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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: Edward M. Kennedy Academy for Health Careers (Horace Mann Charter School)

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 05/24/2014.

**Mandatory One-Year Compliance Date:** **05/24/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 1 | Assessments are appropriately selected and interpreted for students referred for evaluation | Partially Implemented |
| SE 4 | Reports of assessment results | Partially Implemented |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 27 | Content of Team meeting notice to parents | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |

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| **Criterion & Topic:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that assessments are not always tailored to assess specific areas of educational and related developmental needs for students with suspected areas of intellectual impairment and specific learning disabilities. In addition, student records and interviews indicated that for students whose primary language is not English and who have not attained former English language learner status (FELL), the school is not determining language dominance prior to assessing him/her for eligibility for special education, administering assessments in the language and form most likely to yield accurate information, or using an alternate assessment to ensure valid information on what the student knows and can do academically, developmentally and functionally. | | |
| **Description of Corrective Action:**  Tiana Tassinari will be the SESS allocated full-time to Kennedy Academy beginning in September 2014. Tiana will coordinate with Nan Coellner, SPED Consultant, for each referral to determine what assessments are needed based on the area of suspected disability. The selection of appropriate assessments will be noted in SEIMS. Requests for assessments in the student's native language will be based on the student's ELD level, or on the BPS newcomer assessment results if no WIDA testing has yet been done for a student new to the district. This determination will also be noted in SEIMS. Tiana will coordinate with Lisa Martiesian, BPS Manager of Compliance and PQA, to complete the training through BPS in the administration of the Woodcock Johnson Assessment during the first three months of 2014-2015. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, Special Educational and Student Services Coordinator | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Agendas and attendance records for BPS trainings will be retained as evidence. Evidence of consideration of alternate language assessments can be printed from SEIMS for each initial evaluation or re-evaluation. | | |
| **Description of Internal Monitoring Procedures:**  As part of a new monthly monitoring process, Tiana will review every referral and evaluation to assure that both the assessment selection and language assessment are recorded in the SEIMS record. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit revised procedures to ensure that assessments are appropriately selected and interpreted for students referred for evaluation whose area of suspected disability includes intellectual and specific learning disabilities, as well as the revised procedures for the selection of appropriate assessments for students whose first language is not English. Submit evidence of staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheet and copies of the materials presented.  By February 3, 2015, conduct an internal review of students with intellectual impairment and specific learning disabilities assessed after the implementation of corrective actions. Provide a detailed narrative of the internal review, and indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please identify the students with intellectual impairment and the students with SLD when reporting on the results.  Conduct a second review of ELL/FLNE students evaluated after the implementation of all corrective actions for evidence that the student's language dominance was identified prior to assessing him/her for eligibility for special education.  Provide a detailed narrative of the second internal review, and indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by February 3, 2015.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/03/2014  02/03/2015 | | |

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

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| **Criterion & Topic:**  SE 4 Reports of assessment results | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that evaluators do not consistently provide summaries of assessment results that include the procedures employed, the results, diagnostic impressions, or educationally relevant recommendations as required. | | |
| **Description of Corrective Action:**  Either Nan Coellner or Tiana Tassinari will record an easily comprehensible summary of test results for each assessment completed for both new referrals and re-evaluations in the SEIMS system. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari (SESS) | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  For each referral we will provide the SEIMS document that shows the assessment result summary. | | |
| **Description of Internal Monitoring Procedures:**  Tiana will complete a monthly review of any SEIMS record for a student who has been evaluated or re-evaluated to document that the assessment result summary is included. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 4 Reports of assessment results | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:**  EMK's proposed corrective actions do not address the issue of the finding. The BPS SEIMS tracking will not provide the school with the information needed to monitor compliance for this criterion. The district did not indicate that it will conduct training for evaluators on the requirements of assessment reports. While the district reported that it will conduct monthly SEIMS tracking, it is not a summary of test results that is the concern but the quality of evaluation reports that requires monitoring and oversight. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system to ensure that assessment summaries include the procedures employed, the results, diagnostic impressions, & educationally relevant recommendations as required. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit evidence of staff training, including signed attendance sheets, and agendas, indicating the title/role of staff and the name and title of the presenter.  By October 3, 2014, submit a description of the district’s internal oversight and tracking system with periodic reviews, along with the name/role of the designated person.  By February 3, 2014, conduct an internal review of evaluation summaries conducted after all corrective actions are completed for evidence that assessment summaries include the procedures employed, the results, diagnostic impressions, or educationally relevant recommendations as required. Submit a report of the results of the internal review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance.  \*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 roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/03/2014  02/03/2015 | | |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that transition plans are not updated annually; existing transition plans are not individualized and do not address post-high school goals. | | |
| **Description of Corrective Action:**  The transition document will be recorded in SEIMS by either the SESS Coordinator or the Special Education teacher as part of the annual review. The documentation will include career and education planning activities that happen as part of the grade level guidance seminar or their Strategies for Success class, or in out-of-school time. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari (SESS Coordinator) | | **Expected Date of Completion:**  02/15/2015 |
| **Evidence of Completion of the Corrective Action:**  The transition planning document can be printed for every student following completion of the annual review. | | |
| **Description of Internal Monitoring Procedures:**  Tiana Tassinari will conduct monthly review to document that the transition plan is fully completed for every student whose annual review or re-evaluation was conducted during the prior month. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit evidence of staff training for special education staff who work with students ages 14 and older to ensure that Transition Planning Forms are developed/reviewed annually and that all required areas are completed. Include signed attendance sheets, and agendas, indicating the title/role of staff and the name and title of the presenter.  By February 3, 2015, , conduct an internal record review of students ages 14 and older with IEP development following the implementation of all corrective actions for evidence that student transition planning forms are complete and reviewed annually. Submit a report of the results of the internal review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance.  \*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 roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/03/2014  02/03/2015 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicates that the school does not consistently obtain consent from students upon reaching the age of 18 to continue the student's special education program. | | |
| **Description of Corrective Action:**  Tiana will establish an automated alert system connected to her BPS network account to identify SPED students turning 18 during the coming month. She will meet individually with each student to complete the form documenting acceptance of their special education plan, and the decision regarding sharing of decision making rights. This information will be recorded in SEIMS. Tiana will also include documentation of discussion regarding the upcoming transfer of parental rights during the SPED re-evaluation or annual review meeting for all students who are 17 years of age. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS Coordinator | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  The dated signature page of the IEP with the 18-year old student's signature can be provided. | | |
| **Description of Internal Monitoring Procedures:**  By September 15 Tiana will have established the electronic notification system with birthdates for all SPED students who will be turning 18. As part of the monthly monitoring Tiana will document that the transfer of rights was completed for any students who turned 18 within the prior month. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:**  The school's proposed corrective action addresses the discussion of transference of educational decision-making rights, which should be done one year prior to the student turning 18. The student does not need to sign any document if he or she wishes to retain decision-making rights, only if these rights are delegated. Please note that this activity must be part of the discussion when the student is 17. | | |
| **Department Order of Corrective Action:**  Revise the proposed procedures to ensure that students with sole or shared decision-making rights sign the current IEP upon attaining the age of 18 using the Department's guidance at http://www.doe.mass.edu/sped/advisories/11\_1.html. | | |
| **Required Elements of Progress Report(s):**  By October, 3, 2014, review the Department's guidance on the age of majority at http://www.doe.mass.edu/sped/advisories/11\_1.html. Based on this advisory. Submit the revised procedure to ensure that students with sole or shared decision-making rights sign the current IEP.  By February 3, 2015, conduct a review of student records. Please select a sample of 5-6 high school student records drawn from those students who turned 18 after implementation of all corrective actions for evidence that consent is obtained from the student with sole or shared educational decision-making rights to continue the then current special education program. Indicate the number of student records reviewed, the number of student records in compliance, for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the school’s plan to remedy the non-compliance.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/03/2014  02/03/2015 | | |

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that signed meeting attendance sheets (N3A) are not consistently documented in records. | | |
| **Description of Corrective Action:**  Tiana Tassinari will assure that participants in EVERY IEP meeting sign the meeting attendance record. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/15/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed meeting records can be provided for every IEP meeting. | | |
| **Description of Internal Monitoring Procedures:**  As part of the monthly monitoring review Tiana will document that signatures are recorded for every student for whom a meeting was conducted during the previous month. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, conduct an internal review of Team meeting attendance sheets from meetings convened after the implementation of all corrective actions. Report the number of Team meetings conducted and the number of student records that contained signed meeting attendance sheets (N3A)?s for all Team members in attendance. If non-compliance is identified, report the specific actions taken to correct each individual student file, 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):**  10/03/2014 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that progress reports are not consistently documented in the record or do not include information on the student's progress toward annual goals in the IEP. | | |
| **Description of Corrective Action:**  By September 15, Tiana Tassinari will collaborate with Nan Coellner and Laura Boston to revise the progress report form and make it accessible electronically to designated teachers. Tiana and Nan will coordinate with Lisa Martiesian, BPS Manager of Compliance and PQA, to participate in trainings that will allow EMK to adopt the new on-line functionality for Special Education progress reports. Annually in October, one staff meeting will be dedicated to review of requirements for writing progress reports that are thoughtfully developed, carefully written, and aligned with the student's annual goals. The quarterly deadline for teacher submission of progress reports will be two weeks prior to the closing of grades for each term to permit review and editing of progress reports in collaboration with teachers. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS Coordinator | | **Expected Date of Completion:**  11/15/2014 |
| **Evidence of Completion of the Corrective Action:**  Completed progress reports can be reviewed in the student's folder and printed for any student and any quarter. Signed agenda and attendance sheet for the BPS progress report training, and the October EMK progress report training will be retained. | | |
| **Description of Internal Monitoring Procedures:**  Tiana Tassinari will be responsible to review and finalize progress reports as part of a quarterly monitoring process each term. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit the revised progress report template, and evidence of staff training on EMKs procedures for the documentation and content of progress reports , which will include but not be limited to a training agenda, signed attendance sheet and copies of the materials presented.  By February 3, 2015, subsequent to corrective actions, conduct an internal review of student records. Report the number of student records reviewed, the number that contained progress reports, and the number of progress reports that included information on the student's progress toward annual goals in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student file, 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):**  10/03/2014  02/03/2015 | | |

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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 indicated 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, as appropriate. | | | |
| **Description of Corrective Action:**  By September 15 Tiana will establish an on-line alert system connected to her BPS network account to identify the anniversary date for the IEP of each student. As part of the monthly monitoring, Tiana will document which students have anniversary date requirements in the next 60 days. This will allow sufficient time for notification and scheduling of meetings. | | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/15/2015 | |
| **Evidence of Completion of the Corrective Action:**  Tiana can provide the signed attendance sheet for an IEP meeting showing the date the meeting was actually held, and the anniversary date of the IEP. | | | |
| **Description of Internal Monitoring Procedures:**  As part of the monthly monitoring process, Tiana will document the meeting dates and the anniversary dates to determine whether any meetings are out of compliance. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By February 3, 2015, following implementation of EMK's on-line alert system that will align with SEIMS, conduct an internal review of at least 5-8 annual reviews conducted after the implementation of the system.  Submit the results of the internal review. Indicate the number of student records reviewed, the number of student records with annual reviews convened on or before the anniversary date of the IEP. For all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the school’s plan to remedy the non-compliance.    \*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):**  02/03/2015 | | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that not all elements of the IEP are consistently completed, including Present Levels of Performance A (PLEP A) for support in the general curriculum, Present Levels of Education Performance B (PLEP B) for general considerations in non-academic areas, and transition planning forms. Student records also indicated students on the autism spectrum do not consistently have IEPs that identify skills and proficiencies needed to avoid and respond to bullying, harassment and teasing. | | |
| **Description of Corrective Action:**  Annually in October. one staff meeting will be dedicated to professional development around the completion of the Annual Review Report and the Educational Assessment in the Areas of Suspected DIsabilities (for initial evaluations or re-evaluations). Four times annually the weekly staff meeting will be organized by grade level to focus with the SESS Coordinator and the Special Education Teacher on the development of high quality inputs to the PLEP A and PLEP B documents. Any student on the autism spectrum will be evaluated for skills and proficiencies that may be needed to avoid bullying and harassment. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/15/2015 |
| **Evidence of Completion of the Corrective Action:**  Agendas and signed attendance sheets for the October professional development and the four subsequent staff meetings addressing this issue will be retained. Examples of IEPs developed in the 2014-2015 will be available for review. Documentation of the assessment of risk for bullying and harassment can be printed from SEIMS. | | |
| **Description of Internal Monitoring Procedures:**  Four times annually, the Headmaster, SPED Consultant, SESS Coordinator and Special Education Teacher will meet to review a sample of IEPs for special education students whose anniversary dates have passed. Review will focus not only on compliance with corrective action plans, but specifically on the quality of the inputs to and production of PLEP A and PLEP B documents. Lisa Martiesian, BPS Manager of Compliance and PQA will be invited to these quarterly meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing procedures, review the Department's technical advisories on the requirements of IEP development to address bullying, teasing, and harassment for students on the autism spectrum: http://www.doe.mass.edu/sped/advisories/11\_2ta.html and http://www.doe.mass.edu/bullying/considerations-bully.html  By October 3, 2014, submit the school's procedures, based on the Department's advisories, for specifically addressing in IEPs the skills and proficiencies needed by ASD students to avoid and respond to bullying, harassment and teasing.  Following development of these procedures, submit documentation (training materials, signed attendance sheets, agendas) that training for special education staff on developing IEPs that address bullying, teasing & harassment for students with ASD.  In addition, conduct training and submit documentation that training was conducted to ensure that IEPs are completed and all required elements of IEPs are addressed, including completion of Present Levels of Performance A (PLEP A) for support in the general curriculum, Present Levels of Education Performance B (PLEP B) for general considerations in non-academic areas, and transition planning forms  By February 3, 2015, subsequent to corrective actions, conduct two internal reviews of students records.  First, conduct an internal record review of students with ASD with IEP development following the implementation of all corrective actions for evidence that IEPs address the skills & proficiencies needed to address bullying, harassment, and teasing. Submit a report of the results of the internal review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance.  Next, conduct an internal record review for students with IEPs developed following implementation of all corrective actions for evidence that all elements of the IEP are consistently completed including PLEP A, PLEP B, transition planning forms. Submit a report of the results of the internal review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance.  \*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):**  10/03/2014  02/03/2015 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that following the development of the IEP, the school does not provide Team meeting summary notes or propose an IEP or placement to the parent within 3-5 days of the Team meeting. Student records indicated that proposed IEPs and placements are consistently sent to parents one month after the IEP development meeting. | | |
| **Description of Corrective Action:**  The Team Meeting Summary document will be prepared electronically during every IEP meeting by the SESS. Two copies will be printed, both will be signed by the parent and the SESS Coordinator. One will be retained in the record, and one will be given to the parent prior to the end of the meeting. The complete IEP will be mailed within ten days. If the parent does not attend the meeting, the complete IEP will be sent to the parent for signature within 5 days. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  A check list will be presented for each student who has had an IEP meeting showing the anniversary date, the meeting date, and the mailing date for the updated IEP. | | |
| **Description of Internal Monitoring Procedures:**  As part of the monthly monitoring review the SESS will document that the Team Meeting Summary was signed by the parent and that the full IEP was mailed within 10 (or five) days. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing a training for staff, please review the Department's guidance on the immediate proposal of IEPs/placements to parents at http://www.doe.mass.edu/news/news.aspx?id=3182.  By October 3, 2014, based on the Department's guidance, submit documentation (agendas, signed attendance sheets) that training was provided to special education staff to ensure that proposed IEPs, placements and Notices of Proposed School District Action (N1s) are provided to parents immediately following the development of the IEP as defined by the Department's guidance.  By February 3, 2015, conduct an internal review of approximately 5-6 student records with IEP development activities following the implementation of all corrective actions. Report on the results of the internal review, indicating the number of student records reviewed, the number of student records that contained documentation that IEPs and placements were proposed to parents within 10 school working days if parents received a Team meeting summary OR 3-5 days if the parents did not receive a Team meeting summary following the IEP meeting. For all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the school’s plan to remedy the non-compliance.  \*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):**  10/03/2014  02/03/2015 | | |

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

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews found that at the beginning of each school year, the school does not have an IEP in effect for each eligible student within its jurisdiction, as several IEPs are unsigned. | | |
| **Description of Corrective Action:**  The SESS will review in SEIMS the current status of every incoming special education student. Those who have unsigned/outstanding IEPs will be contacted within 10 days of assignment to the school to begin outreach efforts to get the IEP signed. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  The SESS will run in SEIMS the report identifying outstanding/unsigned IEPs. | | |
| **Description of Internal Monitoring Procedures:**  As part of the monthly monitoring process the SESS will review outreach efforts for any IEPs which show in SEIMS as unsigned. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, using the school's tracking system, review the school's student records for evidence that all IEPs are signed and in effect for each special education student.  Submit a detailed analysis of this internal review. Report the number of students currently on IEPs and the number that have IEPs signed and in effect at the start of the school year 2014-2015. If any IEPs are unsigned, propose an immediate plan to obtain the parent's signature for each unsigned IEP. In addition, identify and report the overall root cause/reason for the continued non-compliance and a specific plan of action to address 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):**  10/03/2014 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Notices of Proposed School District Action (N1) to propose an evaluation or an IEP and summarize a Team's decisions and considerations contain generic language and do not consistently describe the school's proposed action or include rejected options and the reason for the rejection, evaluation procedures, or other relevant factors used as the basis for the school's decisions. | | |
| **Description of Corrective Action:**  Kennedy Academy SESS Coordinator and SPED Consultant will attend the scheduled professional development sessions offered through BPS to improve the quality of N1 completion. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS and Nan Coellner, SPED Consultant | | **Expected Date of Completion:**  02/01/2014 |
| **Evidence of Completion of the Corrective Action:**  BPS will provide evidence of EMK staff participation in scheduled trainings, and will provide agendas and documents from those trainings. | | |
| **Description of Internal Monitoring Procedures:**  Four times annually, the Headmaster, SPED Consultant, SESS Coordinator and Special Education Teachers will meet to review a sample of IEPs for special education students whose anniversary dates have passed. Review will focus not only on compliance with corrective action plans, but specifically on the quality and content of the N1 documents to insure consistency and completeness. Lisa Martiesian, the BPS Manager of Compliance and PQA will be invited to these meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit agendas, signed attendance sheets as evidence that training was provided to special education staff on Notices of Proposed School District Action (N1) and the requirement to include the school's proposed action(s) or rejected options, the reason for the rejection, evaluation procedures, or other relevant factors used as the basis for the schools decisions.  By February 3, 2015, conduct an internal review records of approximately 5-10 IEPs for students with IEP team meetings convened after the implementation of all corrective actions. Report the number of records reviewed and the number of records that contained comprehensive N1 notices that specifically included a description of the schools proposed action(s), rejected options and the reason for the rejection, evaluation procedures, or other relevant factors used as the basis for the schools decisions. If any non-compliance is identified, report the specific actions taken to correct each individual student file, 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):**  10/03/2014  02/03/2015 | | |

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

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the school does not consistently obtain consent to services proposed on a student´s IEP before providing such services. In addition, the school does not document multiple attempts using a variety of methods to secure parent consent. | | |
| **Description of Corrective Action:**  EMK will develop a protocol for outreach efforts to obtain consent from parents for IEP service delivery, and a written log for documenting all outreach efforts by phone, email, mail, certified mail, and visits. EMK will particularly focus on getting written approval not just verbal approval for services before providing them. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  The log will either document the date of the parent's signature, or the dates of varied outreach efforts to secure parent approval. | | |
| **Description of Internal Monitoring Procedures:**  As part of the monthly monitoring process, the SESS Coordinator will review any unsigned IEPs to assure that varied and frequent outreach attempts have been made. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, EMK will submit procedures for obtaining written consent prior to the implementation of IEPs, and procedures for the documentation of EMK's multiple attempts to document to secure parental consent on IEPs. PLEASE NOTE that verbal consent is not sufficient; IEPs and placements must be signed by parents.  By February 3, 2015, conduct an internal reviews of records for students with IEP Team meetings convened after the implementation of all corrective actions for evidence that 1) the IEP was signed prior to its implementation and 2) the multiple attempts to secure written consent are documented in the student record. Report the number of student records reviewed and the number that demonstrated parents' written consent prior to the IEPs' implementation. If non-compliance is identified, report the specific actions taken to correct each individual student file, 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):**  10/03/2014  02/03/2015 | | |

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

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| **Criterion & Topic:**  SE 27 Content of Team meeting notice to parents | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records determined that Team meeting notices (N3) do not routinely include who will be in attendance at the proposed Team meeting. | | |
| **Description of Corrective Action:**  Every meeting notification issued through SEIMS will include a listing of invited participants. The parent invitation will always be included in the student's folder. | | |
| **Title/Role(s) of Responsible Persons:**  Tiana Tassinari, SESS | | **Expected Date of Completion:**  02/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Team meeting invitation letters can be printed or reviewed in the student folder. | | |
| **Description of Internal Monitoring Procedures:**  As part of the monthly monitoring review, the SESS Coordinator will review the file for each meeting scheduled within the last 30 days to document that the parent invitation is included, and that it indicates who will be in attendance at the proposed meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 27 Content of Team meeting notice to parents | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By February 3, 2015, conduct an internal review of records for students with IEP Team meetings convened after the implementation of all corrective actions for evidence that Meeting Invitations (N3) include a Meeting Attendance sheet that includes all proposed participants (N3A). Submit a detailed analysis of the internal review, including the number of student records reviewed and the number of records that contain completed N3 notices that inform parents who will be in attendance. If non-compliance is identified, report the specific actions taken to correct each individual student file, 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):**  02/03/2015 | | |

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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 interviews indicated that the school's student handbook does not include appropriate procedures for the discipline of students with disabilities on IEPs and 504 plans or procedures for the reporting, investigation and resolution of complaints involving discrimination. | | |
| **Description of Corrective Action:**  EMK will include the recommended language from DESE in the 2014-2015 EMK handbook. | | |
| **Title/Role(s) of Responsible Persons:**  Angela Hedley, Assistant Headmster | | **Expected Date of Completion:**  09/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The 2014-2015 handbook will be posted on the EMK website in September when it is distributed to all students. | | |
| **Description of Internal Monitoring Procedures:**  The EMK Headmaster will review the text of the handbook before it is submitted in final format to the printer. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit EMK's revised 2014-2015 Student Handbook that includes appropriate procedures for the discipline of students with disabilities on IEPs and 504 plans and procedures for the reporting, investigation and resolution of complaints involving discrimination. Please identify the specific pages on where this information is located in the student handbooks. The Department will verify that the revised handbook is posted on the school's website. | | |
| **Progress Report Due Date(s):**  10/03/2014 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review determined the following issues with the school's notice to students 16 or over leaving school without a high school diploma: 1) the notice is not sent to the student age 16 or over; 2) the notice does not indicate that the student/parent may request an extension of time for meeting with the school of not longer than 14 days; 3) the notice is not translated into families' native languages. Document review also indicated that the school has not sent annual written notice by first class mail to the last known address of each student who has left the school without a diploma or certificate of attainment or completion to inform students and parents of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs. | | |
| **Description of Corrective Action:**  Caren Walker Gregory will amend the template for the EMK attendance letter as recommended by DESE to reference the specific language recommended by DESE. | | |
| **Title/Role(s) of Responsible Persons:**  Caren S. Walker Gregory, Headmaster | | **Expected Date of Completion:**  10/01/2014 |
| **Evidence of Completion of the Corrective Action:**  EMK can produce a list of students with 15 consecutive days of absence, along with the letter that is mailed to that student. If no students fall in this category, EMK can provide a copy of the template letter meeting the requirements of the criterion. | | |
| **Description of Internal Monitoring Procedures:**  As part of the quarterly monitoring review, the EMK headmaster, together with the Special Education team and the Assistant Headmasters will review attendance information to identify any students who meet the criterion for receipt of the letter, and will document that the corrected letter was mailed to the student. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 06/26/2014 | |
| **Basis for Partial Approval or Disapproval:**  The school did not address the second part of the finding, e.g., the school has not sent annual written notice by first class mail to the last known address of each student who has left the school without a diploma or certificate of attainment or completion to inform students and parents of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs. | | |
| **Department Order of Corrective Action:**  Develop a written notice and process to inform students who have left the school without a diploma or certificate of attainment or completion of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs.  Develop an internal oversight and tracking system to ensure that the school will also track students who have left without a HS degree for two year. The tracking system should include oversight and periodic reviews by the Head of School or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 3, 2014, submit the revised notice for students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion that includes that the student/parent may request an extension of time for meeting with the school of not longer than 14 days. Submit a translated copy of the letter in the schools' high frequency language of Spanish.  By October 3, 2014, submit the written notice and process to inform students who have left the school without a diploma or certificate of attainment or completion of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs.  By February 3, 2015, submit the description of the internal oversight and tracking system, along with the name/role of the designated person, to ensure that the school is sending a written notice to students who have left EMK without a HS diploma or competency degree to inform them of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs. | | |
| **Progress Report Due Date(s):**  10/03/2014  02/03/2015 | | |