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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: Mohawk Trail

CPR Onsite Year: 2013-2014

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 09/06/2014.

**Mandatory One-Year Compliance Date:** **09/06/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents, student record review and interviews indicated that the district does not consistently provide to the parent either a proposed IEP and proposed placement, or a written explanation of the finding of no eligibility, within forty-five school working days after receiving a parent's written consent to an initial evaluation or a re-evaluation. | | |
| **Description of Corrective Action:**  District liaisons will be creating a smart goal that reflects a system to meet timelines in an appropriate manner. DPPS will instruct all service providers to be prepared at IEP meetings with a draft goal and to have a final goal to liaisons within 2 days of a meeting.  Liaisons will send home N1 letters when a date is effected by issues beyond the control of the school. | | |
| **Title/Role(s) of Responsible Persons:**  Leann Loomis, Director of Pupil Personnel Services | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  A copy of the liaisons goal to reflect their implantation plan  monthly esped reports | | |
| **Description of Internal Monitoring Procedures:**  DPPS to complete monthly internal monitoring via esped reports.  Liaisons will report to DPPS when and why they have not met a timeline. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district plan is to create goals to meet the timelines. These goals should be used to develop procedures on how it will implement the goals. | | |
| **Department Order of Corrective Action:**  Once the liaisons develop smart goals to meet the timelines, they should use those goals to develop procedures to implement the goals. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the goals that district liaisons created to meet the 45-day timeline requirement, and the procedures developed to implement the goals, by December 19, 2014.  Submit the results of the internal monitoring of IEP Team meetings held after corrective action, to determine if the district is meeting the 45-day timeline. Submit the number of records reviewed, the number in compliance, an explanation of the root cause of any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance, by April 30, 2015.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that progress reports sent to parents of students in grades K-2 at Buckland-Shelburne Elementary did not consistently include information on the student's progress toward all annual goals in the IEP. | | |
| **Description of Corrective Action:**  principal and DPPS will review progress reports of student in K-2 going out of BSE for accuracy  BSE has changed their assignment of students on IEP's. Every student has been assigned to a special education teacher. | | |
| **Title/Role(s) of Responsible Persons:**  L. Loomis DPPS  J. Giguire, Principal | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  Teachers schedules  Progress notes will reflect accuracy | | |
| **Description of Internal Monitoring Procedures:**  Principal and DPPS review progress reports of students in K-2 at BSE. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district must develop an internal tracking and oversight system, including the frequency of periodic review by designated person(s) responsible to ensure compliance. | | |
| **Department Order of Corrective Action:**  Submit a copy of the new internal tracking and oversight system, including the frequency of periodic review by designated person(s) responsible to ensure compliance. | | |
| **Required Elements of Progress Report(s):**  Submit evidence that all appropriate staff at Buckland-Shelburne Elementary have been informed of the requirement to include information on the progress toward all annual goals in the IEP on students' progress reports, and provide documentation of the reassignment of special education teachers' to specific students to ensure that all Progress Reports are completed and submitted, by December 19, 2014.  Submit a description of the new internal tracking and oversight system, including the frequency of periodic review by designated person(s) responsible to ensure compliance, by December 19, 2014.  Conduct an administrative review of progress reports written at Buckland-Shelburne Elementary after corrective action has taken place, to determine if information on progress has been included for all annual goals in the IEP. Submit the number of records reviewed, the number in compliance, an explanation of the root cause of any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance, by April 30, 2015.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that the district does not consistently hold a Team meeting at least annually, 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:**  District liaisons will be creating a smart goal that reflects a system to meet timelines in an appropriate manner.  Liaisons have been instructed to send out an N1 to a parent/guardian when situations beyond the schools control occur to explain why a timeline has not been met. | | |
| **Title/Role(s) of Responsible Persons:**  DPPS  Special Education Liaisons | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  monthly esped reports  Monthly meeting with DPPS and Liaisons | | |
| **Description of Internal Monitoring Procedures:**  monthly esped reports  Monthly meeting with DPPS and Liaisons | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district plan is to create goals to meet the timelines. It should use the goals to develop procedures on how to implement the goals. | | |
| **Department Order of Corrective Action:**  The district should use the goals it creates to meet the timelines to develop procedures. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the goals that district liaisons created to meet the annual one-year timeline requirement, and the procedures developed to implement the goals, by December 19, 2014.  Conduct an administrative review of annual IEP Team meetings held after corrective action is completed, to determine if the district is meeting the one-year annual timeline requirement. Submit the number of records reviewed, the number in compliance, an explanation of the root cause of any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance, by April 30, 2015.    \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that the district provides the parent with two copies of the proposed IEP and placement, along with the required notice; however, they are not provided within ten school working days of the provision of the summary at the conclusion of the Team meeting. In addition, the summary notes do not include a statement of major goal areas associated with the services proposed by the district. | | |
| **Description of Corrective Action:**  Liaisons have created an evaluation goal that reflects improving their timelines, which will directly address this concern.  Additionally, Liaison have been instructed and trained by DPPS on the need to expand and include goal areas on summary n notes. Liaisons will meet monthly and be reminded. | | |
| **Title/Role(s) of Responsible Persons:**  DPPS  Liaisons | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  Esped reports will indicate improvement in timelines.  N1 letters will reflect if and why a timeline was not met | | |
| **Description of Internal Monitoring Procedures:**  DPPS to use esped reports  Liaisons are instructed to report to DPPS if a related service provider is not able to adhere to timelines.  Liaisons have been instructed to create a N1 for timelines not met regardless of the reason. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district plan is to develop an evaluation goal to meet the timelines. It should use the goal to develop procedures on how to implement the goal.  The district must also develop an internal tracking and oversight system, including the frequency of periodic review by designated person(s) responsible to ensure compliance. | | |
| **Department Order of Corrective Action:**  Use the evaluation goal that liaisons create to improve the timelines to develop procedures to implement the goal.  Submit a copy of the new internal tracking and oversight system, including the frequency of periodic review by designated person(s) responsible to ensure compliance. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the evaluation goal that district liaisons created to provide parents with a proposed IEP and placement, along with the notice, within 10 days of the IEP Team meeting, and the procedures developed to implement the goal, by December 19, 2014.  Submit evidence that staff were trained on the need to include in the summary notes of the IEP Team meeting a statement of major goal areas associated with the services proposed by the district, by December 19, 2014.  Submit a description of an internal tracking and oversight system, including the frequency of periodic review by designated person(s) responsible to ensure compliance, by December 19, 2014.  Conduct an administrative review of IEP Team meetings held after corrective action to determine 1) if the district is meeting the 10-day timeline requirement, and 2) is including in the summary notes of the IEP Team meeting a statement of major goal areas associated with the services proposed by the district. Submit the number of records reviewed, the number in compliance, an explanation of the root cause of any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance, by April 30, 2015.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicated that for some students at the K-2 level at Buckland-Shelburne Elementary, the district had delayed implementation of the IEP and had not provided all services on the accepted IEP. The district did not inform parents in writing of the delayed services, reasons for the delay, and actions the school district was taking to meet the goals on the accepted IEP. Students who had Reading and Academic/Behavioral goals listed on the Service Delivery Grid to be provided by special education staff, were receiving the services from a teacher licensed in general education. There was no certified special education teacher assigned to provide services to students at the K-2 level. | | |
| **Description of Corrective Action:**  BSE has changed their structure. Every student on an IEP has been assigned to a special education student. In addition, IEP's are being amended so that a general ed teacher is not providing a service on service delivery grid. BSE is taking a look at how they write IEP's and will not include a service that is meant for general ed. | | |
| **Title/Role(s) of Responsible Persons:**  DPPS  BSE Principal | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  IEP's will not include general ed teacher on grids.  Students will receive grid services from special education staff. | | |
| **Description of Internal Monitoring Procedures:**  DPPS and principal to review grids for accuracy.  Liaisons have been trained to not document a regular ed provider for grid service or to add regular ed services a student may be receiving that is not related to their disability. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  During the student record review, the Department identified three records that the district needs to address to ensure FAPE, but the district has not provided a plan to demonstrate that these student issues will be addressed. | | |
| **Department Order of Corrective Action:**  Submit evidence that the district has addressed the areas identified during the CPR on-site review of records to ensure FAPE for three students. | | |
| **Required Elements of Progress Report(s):**  Provide a list of students in K-2 who are receiving special education, and their service delivery grids. Also provide the schedule of the special education teachers, by period, indicating the students and the service(s) they are providing, by December 19, 2014.  Provide evidence that the district has addressed the areas identified during the on-site review of student records to ensure FAPE. Include copies of the notice to parent (N1 forms) the attendance sheets (N3), service delivery grids, and signature pages of the IEP, by December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the school district has not established a district-wide parent advisory council on special education. | | |
| **Description of Corrective Action:**  DPPS has and will have attended all open houses for elementary, middle and high school in order to present to parents the PAC. DPPS has one parent willing to work toward establishing a PAC. PAC meetings will be scheduled monthly. | | |
| **Title/Role(s) of Responsible Persons:**  DPPS | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  An established PAC with minutes and agenda’s | | |
| **Description of Internal Monitoring Procedures:**  Record of meetings and agenda's | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district plan is to attend open houses to present information about the PAC to parents and schedule meetings, but the district needs to describe in detail all its efforts to create a PAC. | | |
| **Department Order of Corrective Action:**  The district needs to provide a detailed description of its efforts to create a PAC including copies of any communications to parents about the PAC, schedule of monthly PAC meetings, agendas and sign in sheets of meetings held by the district, the names of elected officers, and a copy of the PAC's Bylaws. | | |
| **Required Elements of Progress Report(s):**  Submit evidence of DPPS attendance at open houses to present information to parents concerning the establishment of a Parent Advisory Council, and a schedule of upcoming meetings (if any), by December 19, 2014.  Submit a detailed description of efforts to create a PAC, including copies of any communications to parents about the PAC, schedule of monthly PAC meetings, agendas and sign in sheets of meetings held by the district, the names of elected officers, and a copy of the PAC's Bylaws, by April 30, 2015. | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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| **Criterion & Topic:**  SE 34 Continuum of alternative services and placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 22. | | |
| **Description of Corrective Action:**  BSE has changed their structure. Every student on an IEP has been assigned to a special education student. In addition, IEP's are being amended so that a general ed teacher is not providing a service on service delivery grid. BSE is taking a look at how they write IEP's and will not include a service that is meant for general ed. | | |
| **Title/Role(s) of Responsible Persons:**  DPPS  BSE principal | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  IEP's will not include general ed teacher on grids.  Students will receive grid services from special education staff. | | |
| **Description of Internal Monitoring Procedures:**  DPPS and principal to review grids for accuracy.  Liaisons have been trained to not document a regular ed provider for grid service or to add regular ed services a student may be receiving that is not related to their disability. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  See SE 22 | | |
| **Department Order of Corrective Action:**  See SE 22 | | |
| **Required Elements of Progress Report(s):**  See SE 22 | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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| **Criterion & Topic:**  SE 36 IEP implementation, accountability and financial responsibility | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 22. | | |
| **Description of Corrective Action:**  BSE has changed their structure. Every student on an IEP has been assigned to a special education student. In addition, IEP's are being amended so that a general ed teacher is not providing a service on service delivery grid. BSE is taking a look at how they write IEP's and will not include a service that is meant for general ed. | | |
| **Title/Role(s) of Responsible Persons:**  DPPS  BSE Principal | | **Expected Date of Completion:**  09/06/2015 |
| **Evidence of Completion of the Corrective Action:**  IEP's will not include general ed teacher on grids.  Students will receive grid services from special education staff. | | |
| **Description of Internal Monitoring Procedures:**  DPPS and principal to review grids for accuracy.  Liaisons have been trained to not document a regular ed provider for grid service or to add regular ed services a student may be receiving that is not related to their disability. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  See SE 22 | | |
| **Department Order of Corrective Action:**  See SE 22 | | |
| **Required Elements of Progress Report(s):**  See SE 22 | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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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:**  Documents and an interview indicated that the district's procedures for administering scholarships, prizes and awards do not include gender identity among the protected categories. | | |
| **Description of Corrective Action:**  Gender Identity was added to the policy | | |
| **Title/Role(s) of Responsible Persons:**  Leann Loomis, Director of Pupil Personnel Services | | **Expected Date of Completion:**  10/03/2014 |
| **Evidence of Completion of the Corrective Action:**  Policy | | |
| **Description of Internal Monitoring Procedures:**  annual review of policy to ensure all protected classes are included | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not explain how it will disseminate the new procedures to students, parents and staff. | | |
| **Department Order of Corrective Action:**  Describe how the district will disseminate the amended procedures to students, parents and staff. | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the amended policy regarding the administration of scholarships, prizes and awards that includes all protected classes and a description of how it will be disseminated to students, parents and staff, by December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the district does not provide written notice to students age 16 or over and their parents or guardians within ten days from a student's fifteenth consecutive unexcused absence to inform them that they may meet with a representative of the district to discuss the reasons that the student is leaving school, alternative educational or other placements available, and that the student has the right to return to school. | | | |
| **Description of Corrective Action:**  L. Loomis discovered a form existed but due to change in staffing in the guidance office it has not been followed through on. L. Loomis met with Karen Strong and Principal Dole on 9/23/2014 to explain the procedure and set an expectation for the process to occur. | | | |
| **Title/Role(s) of Responsible Persons:**  Leann Loomis Director of Pupil Personnel Services | | **Expected Date of Completion:**  10/10/2014 | |
| **Evidence of Completion of the Corrective Action:**  Sign off from Principal Dole and K. Strong evidencing the meeting.  End of year assessment of letters sent to students leaving school. | | | |
| **Description of Internal Monitoring Procedures:**  End of year assessment of letters sent to students leaving school. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The notice to students age 16 or over who have fifteen consecutive unexcused absences, must be sent within 10 days of the student's fifteenth consecutive absence, not at the end of the year. | | | |
| **Department Order of Corrective Action:**  Provide a copy of the notice that will go out to students age 16 and over and their parents or guardians within 10 days of the student's fifteenth consecutive unexcused absence. Describe how the district will track absences and the staff member responsible. | | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the notice that the district will send to students age 16 or over and their parents or guardians within ten days from a student's fifteenth consecutive unexcused absence, and a description of how the district will track absences and the staff member who will be responsible, by December 19, 2014.  Submit copies of notices that have been sent to students age 16 or over and their parents or guardians within ten days from a student's fifteenth consecutive unexcused absence, if any, by April 30, 2015. | | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | | |
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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the district does not have procedures in place to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and use appropriate activities, discussions and/or supplementary materials to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  Director of Pupil Personnel services anticipated this action and conducted all mandated trainings for staff prior to the start of the school year which included instructions on curriculum review. | | |
| **Title/Role(s) of Responsible Persons:**  Leann Loomis, Director of Pupil Personnel Services | | **Expected Date of Completion:**  09/03/2014 |
| **Evidence of Completion of the Corrective Action:**  Staff sign in and copy of the curriculum review policy | | |
| **Description of Internal Monitoring Procedures:**  annual training's for staff by director of PPS regardless of number of years in district | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a description of the district's procedures to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and the use of appropriate activities, discussions and/or supplementary materials to provide balance and context for any such stereotypes depicted in such materials. Include evidence (meeting agenda, sign-in sheets, materials) that appropriate staff were informed of the procedures, by December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Documents and interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  DPPS will put together a group of people mentioned above to look over current activities and their openness to all students. The group will utilize both current existing tools and create new tools needed to assess. | | |
| **Title/Role(s) of Responsible Persons:**  L. Loomis  Superintendent  Principals  Staff | | **Expected Date of Completion:**  01/05/2015 |
| **Evidence of Completion of the Corrective Action:**  Group will make a determination. | | |
| **Description of Internal Monitoring Procedures:**  Annually DPPS and group will look at our activities and use the assessments created. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/10/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a description of the district's plan, and the assessments used and created, to evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. Include copies of any tools the district develops, by December 19, 2014.  Submit a copy of the district's most recent evaluation, conclusions reached, and resolution of any identified issues, by April 30, 2015. | | |
| **Progress Report Due Date(s):**  12/19/2014  04/30/2015 | | |

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

District: Mohawk Trail Regional School District

Corrective Action Plan Review

Program Area: English Learner Education

Prepared by: Name of School/District Staff Member

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

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

**Mandatory One-Year Compliance Date: November 25, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Documentation submitted by the district indicated that one ELL student at proficiency level 2 receives only 30 minutes of direct ESL instruction in the district’s elementary school and another student at the proficiency level 2 does not receive any direct ESL instruction in the district’s middle school. Therefore, there is no indication showing that the district promotes and supports the rapid acquisition of English language proficiency by ELL students as it is required in G.L. c. 71A. Please, see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html)  *According to the documents reviewed, the district does not have an ESL curriculum used for direct ESL instruction or a plan to develop an ESL curriculum that is aligned to the Massachusetts Curriculum Frameworks and integrates components of the WIDA ELD standards frameworks. (See the Department’s WIDA ELD Standards update from at* [*http://www.doe.mass.edu/ell/wida.html*](http://www.doe.mass.edu/ell/wida.html) *).* | | | |
| **Narrative Description of Corrective Action:**     Director of PPs and Principal Lynn Dole met with ELL teacher Phillip Bragdon to discuss the writing of a formal ELL curriculum. Curriculum Coordinator Sarah Jetzon met with Phillip Bragdon and created a proposal to craft the curriculum required and needed. Phillip will be meeting with Albert Musad from CES to assist in the necessary requirements for ELL curriculum. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**      Leann Loomis: Overall implementation and oversight  Sarah Jetzon: support in curriculum writing and connection with CES and Albert Musad  Lynn Dole: Principal Supervisor | | **Expected Date of Completion for Each Corrective Action Activity:**  January 31: Phillip to have met with Albert Musad at CES  End of School Year 2015 Curriculum writing to be completed | |
| **Evidence of Completion of the Corrective Action:**      Meeting with CES and Curriculum presented to PQA | | | |
| **Description of Internal Monitoring Procedures:**      DPPS will track meeting held between CES and Mr. Bragdon and Curriculum Coordinator Sarah Jetzon. Once Curriculum Writing begins, Sarah Jetzon and Leann Loomis will create deadlines within our system for reviewing the writing process. | | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION**  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 5 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The Department accepts the district’s plan to write an ESL curriculum that will be used for direct ESL instruction. However, the district does not propose any plan to address the concern identified in the CPR report regarding the ESL services. | | | |
| **Department Order of Corrective Action:**    N/A | | | |
| **Required Elements of Progress Report(s):**  1- Please complete district information in the attached spreadsheet labeled ELL List by school for each ELL student in the district.  2- Provide a copy of the 2014-15 ESL teacher schedules for all grade levels district wide.All schedules should include the following for each block of time:   * + Names of the ELL students   + Grade level for each student;   + English proficiency level for each student   3- Submit information about the process of reviewing or developing ESL curriculum that integrates WIDA ELD standards including information such as WIDA training opportunities for the district staff, responsible district staff, meeting dates, minutes and signing sheets and timelines for implementation. | | | |
| **Progress Report Due Date(s):      March 27, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 6 Program Exit and Readiness | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *The documentation submitted by the district does not include any information showing that the district does not reclassify Limited English Proficient (LEP) students as Former Limited English Proficient (FLEP) until they are deemed English proficient or limit or cap the amount of time in which an ELL student can remain in a language support program..* | | | |
| **Narrative Description of Corrective Action:**      According to a meeting between the ELL teacher, Principal Lynn Dole and DPPS Leann Loomis; the teacher has not experienced students in his time at Mohawk that have reached the FLEP level. Because we have a limited number of ELL students the support they receive is often two fold. They continue to receive services from the ELL teacher while at the same time they are attending an English class. We will create a timeline for each student to measure and track the amount of time they are receiving services and document why they continue to be eligible. For example: one student also has severe learning disabilities which impact his ability to show improvement on the WIDA standards. We will now begin tracking students. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**      Leann Loomis: overall implementation Phillip Bragdon teacher: tracking students Principal Lynn Dole: Supervision of Implementation of Plan | | **Expected Date of Completion for Each Corrective Action Activity:**     January 31: tracking device created and tracking device of monthly meetings with Principal Dole, ELL teacher and Leann Loomis | |
| **Evidence of Completion of the Corrective Action:**      End of school year 2015 tracking device in place and being utilized demonstrating why students are in program and why and how they have reached FLEP | | | |
| **Description of Internal Monitoring Procedures:**      Monthly meetings, outline of agenda and timelines | | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION**  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 6 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The district should note that in order for public schools to comply with their obligations under Title VI of the Civil Rights Act of 1964, they are obliged to provide ESL services until ELLs demonstrate proficiency of English language and can effectively participate in grade level content instruction without ESL services and the use of adopted or simplified English materials. The district should have exit criteria to ensure that ELLs are not reclassified before they are English proficient. The compliance issue identified in ELE 6 is not about holding/retaining ELLs in the ESL program when they are eligible to exit. Therefore, the plan proposed by the district for ELE 6 is not a remedy for the identified noncompliance Please, see the “*Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html) | | | |
| **Department Order of Corrective Action:**     N/A | | | |
| **Required Elements of Progress Report(s):**  Please submit a description of the district’s reclassification procedures and other supporting documents such as annual review forms showing that:   1. the district does not reclassify ELL students as Former Limited English proficient (FLEP) until he or she is deemed English proficient and can participate meaningfully in all aspects of the district’s general education program without the use of adopted or simplified English materials and, 2. the district does not limit or cap the amount of time in which an ELL student can remain in a language support program. | | | |
| **Progress Report Due Date(s):       March 27, 2015** | | | |