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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: UP Academy Charter School of Boston (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 06/03/2014.

**Mandatory One-Year Compliance Date:** **06/03/2015**

**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 2 | Required and optional assessments | Partially Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 15 | Outreach by the School District (Student Find) | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 |
| 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 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 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | 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 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records and interviews indicated that the charter school does not ensure that information from a variety of sources or relevant functional and developmental information is gathered and considered to determine a student's eligibility for special education services. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 1, focusing specifically on providing training to Coordinators and Related Service Providers to ensure that information from a variety of sources or relevant functional and developmental information is gathered and considered to determine a student’s eligibility for special education services. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to see if assessments for evaluations are appropriately selected and interpreted. | | |
| 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**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised procedures to ensure that information from a variety of relevant sources or functional/developmental information is gathered for use in determining a student’s eligibility, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 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 with appropriate gathering of relevant information, such as suspension data, grades, progress reporting, ELL assessments, teacher reports, and other functional/developmental information to supplement evaluation data to determine eligibility. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review, student records and interviews indicated that the charter school does not consistently ensure that it conducts assessments in all areas related to the suspected disability. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 2, focusing specifically on providing training to Coordinators and Related Service Providers to consistently ensure that the school conducts assessments in all areas related to suspected disability. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to see that the school conducts assessments in all areas related to suspected disability. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised procedures to ensure that students are assessed in all areas of the suspected disability, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 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 assessments were conducted in all areas of the student’s suspected disability to determine eligibility. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records and interviews indicated that the district does not consistently complete the required written eligibility determination for students suspected of a specific learning disability. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 3, focusing specifically on providing training to Coordinator to consistently complete the required written eligibility determination for students suspected of a specific learning disability. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district’s corrective actions, review the Department’s guidance on SLD eligibility determination at http://www.doe.mass.edu/sped/iep/sld/default.html.  By October 31, 2014, and using the Department’s guidance as the basis for its revision, submit the district’s revised procedures to ensure that IEP Teams appropriately document the eligibility determination for students suspected of SLD, both for initials and re-evaluations, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 2015, conduct an internal review of approximately 5-6 records for students suspected of SLD, with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where IEP Teams completed all elements of the SLD eligibility determination process. 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):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records and interviews demonstrated that when an evaluation indicates that a child has a disability on the autism spectrum, the school's IEP Teams do not consistently consider and specifically address the verbal and nonverbal communication needs of the child; the need to develop social interaction skills and proficiencies; the needs resulting from the child's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the child's disability that impact progress in the general curriculum, including social and emotional development. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 3A, focusing specifically on providing training to Coordinators and Related Service Providers to consistently consider and specifically address:  ? the verbal and nonverbal communication needs of the child;  ? the need to develop social interaction skills and proficiencies;  ? the needs resulting from a child’s unusual responses to sensory experiences;  ? the needs resulting from resistance to environmental change or change in daily routines;  ? the needs resulting from engagement in repetitive activities and stereotyped movements;  ? the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder;  ? and other needs resulting from the child’s disability that impact progress in the general curriculum, including social and emotional development | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district’s corrective actions, review the Department’s guidance on IEP development for students identified with Autism Spectrum Disorder (ASD) at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  Please reconvene the IEP Teams for development of IEP supports of individual students with ASD identified by the Department in the Student Record Issues Worksheet. Submit the relevant documentation via Additional Documents on or before October 31, 2014.  On October 31, 2014, and using the Department’s guidance as the basis for its revision, submit the district’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 February 13, 2015, conduct an internal review of approximately 5 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):**  10/31/2014  02/13/2015 | | |

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that IEP Teams are not consistently convened with all required members, including a representative of the school who acts as Chairperson and who is qualified to supervise or provide special education, knowledgeable about the general curriculum and knowledgeable about the availability of resources, and general education teachers when the student is involved in a general education program. Record review also demonstrated that required Team members are not consistently excused in writing by parents or provide written input to the parent and the IEP Team for the development of the IEP prior to the meeting. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 8, focusing specifically on providing training to Coordinator to consistently convene IEP Team meetings with all required members, including:  ? A representative of the school who acts as Chairperson and who is qualified to supervise or provide special education, knowledgeable about the general curriculum and knowledgeable about the availability of resources, and general education teachers when the student is involved in a general education program.  The training will also cover utilizing the correct member excuse process, including consistently excusing required Team members in writing by parents or providing written input to the parent and the IEP Team for the development of the IEP prior to the meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district’s corrective actions, review the Department’s guidance on required IEP Team members and the excusal process at http://www.doe.mass.edu/sped/IDEA2004/spr\_meetings/?section=keypoints\_team.  By October 31, 2014, and using the Department’s guidance as its basis, submit the district’s revised procedures to ensure that IEP Teams are convened with all required Team members and the excusal process, along with evidence of general and 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 February 13, 2015, conduct an internal review of approximately 10 records with IEP Teams convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with all required Team members or evidence of appropriate use of excusal process. 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):**  10/31/2014  02/13/2015 | | |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that the school does not consistently convene Team meetings within 45 school working days after receipt of parents' written consent to initial evaluations or re-evaluations. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 3A, focusing specifically on providing training to Coordinators and Related Service Providers to consistently convene Team meetings within 45 school working days after receipt of parents? written consent to initial evaluations or re-evaluations. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Disapproved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district's proposed corrective action includes a reference to SE 3A, rather than SE 9. In addition, the described internal monitoring process does not address the issues identified for this criterion. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight & tracking system to ensure that IEP Teams are convened within 45 days of receipt of parental consent for initial evaluations & re-evaluations. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised procedures to ensure that Team meetings are convened within 45 school working days after receipt of parents' written consent to initial evaluations or re-evaluations, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By October 31, 2014, submit a description of the district’s oversight & tracking system with periodic reviews, along with the name/role of the designated person.  By February 13, 2015, conduct an internal review of approximately 10 records with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the IEP Team meeting was convened within 45 days of receipt of parental consent to evaluations. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review demonstrated that when a student previously determined to have a specific learning disability (SLD) is re-evaluated, the school's procedures do not include the required SLD determination process. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14)will cover all components of criterion number SE 12, focusing specifically on providing training to Coordinators and Related Service Providers that when a student previously determined to have a specific learning disability (SLD) is re-evaluated, the school's procedures must include the required SLD determination process. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please see SE 3 for the required elements of revised SLD procedures and staff training.  By February 13, 2015, conduct an internal review of approximately 3-4 records for students who are being re-evaluated for SLD following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where IEP Teams completed all elements of the SLD eligibility determination process for the re-evaluations. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |
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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  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:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 14, focusing specifically on providing training to Coordinator that annual IEP Team meetings are to be 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. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district's described internal monitoring process does not address the issues identified for this criterion. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight & tracking system to ensure that annual IEP Team meetings are convened on or before the anniversary date of the current IEP. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised procedures to ensure that annual IEP Team meetings are convened on or before the anniversary date of the current IEP, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By October 31, 2014, submit a description of the district’s oversight & tracking system with periodic reviews, along with the name/role of the designated person.  By February 13, 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). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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| **Criterion & Topic:**  SE 15 Outreach by the School District (Student Find) | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  According to document review, the charter school has not established a method of outreach to parents or guardians to inform them of the process to refer students for a special education evaluation. | | |
| **Description of Corrective Action:**  The process to refer students for RtI review and special education evaluation will be added to the school's student handbook. | | |
| **Title/Role(s) of Responsible Persons:**  Jamie Morrison, Principal | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  The handbook will be revised and uploaded once complete. | | |
| **Description of Internal Monitoring Procedures:**  Deadline will be set with Principal for 8/29/14 for when handbook must be revised. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 15 Outreach by the School District (Student Find) | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s published method of outreach to parents or guardians to inform them of the process to refer students for a special education evaluation. The district may either upload a handbook that has been approved by its Board & distributed to the school community OR provide a link to its website where the outreach method is described. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records, documents and interviews indicated that 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 do not consistently have IEPs that identify skills and proficiencies needed to avoid and respond to bullying, harassment and teasing. Document review also indicated that the school does not have a process for IEP Teams to document the services that build skills and proficiencies to address bullying, harassment and teasing for vulnerable students and students on the autism spectrum. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 18A, focusing specifically on providing training to Coordinators and Related Service Providers that 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 must consistently have IEPs that identify skills and proficiencies needed to avoid and respond to bullying, harassment and teasing. Training will also review the school’s process for IEP Teams to document the services that build skills and proficiencies to address bullying, harassment and teasing for vulnerable students and students on the autism spectrum. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district’s corrective actions, review the Department’s 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.  Please reconvene the IEP Teams for development of bullying, harassment, & teasing proficiencies & supports of individual students identified by the Department in the Student Record Issues Worksheet. Submit the relevant documentation via Additional Documents on or before October 31, 2014.  By October 31, 2014, and using the Department’s guidance as the basis for its revision, submit the district’s procedures to ensure that IEP Teams appropriately identify skills & proficiencies needed to avoid & respond to bullying, teasing and harassment for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 2015, conduct an internal review of approximately 5-6 records for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing for evidence that IEP Teams have appropriate considered the skills & proficiencies and documented them in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that following the development of the IEP, the school provides a Team meeting summary, but does not send two copies of the proposed IEP and placement within 10 days to the parent. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 18B, focusing specifically on providing training to Coordinators and Related Service Providers that following the development of the IEP, the school in addition to providing a Team meeting summary, must also send two copies of the proposed IEP and placement within 10 days to the parent. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's revised procedures to ensure that, following the IEP development meeting, the district provides two (2) copies of the proposed IEP & placement within 3-5 days without a Team summary or within ten (10) school working days with a Team summary to the parents, along with evidence of 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 February 13, 2015, conduct an internal review of approximately 10 records 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 the district documented that it sent two (2) copies of the proposed IEP & placement to the parents. 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):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that Non-Participation Justification statements in IEPs do not always indicate why the removal of the student from the general education classroom is considered critical to the student's program or provide the basis for the IEP Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 20, focusing specifically on providing training to Coordinator that annual IEP Team meetings are to be 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. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Disapproved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district's proposed corrective action describes training to ensure that annual reviews are convened on or before the anniversary date of the IEP. | | |
| **Department Order of Corrective Action:**  Develop training for special education staff on the development of IEP non-participation justification statements that explain why the student's removal is considered critical to his/her program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily when the student is removed from the general education classroom at any time. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised procedures to ensure that IEP Teams appropriately justify the removal of students from the general education classroom in IEPs, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. PLEASE NOTE: the district will submit examples of non-participation justification statements used in training for the Department's review.  Please reconvene the IEP Team for development of an appropriate non-participation justification statement for the student identified by the Department in the Student Record Issues Worksheet. Submit the relevant documentation via Additional Documents on or before October 31, 2014.  By February 13, 2015, conduct an internal review of approximately 10 records with IEP development meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where IEP Teams appropriately explain why the student's removal is considered critical to the his/her program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily when the student is removed from the general education classroom. 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):**  10/31/2014  02/13/2015 | | |

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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:**  Record review and interviews indicated that the school does not immediately inform parents in writing of any delayed IEP services due to a lack of personnel, along with reasons for the delay, actions that the school is taking to address the lack of personnel, and alternative methods to meet the goals on the accepted IEP. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 22, focusing specifically on providing training to Coordinator that the school immediately informs parents in writing of any delayed IEP services due to a lack of personnel, along with reasons for the delay, actions that the school is taking to address the lack of personnel, and alternative methods to meet the goals on the accepted IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the issues identified for this criterion. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight & tracking system to ensure that parents are immediately informed in writing of any delayed IEP services due to a lack of personnel, along with the reasons for the delay, the actions that the school is taking to address the lack of personnel, and alternative methods to meet the goals on the accepted IEP. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's process and copy of written notice to inform parents of delayed IEP services, ensuring that the process & notice include all elements required by regulation.  By October 31, 2014, submit evidence of special education staff training on these procedures. This documentation will include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By October 31, 2014, submit a description of the district’s oversight & tracking system with periodic reviews, along with the name/role of the designated person.  By February 13, 2015, using the district's tracking process to identify a sample, review all records where a delay in IEP services occurred. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where parents were notified of a delay in services & sent a written notice. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records did not consistently contain Notices of Proposed School District Action (N1) to propose the IEP and summarize the Team's decisions and considerations. Additionally, when this notice is present in the record, the following federally required information is not consistently included in the form: rejected options and the reason for the rejection, evaluation procedures, and other relevant factors for the school district's decisions. | | |
| **Description of Corrective Action:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 24, focusing specifically on providing training to Coordinator that the student records must consistently contain Notices of Proposed School District Action (N1) to propose the IEP and summarize the Team's decisions and considerations. Additionally, when this notice is present in the record, the following federally required information is consistently included in the form: rejected options and the reason for the rejection, evaluation procedures, and other relevant factors for the school district's decisions. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| 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**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Department's example of an appropriately developed notice (in this case an N2, Notice of District Refusal to Act), available at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf prior to developing the district's corrective actions.  By October 31, 2014, submit the district’s revised procedures to ensure that notices are documented in student records and contain all federally required information, along with evidence of special education staff training on these procedures. This documentation will include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 2015, conduct an internal review of approximately 10 records for students with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with notices that are appropriately developed. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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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:**  Student records and interviews indicated that signed evaluation consent forms (N1A) are not consistently found in records. Record review and interviews also demonstrated that the school does not always document multiple attempts to obtain parental consent to proposed IEPs. | | |
| **Description of Corrective Action:**  The training above will cover all components of criterion number SE 24, focusing specifically on providing training to Coordinator that signed evaluation consent forms (N1A) are consistently found in student records. The school must also document multiple attempts to obtain parental consent to proposed IEPs. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised protocols to ensure that special education staff document multiple attempts to obtain parental consent to IEPs & to document signed evaluation consent forms (N1As) in student records, along with evidence of training to relevant staff. This documentation will include the revised protocols, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 2015, conduct an internal review of approximately 10 records with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the signed consent form was documented in the record. 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.  Also by February 13, 2015, conduct a second internal review of approximately 5-6 records with IEP development activities conducted following the implementation of all corrective actions. Provide a detailed summary of this second internal review, including the number of records reviewed and the number of records where multiple attempts to secure consent for the IEP was documented. 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):**  10/31/2014  02/13/2015 | | |

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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:**  Student record review indicated that meeting invitations are not consistently documented in records. | | |
| **Description of Corrective Action:**  The training will cover all components of criterion number SE 24, focusing specifically on providing training to Coordinator that meeting invitations must be consistently documented in records. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 27 Content of Team meeting notice to parents | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's revised protocol to ensure that meeting invitations (N3s) are documented in student records, along with evidence of relevant staff training. This documentation will include the revised protocols, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 2015, conduct an internal review of approximately 10 records for students with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with meeting notices (N3s) documented in the record. 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):**  10/31/2014  02/13/2015 | | |
| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** | | |

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that the school does not hire translators who are familiar with special education procedures, programs, and services to provide interpretation services during IEP meetings. Student records demonstrated that the school often relies on family members to translate. | | |
| **Description of Corrective Action:**  UP Boston will explore the options of hiring translators who are familiar with special education procedures, programs and services to provide interpretation during IEP meetings. UP Boston will also provide training in special education procedures, programs, and services to school staff who may be used to provide interpretation during IEP Meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Disapproved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  UP Academy must develop a list of outside contracted or BPS translators familiar with special education procedures and programs to provide interpretation to parents during IEP meetings as needed, as well as a protocol for staff to use to ensure that families are provided with trained interpreters.  The district's proposed internal monitoring process does not address the issues identified in this criterion. | | |
| **Department Order of Corrective Action:**  Establish a list of contracted interpreters who are familiar with special education procedures and programs, whether external to the school and/or from the Boston Public Schools.  Develop a protocol for staff to follow to 1) identify when a family requires an interpreter for an IEP meeting; 2) contract or secure the interpreter's services for the IEP meeting; and 3) document the presence of the interpreter at the IEP using the attendance sheet (N3A).  Provide training on the use of this protocol for all special education staff who chair IEP meetings.  Develop an internal oversight & tracking system to ensure that trained interpreters are scheduled & attend IEP meetings for parents who require interpretative services. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the following:  1. The list of contracted interpreters who are familiar with special education procedures and programs, whether external to the school and/or from the Boston Public Schools;  2. A copy of the protocol for staff to follow to when a family requires an interpreter for an IEP meeting;  3. 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;  4. A description of the district’s oversight & tracking system with periodic reviews, along with the name/role of the designated person.  By February 13, 2015, conduct an internal review of approximately 5-6 records for students whose parents required interpreters & with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with interpreters documented on the attendance sheet (N3As). 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):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the school does not have an active Parent Advisory Council. | | |
| **Description of Corrective Action:**  The families with students in special education receive monthly notifications from the school's special education coordinator of Boston Public Schools' SPED PAC meetings. The notifications come in the form of email to the school's special education coordinator with an attachment to be printed and sent home, which the coordinator does to inform families of PAC activities, including the annual Parent's Rights Workshop that occurred this spring. Our families have access to all PAC activities and opportunities that other families within Boston Public Schools have. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  06/03/2015 |
| **Evidence of Completion of the Corrective Action:**  Coordinator keeps a log of all monthly PAC Meeting notices sent home throughout the year. | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will check in with Coordinator on monthly basis to ensure notices are being sent home on a regular basis with enough time for families to attend the meetings and participate. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Disapproved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  As a school district, UP Academy Horace Mann Charter school must meet the requirements for maintaining a parent advisory council on Special Education as an entity separate from the Boston Public Schools.  The charter school must ensure that parents within the school have a means to advise the school on matters that pertain to the education and safety of students with disabilities & meet regularly with school officials to participate in the planning, development, and evaluation of the school’s special education programs. In addition, the school must ensure that parents of SWD are offered at least one workshop annually within the school on the rights of students and their parents and guardians under state and federal special education laws. | | |
| **Department Order of Corrective Action:**  Please review the Department's guidance on developing a Parent Advisory Council for special education parents at http://www.doe.mass.edu/sped/pac/guidelines.pdf. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit a plan of action to recruit parents, elect officers, and establish by-laws for the SEPAC, using the Department's guidance as the basis.  By February 13, 2015, provide evidence, including agenda, name of presenter, and signed attendance sheet, that the school has held the annual workshop within the school on the rights of students and their parents and guardians under the state and federal special education laws. | | |
| **Progress Report Due Date(s):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 43 Behavioral interventions | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  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:**  The training (to be completed by 8/29/14) will cover all components of criterion number SE 43, focusing specifically on providing training to Coordinators and Related Service Providers that for students whose behavior impedes their learning or the learning of others, the school must always consider the student's need for behavioral supports, such as positive behavioral interventions or the possible need for a functional behavioral assessment. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials, Record Review in January, 2015 | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review a sample of IEP files to ensure all components are followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 43 Behavioral interventions | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please reconvene the IEP Teams for consideration of behavioral supports for individual students identified by the Department in the Student Record Issues Worksheet. Submit the relevant documentation via Additional Documents on or before October 31, 2014.  By October 31, 2014, submit the district’s 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 October 31, 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 February 13, 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):**  10/31/2014  02/13/2015 | | |

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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:**  Student record review indicated that when students are suspended 10 or more days, the school does not consistently convene a manifestation determination meeting to review all relevant information in the student's file, including the IEP, teacher observations, and any relevant information from the parents, to determine whether the behavior was caused by or had a direct and substantial relationship to the disability or was the direct result of the district's failure to implement the IEP. Document review and interviews also indicated that the school does not have policies and procedures for placing students in Interim Alternative Educational Settings (IAES). Finally, the school's policies indicated that while a student with disabilities may be lawfully expelled, the policies do not articulate the school's continued obligation to provide educational services, although in another setting. | | |
| **Description of Corrective Action:**  1) The training will cover all components of criterion number SE 46, focusing specifically on providing training to Coordinators that when students are suspended 10 or more days, the school must consistently convene a manifestation determination meeting to review all relevant information in the student's file, including the IEP, teacher observations, and any relevant information from the parents, to determine whether the behavior was caused by or had a direct and substantial relationship to the disability or was the direct result of the district's failure to implement the IEP. Additionally, the training will review the school’s policies and procedures for placing students in Interim Alternative Educational Settings (IAES). Finally, the training will review the school's policy for when a student with a disability may be lawfully expelled, the school's continued obligation to provide educational services, although in another setting.  2) The school's SPED Compliance Guide will be updated to reflect policy for placing students in IAES.  3) The school's Code of Conduct will be updated to reflect school's obligation to provide educational services for students who have been excluded. | | |
| **Title/Role(s) of Responsible Persons:**  Casey Ngo-Miller, Director of Special Education | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  signed attendance sheets from training, presentation materials, revised SPED Compliance Guide, revised Code of Conduct | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will review in August for completion of these items. | | |
| 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:** Partially Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the issues identified for this criterion. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight & tracking system to ensure that a manifestation determination meeting is held when students with IEPs or 504 plans are internally or externally suspended more than 10 days. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit revised school policies for IAES & continued provision of services to special education students lawfully expelled from the school.  By October 31, 2014, submit the district’s 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 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 October 31, 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 February 13, 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):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  According to document review, one special education teacher does not have appropriate licensure. | | |
| **Description of Corrective Action:**  Below is our process for tracking licensure progress for our teachers:  UP Education Network's Talent Team actively tracks the progress of unlicensed teachers in a variety of ways.  Upon hire, the Senior Coordinator of Human Resources sends a "welcome email" to each new employee, indicating the need for a "certification call." Included in this welcome email is a 6-page help guide, outlining the certification process and what will be expected of the hew hire throughout the year.  During this certification call, the newly hired employee and the Senior Coordinator of Human Resources:  1.) Map out the timeline by which the new hire must be certified;  2.) Discuss the required licensure for the new hire's new position;  3.) Discuss the requirements for the new hire's licensure;  4.) Discuss the SEI endorsement and ways to obtain it; and  5.) Discuss any lingering questions or concerns that the new hire has about certification.  Throughout the year, each new hire will actively work towards becoming certified by taking and passing the necessary MTELs and completing professional development requirements.  Using an online database, the Senior Coordinator of Human Resources is able to track the progress of each employee by keeping an up-to-date record of where he/she stands (i.e. certified, waivered, waiver requested, in progress, etc...) Additionally, the Senior Coordinator of HR keeps a log of notes tracking previous email and phone conversations with the employee.  Each month, the status of each employee's certification is sent to the appropriate managers on each school's leadership team. Managers are then expected to actively follow-up with each employee on his/her progress.  If by March 1st (as written into all offer and recommitment letters) an employee on a waiver is not yet certified, he/she will not be eligible to receive a recommitment letter for the following year for his/her current position. If by March 1st the employee is certified and in good performance standing, he/she will be eligible to return to their position the following year. | | |
| **Title/Role(s) of Responsible Persons:**  Gina D'Addario, Senior Coordinator of Human Resources | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  By 01/30/2015, Senior Coordinator of HR will print the month report which will indicate that teachers either have appropriate licensure or waiver. | | |
| **Description of Internal Monitoring Procedures:**  A monthly report is run to track licensure progress of our teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Disapproved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district does not describe how the identified special education teacher's lack of licensure will be addressed. | | |
| **Department Order of Corrective Action:**  Provide a list of all special education teachers employed by the district, including license number. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit a list of all special education teachers employed by the district, along with license number for ELAR verification. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Interviews and document review indicated that not all general education teachers receive training on special education state and federal laws and regulations or local special education policies and procedures. | | |
| **Description of Corrective Action:**  The training will occur during orientation to ensure that both general education teachers and special education teachers will receive training on special education state and federal laws and regulations, including LEA-specific special education policies and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Allison Oduaran, Dean of Student Supports and Special Education Coordinator (TBD) | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Signed attendance sheets, Presentation materials | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will work with presenters (Dean and Coordinator) to create presentation and attend presentation to ensure delivery of training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 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):**  10/31/2014 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the school's nondiscrimination policy statement does not include the protected category of gender identity. | | |
| **Description of Corrective Action:**  The school will update all documents which include our nondiscrimination policy, including the Employee Handbook and the Family Handbook, to include gender identity as a protected category. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  An updated Employee Handbook and Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Employee Handbook and Family Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit a sample of materials or web links to demonstrate that the district's nondiscrimination statement has been updated to include gender identity as a protected class. The district may also upload its Family Handbook or scan relevant pages from the updated handbook. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Student records, document review, and interviews indicated that the school does not translate its important school documents, such as handbooks, code of conduct, or its anti-bullying policy, into the major languages of the district. | | |
| **Description of Corrective Action:**  The school will translate our important school documents, including our handbooks which include the school’s code of conduct and anti-bullying policy, into the major languages of the district. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Translated copies of Employee Handbook and Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Employee Handbook and Family Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's translated code of conduct & Bullying Prevention Intervention plan in the major languages of the district. The district may also provide web links to its website in lieu of submitting the documents. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the school does not include gender identity in its policy statement for accessibility of extracurricular activities. | | |
| **Description of Corrective Action:**  The school will update our policy statement in the handbooks to include gender identity for accessibility of extracurricular activities. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Updated copies of Employee Handbook and Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Employee Handbook and Family Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit evidence that the district's policy statement for accessibility of extracurricular activities includes gender identity as a protected category. The district may upload relevant documents or provide web links to its website. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Document review indicated that the school's code of conduct does not include a statement of nondiscrimination or a specific reference to M.G.L. Chapter 76 s. 5. | | |
| **Description of Corrective Action:**  The school update code of conduct does not include a statement of nondiscrimination or a specific reference to M.G.L. Chapter 76 s. 5. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Updated copies of Employee Handbook and Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Employee Handbook and Family Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit evidence that the district's code of conduct contains a nondiscrimination statement with all protected categories and a specific reference to MGL ch 76 s.5. The district may either upload its code of conduct or provide web links to its website. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Document review indicated that the school does not identify the Title IX and 504 Coordinators in its published materials to students and families. | | |
| **Description of Corrective Action:**  The school will update its published materials to students and families to identify the Title IX and 504 Coordinator. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Updated copies of Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Family Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 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. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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

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| **Criterion & Topic:**  CR 14 Counseling and counseling materials free from bias and stereotypes | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews demonstrated that the school's guidance counselors do not have a consistent review process to ensure that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness. | | |
| **Description of Corrective Action:**  The Dean of Curriculum and Instruction will manage the school's new counselor to create review process which ensures that counseling and counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness. | | |
| **Title/Role(s) of Responsible Persons:**  Jamie Morrison, Principal | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  The Dean, through weekly check-ins with the school counselor, will create a written review process. | | |
| **Description of Internal Monitoring Procedures:**  The Dean, through weekly check-ins with the school counselor, will create a written review process and review materials regularly. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's newly developed policy and ongoing procedure for the school's counselors to ensure that all counseling materials are free from bias and stereotypes on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, and homelessness, along with evidence of training for all relevant staff. 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):**  10/31/2014 | | |

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

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| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  According to document review, the school's policies for the non-discriminatory administration of scholarships, prizes and awards do not include color, gender identity, religion, national origin, or sexual orientation in its list of protected categories. | | |
| **Description of Corrective Action:**  The school will update our list of protected categories to include the non-discriminatory administration of scholarships, prizes and awards do not include color, gender identity, religion, national origin, or sexual orientation in its list of protected categories. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  An updated Employee Handbook and Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Employee Handbook and Family Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's revised policy for ensuring the nondiscriminatory administration of scholarships, prizes and awards to demonstrate the inclusion of all protected categories. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Document review and interviews demonstrated that the school has not developed and implemented staff training at least annually on the use of restraint consistent with regulatory requirements within the first month of each school year or, for employees hired after the school year begins, within a month of their employment. | | |
| **Description of Corrective Action:**  The administration will conduct a staff training this summer on the use of restraint consistent with regulatory requirements within the first month of each school year or, for employees hired after the school year begins, within a month of their employment. | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Agenda and materials from the day of the summer training. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will work with the principal to secure materials and schedule a training during August school orientation. | | |
| 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**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials to demonstrate the implementation of staff training at least annually on the use of restraint consistent with regulatory requirements within the first month of each school year.  By October 31, 2014, submit the district's policy for ensuring that all new employees hired after the school year begins will receive training on the use of physical restraint consistent with regulatory requirements within a month of their employment. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Record review indicated that the school does not consistently ensure that documentation on the use of instructional support services for students is provided as part of the evaluation information reviewed by IEP Teams when determining eligibility. Although document review demonstrated that the school has procedures for provision of educational services in home or hospital, interviews determined that school administrators are not familiar with this policy. | | |
| **Description of Corrective Action:**  The school will ensure that documentation on the use of instructional support services for students is provided as part of the evaluation information reviewed by IEP Teams when determining eligibility. Additionally, the Special Education coordinator will ensure that all school administrators are familiar with this policy. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Coordinator (TBD) | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  An updated Employee Handbook and Family Handbook which indicate this policy, as well as interviews with school administration. | | |
| **Description of Internal Monitoring Procedures:**  Special Education coordinator will collaborate with the Director of Operations to make updates to Employee Handbook and Family Handbook. The Dean of Curriculum and Instruction for Student Supports with collaborate with the Special Education coordinator to ensure that documentation on the use of instructional support services is provided as part of the IEP Team meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the issues identified for the criterion.  The district's proposed corrective action does not address the administration's lack of familiarity with its process to provide educational services for students confined to home or hospital. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight & tracking system to ensure that documentation of instructional support is available in the student record for IEP Teams to review when determining a student's eligibility. The tracking system should include oversight & periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.  Provide training to administrative staff, including principal, deans, department chairs, etc., on the district's process to provide educational services to students confined to home or hospital. | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district’s revised process to ensure that instructional support is documented in student records for consideration by IEP Teams during eligibility determinations, along with evidence of general and 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 October 31, 2014, submit documentation of administrative staff training on the district's home hospital process, including signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By October 31, 2014, submit a description of the district’s oversight & tracking system with periodic reviews, along with the name/role of the designated person.  By February 13, 2015, conduct an internal review of approximately 5-6 records with initial evaluations for students with previous instructional supports conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where documentation of instructional supports were present in the record for IEP Teams to review during the eligibility process. 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):**  10/31/2014  02/13/2015 | | |

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

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review demonstrated that the school's employment policies do not include a statement of nondiscrimination that includes the protected categories of race, color, national origin, sex, or disability. | | |
| **Description of Corrective Action:**  The school will update all documents which include our nondiscrimination policy to insure the inclusion of the protected categories of race, color, national origin, sex, or disability. These documents include the Employee Handbook and the Family Handbook | | |
| **Title/Role(s) of Responsible Persons:**  Mike Kerr, Director of Operations | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  An updated Employee Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Director of Operations will make updates to Employee Handbook. Principal will check before distribution to staff and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit evidence that the district's revised employment policies contain a complete nondiscrimination statement with all protected categories. | | |
| **Progress Report Due Date(s):**  10/31/2014 | | |

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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:**  Document review indicated that the school's curriculum review process does not include reviewing materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  The Principal will establish a curriculum review process which includes reviewing materials for simplistic and demeaning generalizations which lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Jamie Morrison, Principal | | **Expected Date of Completion:**  08/29/2014 |
| **Evidence of Completion of the Corrective Action:**  Updated curriculum guides and agendas from meetings with the Principal and the Deans of Curriculum and Instruction. | | |
| **Description of Internal Monitoring Procedures:**  Principal will work with Deans of Curriculum and Instruction to audit unit plans that are produced by each grade level content team. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's revised curriculum review process, which will include a means 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):**  10/31/2014 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the school does not evaluate all aspects of its 6-8 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:**  The Leadership Team, led by the principal, will evaluate all aspects of its 6-8 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. | | |
| **Title/Role(s) of Responsible Persons:**  Jamie Morrison, Principal | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Minutes from internal/external full program reviews which take place in October. Additionally, we will provide updated curriculum guides and agendas from meetings with the Principal and the Deans of Curriculum and Instruction. | | |
| **Description of Internal Monitoring Procedures:**  UP Education Network pays for an external team of consultants to conduct a full site review each October. Additionally, the principal leads the leadership team in a full review of the school’s programming each summer. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 07/17/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 31, 2014, submit the district's plan to evaluate all aspects of its 6-8 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, along with evidence of training on this plan to relevant staff. Documentation of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By February 13, 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):**  10/31/2014  02/13/2015 | | |