/2014 |
| **Basis for Decision:** The school's response does not include a proposal to complete a institutional self-evaluation for all aspects of its kindergarten-seven program, including access to special education services, English language education, as well as other mechanisms that may inadvertently exclude students of protected categories, such as lack of translated documents. |
| **Department Order of Corrective Action:** Develop an institutional self-evaluation for all aspects of programming available in the school's k-7 program that includes the name/roles of staff involved, a timeline of activities, and a methodology for gathering information. Do not submit student schedules in lieu of an action plan for the self-evaluation. |
| **Required Elements of Progress Report(s):** By December 14, 2014, submit the school's plan to evaluate all aspects of its k-7 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, 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 6, 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):** 12/12/201403/06/2015 |

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

**Charter School: Conservatory Lab Charter School**

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Diana Lam

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, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of district documentation indicates that ELL students at proficiency levels 1 and 2 receive 45 minutes to 1.5 hours of direct English as a Second Language (ESL) instruction or push-in support per week and ELLs at higher proficiency levels are only provided with 45 minutes of ESL instruction or push-in support twice a month. ELLs in the district are not provided sufficient ESL instruction as per Department guidelines.**Documentation submitted by the district does not clarify whether ELL students at proficiency levels 1 and 2 are provided with grade level sheltered content instruction aligned to the 2011 Massachusetts Curriculum Frameworks. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013”document as found at* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html)*The documentation submitted by the district does not include an ESL curriculum; therefore, there is no evidence showing that the district had an ESL curriculum used for direct ESL instruction at the time of the review. See the Department’s WIDA ELD Standards update from at* [*http://www.doe.mass.edu/ell/wida.html*](http://www.doe.mass.edu/ell/wida.html) *).* |
| **Narrative Description of Corrective Action:** After looking at assessments and consulting as an ELL team, the ELL coordinator will create a schedule for English as a Second Language instruction that meets the needs of our students usingthe recommendations from Table 3 of the *“Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013”* document found at http://www.doe.mass.edu/ell/guidance\_laws.html. All ELL students at Levels 1-5, will receive the same hours of sheltered content instruction as native English speaking peers delivered by a teacher qualified to teach ELLs and licensed in the appropriate content area. Finally, students at Level 6 (“Reaching”) will be classified as FLEP and their progress will be monitored for 2 years, and they will receive additional supports and services if necessary. All students, regardless of ACCESS level, will receive the same recommended hours of instruction in specials, such as El Sistema, as former ELLs and native English speaking grade-level peers. Due to the small size of our ELL program, part of our end-of-year evaluation of students will involve projections for instructional hours the following year so that adequate staff can be hired. For school year 2015-2016, we anticipate one full-time ESL teacher at the primary level and one part-time ESL teacher for grades 2-8. We also expect all teachers to provide sheltered content instruction. Teachers are taking the RETELL course and will receive help in adding ELL support and WIDA ELD Standards into their curriculum by the ESL specialist and coordinator. Conservatory Lab is in the process of evaluating several WIDA-aligned ESL curricula, such as Hampton-Brown’s *Reach*. The ELL Coordinator is also engaged in ongoing collaboration and conversations with colleagues from other schools that use ESL curricula in alignment with updated WIDA standards and have been approved by the DESE. The final decision should be made by May 1, 2015, and preparations for its implementation in School Year 2015-16 will begin shortly thereafter. At our primary school, we currently use *Let’s Read Reading Options for Achievement* with higher proficiency students and *Leveled Literacy Interventions* to create the right ESL instruction for our students. Over the course of this spring and summer, we will create a scope and sequence that draws on these materials and other materials, such as *Reach*, to create a curriculum that will support all of our ELL students and provide them with access to our rich, unique Expeditionary Learning content. |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Coordinator | **Expected Date of Completion for Each Corrective Action Activity:** 5/30/2015 |
| **Evidence of Completion of the Corrective Action:** We will document ELL instruction and sheltered content instruction for all ACCESS levels by maintaining individual student files, which will include copies of ACCESS test results for each student, a home language survey for each student, and report cards and progress reports. We will also document our ESL curriculum by saving a hard copy (in an ESL curriculum binder) and electronically (in a Google Drive folder shared between relevant ELL staff members). The ESL curriculum folder will include not only the curriculum, lesson plans, goals, and objectives for each grade; it will also include a copy of the new Handbook of ELL Policies and Procedures, a training presentation for relevant staff members, a timeline of responsibilities of the ELL Coordinator by month, an ELL report card template, and the ELL language standards.  |
| **Description of Internal Monitoring Procedures:** To ensure continued compliance, the ELL Coordinator, ELL instructors, and classroom teachers will record meticulous notes of each ELL student’s learning, assessment results (formative, summative, and standardized assessments), and evidence of improvement. Staff trainings will occur during the school-wide Orientation/Professional Development Week in August, as well as throughout the year, to remind relevant staff of the language standards, the WIDA updated standards, and the importance of the DESE’s Access and Equity goal. There will also be regular biweekly or bimonthly meetings between ELL teachers and classroom teachers to ensure that each ELL student is given as much attention, in-depth evaluation, educational and socio-emotional investment as possible. Parents will also be notified regularly and throughout the year, including report cards, reclassifications (if any), and end-of-year ELL levels. Each student file (in paper form and electronically) will contain a parent-teacher communication log, which will be updated after every communication.  |
| 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:** 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): June 15, 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 district does not include any information showing that the district does not reclassify Limited English Proficient (LEP) students as Former Limited English Proficient (FLEP) until they are deemed English proficient or limit or cap the amount of time in which an ELL student can remain in a language support program.* |
| **Narrative Description of Corrective Action:** The ELL Coordinator is in the process of creating a Handbook of Policies and Procedures, which will contain procedures for reclassifying a student as FLEP according to the guidelines in *Transitional Guidance on Identification, Assessment, Placement and Reclassification of English Language Learners.* After evaluating the available student data and concluding that the student is able to perform ordinary classroom work in English without significant instructional support, the team will do the following: 1) remove the student’s SIMS coding as LEP (DOE025 – record 00 under “LEP”) before the start of the following school year in time for the October SIMS data collection; 2) notify the parent/guardian of the change in the student’s classification’ 3) update all school records; and 4) routinely monitor the student’s academic progress for two years; 5) assign students initially to teachers qualified to teach ELLs and licensed in the appropriate content area (all teachers will be completing RETELL courses). |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Coordinator | **Expected Date of Completion for Each Corrective Action Activity:** 4/15/2015 |
| **Evidence of Completion of the Corrective Action:** The SIMS report will reflect the reclassification of ELL students as FLEP. In addition, all communication, observation, and evaluations will be noted and recorded in students’ electronic files, as well as in their paper files. All FLEP students will have a monitor of their progress in their file.  |
| **Description of Internal Monitoring Procedures:** The ELL coordinator will consistently hold structured meetings with classroom teachers, regularly analyze student work using the WIDA CAN DO Descriptors and Performance Definitions, observe student participation and performance, and hold conversations with parents about the student’s academic performance and English language development. All communications, observations, and evaluations will be recorded electronically and in paper form and maintained in students’ electronic and paper files.  |
| 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:** N/A |
| **Department Order of Corrective Action:** N/A |
| **Required Elements of Progress Report(s):** By **June 15, 2015**, submit a description of the district’s reclassification procedures, other supporting documents such as annual review forms and the district’s program exit criteria showing that:1. the district does not reclassify ELL students as Former Limited English proficient (FLEP) until he or she is deemed English proficient and can participate meaningfully in all aspects of the district’s general education program without the use of adopted or simplified English materials and,
2. the district does not limit or cap the amount of time in which an ELL student can remain in a language support program.

Please go to <http://www.doe.mass.edu/ell/resources.html> for the Department’s reclassification template, which is recommended for district use.By **October 5, 2015**, conduct an internal review of approximately 5-8 student records for former ELLs who were exited from English learner education following the implementation of all corrective actions.Report the number of records containing documentation of the student’s reclassification; for any non-compliance identified, provide a root cause analysis and the district’s plan to remedy each 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): June 15, 2015; October 5, 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 upon identification of a student as ELL, and annually thereafter, the school does not consistently send written notice to parents or guardians.* |
| **Narrative Description of Corrective Action:** All parent notifications will be in both electronic and paper form. Documents and announcements that are communicated to families will be sent home and emailed. During the end-of-year review, we will print copies of the notifications and communications and make a note of them on the cover sheet log in each student folder. Moving forward, all families will receive: 1) an initial notification when their child is identified as ELL, 2) a mid-year and end-of-year report card from their ESL instructor, 3) a notification if their child is reassessed mid-year and changes proficiency (ELD) level, 4) an end-of-year notification of their child’s ACCESS score and proficiency level for the next academic year, and 5) families of FLEP students will receive a copy of the “Monitoring Progress of FLEP Student” report at the end of the year. This year, all grade 2-8 ELL students’ families will receive a mid-year proficiency level notification, which will be sent out after ACCESS testing is complete. All proficiency levels will be determined by evidence, including: reading, writing, listening ACCESS scores from last year and speaking score from this year, or, if teachers believe that the level has improved, student work that shows a higher proficiency level (e.g. if a student has demonstrated proficiency on the ANet, through Fountas and Pinnell testing, or other essay writing, a copy will be included in the file to document the reason for the change in level).  |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Coordinator | **Expected Date of Completion for Each Corrective Action Activity:** 3/31/2015 |
| **Evidence of Completion of the Corrective Action:** Each ELL student’s folder will contain evidence of the initial notification, mid-year and end-of-year report cards, notification of reassessment and changes in proficiency level, end-of-year notification of ACCESS score and proficiency level for the following academic year, and copies of the Monitoring Progress of FLEP Student” report.  |
| **Description of Internal Monitoring Procedures:** The internal tracking will include biweekly or bimonthly review of folders to ensure that all notifications and reassessments have been recorded, photocopied, and placed in student files.  |
| 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 **June 15, 2015**, develop a sample of approximately 5 ELE student records for students recently identified as ELLs and a sample of approximately 5 ELE students who continue to need ELE programming. These samples must consist of only those students whose parents received either initial or annual notice after corrective actions were fully implemented.Conduct an internal review of records for the 10 ELE students for evidence of the initial and/or annual parent notice. Report the number of records containing the initial notification or the annual notice; for any non-compliance identified, provide a root cause analysis and the district’s plan to remedy each record by **June 15, 2015.****\*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): June 15, 2015** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** |
| **Criterion & Topic:** ELE 18 Records of ELL Students | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of student records demonstrated that records did not consistently contain home language surveys, information about previous school experience, copies of parent notification letters, or progress reports and report cards.* |
| **Narrative Description of Corrective Action:** All home language surveys and parent notification letters have now been placed in students’ ELL folders. These ELL folders will be placed in each student’s cumulative records file along with progress reports, report cards, information about previous school experience, copies of parent notifications, and communication logs.  |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Coordinator | **Expected Date of Completion for Each Corrective Action Activity:** 1/30/2015 |
| **Evidence of Completion of the Corrective Action:** Each student has an ELL folder that contains progress reports, report cards, information about previous school experience, copies of parent notifications, and communication logs. |
| **Description of Internal Monitoring Procedures:** Internal monitoring procedures will be guided by procedures in the ELL Handbook of Policies and Procedures, which is written using guidance from the DESE’s *Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners.* The procedures include instructions for updating ELL folders and maintaining a folder cover sheet that also serves as a log of all new documents added to the folder, as well as parent notification letters and change in ELL status. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:** ELE 18 Records of ELL Students | **Status of Corrective Action:** [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):** Conduct an internal review of records for 10 ELE students enrolled following the implementation of all corrective actions. Report the number of records containing home language surveys; information about students’ previous school experiences as applicable; copies of parent notification letters; and progress reports and report cards in the native language, if applicable. For any non-compliance identified, provide a root cause analysis and the district’s plan to remedy each record by **June 15, 2015.****\*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): June 15, 2015** |