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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: Quabbin

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 04/24/2014.

**Mandatory One-Year Compliance Date:** **04/24/2015**

**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 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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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:**  See SE 18B. | | |
| **Description of Corrective Action:**  The district will consistently provide the IEP to parents within ten days of the meeting. A training will be held on 6/11/2014 with the three team chairpersons to review the timeline for providing IEPs to parents within 10 days of the meeting. Our expectation will be 7 days to all parents for all types of meetings. 2 Records Reviews will be conducted on 9/30/14 & 10/31/14. The team chairpersons will review 3 files each on both dates. They will submit a spreadsheet to the Director of Student Services indicating the timeline due dates and actual dates that IEP was provided to parent. The Director of Student Services will compile the data sets and then conduct an additional review by 12/15/14 which includes 3 files from each team chairperson's caseload. These files will be reviewed for the dates the IEP was provided to parent after the meeting. This additional information will be added to the team chair spreadsheet. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  12/30/2014 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda and Sign In Sheet for Team Chairperson training on 6/11/14.  2. Spreadsheet from 3 records reviews (2 by team chairperson and 1 by director of student services) | | |
| **Description of Internal Monitoring Procedures:**  The team chairpersons will be required to add a section in their annual end of year report to the Director of Student Services indicating the reason if any IEP not provided to parents within 10 days of the team meeting. This data will be reviewed by the Director of Student Services annually. If compliance issues remain additional training will be scheduled and the teacher evaluation process will be used to improve or move the team chairperson. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide evidence of staff training on the requirement to provide parents with a proposed IEP and placement or a written explanation of the finding of no eligibility within 10 days of the IEP meeting. Submit a description of the internal oversight and tracking system that identifies the person(s) responsible for oversight of the timelines and the training provided to those responsible for oversight. Submit the agenda, signed attendance sheets and training materials to the DESE by September 30, 2014. Submit the results of an administrative review of student records for provision to parents of a proposed IEP and placement or a written explanation of the finding of no eligibility within 10 days of the IEP meeting. This sample must be drawn from records with IEP development that occurred after all corrective actions have been implemented. Indicate the number of records reviewed at each district school, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by January 30, 2015. \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/30/2014  01/30/2015 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that although parents receive summary notes and the service delivery grid at the conclusion of the Team meeting, the district does not consistently meet the timeline of providing the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice within ten days of the meeting. In addition, when the district issues the IEP to the parent, only one copy is provided. | | |
| **Description of Corrective Action:**  The district will consistently provide 2 full copies of the IEP to parents. A training with team chairpersons and the administrative assistant will be held on 6/11/14 to review this process. A records review of the N1 IEP cover letters with "2 copies of IEP" marked as an enclosure section will be held on 9/30/14 and 10/31/14. The team chairpersons will review 3 files each on both dates. They will submit a spreadsheet to the Director of Student Services indicating that 2 copies of the IEP were noted on the enclosure section of the N1. The administrative assistant will review the team chair data and verify that 2 full copies were mailed to the parent by 10/2/14 and 12/2/14. This data will be submitted to the Director of Student Services on the same spreadsheet also used for IEP timelines in SE9. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione | | **Expected Date of Completion:**  12/15/2014 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda & sign in sheet for training on 6/11/14.  2. Copy of training packet  3. Spreadsheet of document review | | |
| **Description of Internal Monitoring Procedures:**  The administrative assistant will immediately notify the Director of Student Services of any IEPs mailed without 2 full copies. The Director of Student Services will also review this process annually with the team chairpersons and administrative assistant at the first team chairperson meeting in September of each year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide evidence of staff training on the requirement to provide parents with 2 full copies of the IEP and proposed placement along with the required notice within ten days of the meeting. Submit a description of the internal oversight and tracking system that identifies the person(s) responsible for oversight of the timelines and the training provided to those responsible for oversight. Submit the agenda, signed attendance sheets and training materials to the DESE by September 30, 2014. Submit the results of an administrative review of student records for immediate provision of two copies of the IEP. This sample must be drawn from records with IEP development that occurred after all corrective actions have been implemented. Indicate the number of records reviewed at each district school, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by January 30, 2015. \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/30/2014  01/30/2015 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations revealed a cluster of classrooms located at the Quabbin Regional Middle School providing special education services in Resource Rooms M210 and M216 and Life Skills (Project Involve) in rooms M209 and M211. At Quabbin Regional High School, observations revealed a cluster of Learning Center classrooms providing special education services in rooms H204, H219 and H221, Life Skills (Project Involve) in room H218 and Therapeutic Classroom H220 creating a special education "wing" and minimizing inclusion of students within the life of the school. At Oakham Center School, the Life Skills Classroom in Room 200 is labeled "Project Create" and Room 101 is labeled "NECC Partnership Program" thus creating stigmatization for students receiving instruction in these classrooms. | | |
| **Description of Corrective Action:**  High School  The Therapeutic Classroom (H220) will remain due to the need to be close to the therapeutic support staff (social worker, psychologist) whose offices are on that hallway.  The Life Skills Classroom (H218) will remain as the classroom they occupy is specifically set up for the life skills curriculum (kitchen and community living setting).  The Academic Support Classrooms will be moved as follows:  Mr. Young's classroom H221 will be moved to H132.  Mr. Hurley Sr.'s classroom H219 will be moved to H116.  Mr. Hurley Jr.'s classroom will remain as H204.  There will be a special education academic support classroom in each wing (English, Social Studies, Math & Science).  Middle School  As there are 4 special education classrooms and only 3 hallways in the middle school it is a challenge to move the cluster of classrooms.  The Therapeutic Classroom (M114) will remain due to the need to be close to main office and administrators.  The Life Skills Classroom (M209) will remain as the classroom they occupy is specifically set up for the life skills curriculum (kitchen and community living setting).  The Academic Support classrooms will be moved as follows:  Mrs. Derr's classroom M210 will be moved to M117.  Mr. Hall's classroom will remain M216.  Oakham Center School  The Project Create and NECC partnership classroom signs have been removed as of 5/23/14. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione | | **Expected Date of Completion:**  08/25/2014 |
| **Evidence of Completion of the Corrective Action:**  2 copies of the floor plans of the special education rooms at the HS/MS will be provided. One with the rooms designated prior to the CAP and one with the rooms designated as outlined above.  Photographs of the doors/hallways for the Oakham classrooms will be provided as evidence that the identifying signs have been removed. | | |
| **Description of Internal Monitoring Procedures:**  After the proper classroom array has been approved, any movement of any special education classrooms must involve the approval of director of student services who will avoid re-clustering in the future. In addition, the director of student services will conduct monthly site visits to each building to ensure the classroom plan and avoidance of signs is carefully monitored. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit a letter of assurance from the superintendent and principals along with floor plans from the High School and Middle School demonstrating that Academic Support Classrooms (rooms H221, H219 and M210) have been separated and relocated to maximize inclusion of students within the life of the school by September 30, 2014. In addition, please provide photographs of the classrooms doorways showing that signage has been removed. By January 30, 2015, the district will provide confirmation of a scheduled onsite visit by the DESE to observe the classroom relocations and to confirm that all signage has been removed. | | |
| **Progress Report Due Date(s):**  09/30/2014  01/30/2015 | | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents, policies and staff interviews regarding access to a full range of education programs and services revealed that "gender identity" as a protected category was not included. | | |
| **Description of Corrective Action:**  The district will include gender identify as a protected category in all of its documents and policies regarding access to a full range of educational programs and services. A training will be conducted with district administrators on 6/10/14 to begin this process. A meeting will be held with the policy subcommittee of the Quabbin Regional School Committee by 6/30/14 to review gender identity as a protected class and the policies affected and to develop a plan for any needed revisions. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  01/01/2015 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda, training materials and sign in sheet for 6/10/14 administrative training  2. Agenda, training materials and minutes from policy subcommittee meeting  3. Applicable School Committee Agendas  4. Copies of existing and revised policies | | |
| **Description of Internal Monitoring Procedures:**  Gender Identity training will be added to the annual civil rights training process for all school employees. This training module is reviewed by the Human Resources Manager and Director of Student Services annually in July in preparation for the upcoming school year. Any new protected classes identified by the DESE will be added to the process and training materials as a result of this review process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide the agenda, meeting minutes and a copy of the School Committee Policy changes regarding gender identity by September 30, 2014. Please provide evidence of dissemination and training for staff on the updated nondiscrimination statement with the added category of gender identity including a training agenda, attendance sheet, sample of documents and copies of the materials by September 30, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2014 | | |

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents, policies and staff interviews regarding accessibility of extracurricular activities revealed that "gender identity" as a protected category was not included. | | |
| **Description of Corrective Action:**  The district will include gender identify as a protected category in all of its documents and policies that pertain to extracurricular activities. A training will be conducted with district administrators on 6/10/14 to begin this process of revising letterhead and student handbooks. A meeting will be held with the policy subcommittee of the Quabbin Regional School Committee by 6/30/14 to review gender identity as a protected class as it pertains to extracurricular activities and the policies affected and to develop a plan for any needed revisions. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  01/01/2015 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda, training materials and sign in sheet for 6/10/14 administrative training  2. Agenda, training materials and minutes from policy subcommittee meeting  3. Applicable School Committee Agendas  4. Copies of existing and revised policies | | |
| **Description of Internal Monitoring Procedures:**  Gender Identity training will be added to the annual civil rights training process for all school employees. This training module is reviewed by the Human Resources Manager and Director of Student Services annually in July in preparation for the upcoming school year. Any new protected classes identified by the DESE will be added to the process involving internal & external documents, and training materials. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide the agenda, meeting minutes and a copy of the School Committee Policy changes regarding gender identity by September 30, 2014. Please provide evidence of dissemination and training for staff on the accessibility of extracurricular activities with the added category of gender identity including a training agenda, attendance sheet, sample of documents and copies of the materials by September 30, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2014 | | |

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district's annual and continuous notice concerning nondiscrimination and coordinators does not include "gender identity" as a protected category. | | |
| **Description of Corrective Action:**  The district will amend its annual and continuous notice concerning nondiscrimination and coordinators to include gender identity as a protected category. Training will be held at an administrative meeting on 6/10/14 to include all principals. Training will be held at a central office administrator meeting on 6/3/14 to include the superintendent of schools, assistant superintendent of schools, business administrator and human resources manager. A meeting will be held with the policy subcommittee of the school committee by 6/30/14 to include the same training. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  09/15/2014 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda, training materials and sign in sheet for administrative training  2. Agenda, training materials and sign in sheet for central office training  3. Agenda, training materials and sign in sheet for policy subcommittee training  4. Copies of any amended or new school committee policies that result from the training  5. A copy of the district's amended annual and continuous notification concerning nondiscrimination and coordinators. | | |
| **Description of Internal Monitoring Procedures:**  The annual and continuous notification concerning nondiscrimination and coordinators will be monitored by the human resources manager and the student services director annually in July. Any changes to the regulations will result in immediate amendment, addition, or deletion of the statement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** Please provide the agenda, meeting minutes and a copy of the School Committee Policy changes regarding gender identity by September 30, 2014. Please provide evidence of dissemination and training for staff on the district's annual and continuous notice concerning nondiscrimination and coordinators with the added category of gender identity including a training agenda, attendance sheet, sample of documents and copies of the materials by September 30, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2014 | | |

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| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district's non-discrimination statement concerning scholarships, prizes and awards sponsored or administered by the district does not include" gender identity" as a protected category. | | |
| **Description of Corrective Action:**  The district's non-discrimination statement concerning scholarships, prizes and awards sponsored or administered by the district will be amended to include gender identity as a protected category. Training will take place for administrators on 6/10/14 and for guidance counselors on 6/12/14. A meeting will be held with the policy subcommittee of the school committee by 6/30/14 to review gender identity as a protected class and the policies affected and to develop a plan for any needed revisions or additions to their policy. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda, training materials, and sign in sheet for administrator training  2. Agenda, training materials, and sign in sheet for guidance counselor training  3. Agenda, training materials, and sign in sheet for policy subcommittee meeting  4. applicable school committee agendas  5. copies of existing and revised policies. | | |
| **Description of Internal Monitoring Procedures:**  The director of guidance and the student services director will meet annually in June to review any needed changes to the district's non-discrimination statement as it applies to district scholarships, prizes and awards. Given the most current information/DESE guidance, amendments, additions, or deletions will be proposed at this time. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide the agenda, meeting minutes and a copy of the School Committee Policy changes regarding gender identity by September 30, 2014. Please provide evidence of dissemination and training for staff on the district's non-discrimination statement concerning scholarships, prizes and awards sponsored or administered by the district with the added category of gender identity including a training agenda, attendance sheet, sample of documents and copies of the materials by September 30, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2014 | | |

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district's training regarding civil rights responsibilities does not contain "gender identity" as a protected category. | | |
| **Description of Corrective Action:**  The district will ensure that the civil rights responsibility training for faculty and staff includes gender identity as a protected category. By 7/1/2014 the human resources manager and the director of student services will meet to review the annual civil rights training PowerPoint. At that time it will be amended it to include gender identify information. The district regularly conducts this training on the first day of the school year. This fall, the training will be provided on 8/25/14 and employees will complete a signed statement that they understand their civil rights obligations. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  09/15/2014 |
| **Evidence of Completion of the Corrective Action:**  1. Agenda and sign in sheet for meeting between human resources manager and director of student services to review civil rights annual training components to include gender identity in June, 2014  2. Copies of Annual Civil Rights Training PowerPoint slides pertaining to gender identity as a protected class  3. List of employees for whom we have received signed statements of required training  4. Sample of signed employee statement of training | | |
| **Description of Internal Monitoring Procedures:**  The human resources manager and the director of student services will meet annually in July to review any new legislation or information from DESE requiring amendments or additions or deletions to our annual civil rights training for employees. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide the agenda, meeting minutes and a copy of the School Committee Policy changes regarding gender identity by September 30, 2014. Please provide evidence of dissemination and training for staff on the district's training regarding civil rights responsibilities with the added category of gender identity including a training agenda, attendance sheet, sample of documents and copies of the materials by September 30, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2014 | | |

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| **Criterion & Topic:** CR 24 Curriculum review | | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district does not have a process for individual teachers to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  The district must develop a process for individual teachers to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identify, religion, national origin and sexual orientation. The director of student services will reach out to at least 3 neighboring school districts to obtain information about their process in this area. This information will be shared with a voluntary committee. It will be formed consisting of the Director of Student Services, the Assistant Superintendent for Curriculum, Instruction & Assessment, and a minimum of three teachers (at least one each from PK-6 and 7-12) to develop the process for reviewing educational materials. The committee will meet once in July, 2014, once in September, 2014 and conclude with a final meeting to review the final product in October, 2014. The document and process created will be shared with the Quabbin Regional School Committee and all employees. This process will be shared at a faculty meeting in each building by 11/30/14 and at a school committee meeting by 12/31/14. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  01/01/2015 |
| **Evidence of Completion of the Corrective Action:**  1. Copies of processes obtained from neighboring districts.  2. Meeting agendas and sign in sheets from the three committee meetings.  3. The curriculum review final document  4. School Committee Minutes  5. Agenda, Training materials and sign each sheets from each building-based training | | |
| **Description of Internal Monitoring Procedures:**  Annually, the Director of Student Services and the Assistant Superintendent for Curriculum, Instruction, and Assessment will review the process. If revisions are needed, the committee will reconvene or be re-established for another 3-meeting round followed by the building based training and school committee presentation of the revised process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** Please provide evidence of training for staff on the updated curriculum review process with the added category of gender identity, including a training agenda, attendance sheet, a copy of the updated procedure/policy and copies of training materials by September 30, 2014. Please include the departmental meeting agendas where it will be addressed throughout the year and the section of the first day of school 2014-2015 Civil Rights training that addresses curriculum review by September 30, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2014 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district is just beginning the process of evaluating 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:**  The district must complete development of an annual process for evaluating 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 or other extracurricular activities. The director of student services will reach out to at least 3 neighboring school districts to obtain information about their process in this area. This information will be shared with a voluntary committee. It will be formed consisting of the Director of Student Services, the Assistant Superintendent for Curriculum, Instruction & Assessment, and a minimum of three teachers (at least one each from PK-6 and 7-12) to develop the process for institutional self-evaluation. The committee will meet once in July, 2014, once in September, 2014 and conclude with a final meeting to review the final product in October, 2014. The document and process created will be shared with the Quabbin Regional School Committee and all employees. This process will be shared at a faculty meeting in each building by 11/30/14 and at a school committee meeting by 12/31/14. | | |
| **Title/Role(s) of Responsible Persons:**  Kristin Campione, Director of Student Services | | **Expected Date of Completion:**  01/01/2015 |
| **Evidence of Completion of the Corrective Action:**  1. Copies of processes obtained from neighboring school districts  2. Meeting agendas and sign in sheets from the 3 committee meetings  3. The self-evaluation plan process document  4. School Committee agenda & minutes  5. Agenda, training materials and sign in sheets from each building-based training | | |
| **Description of Internal Monitoring Procedures:**  Annually, the Director of Student Services and the Assistant Superintendent for Curriculum, Instruction, and Assessment will review the process. If revisions are needed, the committee will reconvene or be re-established for another 3-meeting round followed by the building based training and school committee presentation of the revised process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date**: 06/12/2014 | |
| **Basis for Partial Approval or Disapproval:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please provide copies of the evaluation plans to ensure access to all programs including athletics and other extracurricular activities to the DESE by September 30, 2014. Please submit a narrative summary of the dates of implementation of the self-evaluation with goals and benchmarks as indicated by January 30, 2015. | | |
| **Progress Report Due Date(s):**  09/30/2014  01/30/2015 | | |

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

District: Quabbin Regional School District

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Kristin Campione, Director of Student Services

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: September 1, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 4 Waiver Procedures** | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents, student records and staff interviews indicated that the district has not developed waiver procedures for parents to be informed of their right to apply for a waiver with program descriptions in a language they can understand.* | | | |
| **Narrative Description of Corrective Action:** The ESL teacher and Director of Student Services will review the waiver procedures of 3 districts (No. Middlesex, Malden, Springfield) to determine how they inform parents of their right to waive programs. Options for translations will also be outlined. A waiver procedure and corresponding forms for Quabbin will be developed as part of our ELE Manual. The manual and all new process will be shared with the Administration, Student Services Subcommittee of the School Committee, and posted online. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14 review of other district procedure, 11/10/14 waiver procedure developed, 11/13/14 subcommittee meeting, 11/18/14 administrative training meeting, posted online | |
| **Evidence of Completion of the Corrective Action:** Copy of Waiver Procedure from ELE manual, ESL Dept. Meeting Agenda & Sign In Sheet, Student Services Subcommittee Meeting Agenda & Minutes, Administrative Training Agenda, Sign In Sheet & Minutes | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 4 Waiver Procedures** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** Conduct staff training on the district’s newly developed waiver materials/procedures that the district uses to inform parents of ELL students of their rights. | | | |
| **Required Elements of Progress Report(s):** Submit evidence of appropriate staff training on the newly developed procedures and include the agenda, training materials, sign-in sheets and name of presenter to ESE by **February 2, 2015.**  Submit the results of an administrative record review, after the implementation of all corrective actions, of a sample of ELL student records across all building levels to ensure that these files contain evidence that parents are informed of waiver procedures in the language indicated on their HLS. Include the **school**/grade level/ ELL level of the student and:  1) The number of records reviewed;  2) The number of records in compliance;  3) For any records not in compliance, determine the root cause(s) of the non-compliance; and  4) The district’s plan to remedy the identified non-compliance.  Please provide the results of the student record review to ESE by **May 15, 2015.**  **Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): February 2, 2015; May 15, 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 indicates that not all of the ELLs receive sufficient amount of ESL instruction consistent with Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*](http://www.doe.mass.edu/ell/guidance_laws.html)  *Document review also indicated that the district does not have an ESL curriculum used for direct ESL instruction or a plan to develop one that is aligned to the Massachusetts Curriculum Frameworks and the WIDA ELD Standards. See the Department’s WIDA English Language Development Standards Implementation Guide (Part I) at* [*http://www.doe.mass.edu/ell/wida/Guidance-p1.pdf*](http://www.doe.mass.edu/ell/wida/Guidance-p1.pdf) | | | |
| **Narrative Description of Corrective Action:** The district has hired a full time ESL teacher who began on 8/25/14 to meet the needs of all the students and provide instruction consistent with Department guidelines. She is not fully subscribed with ELL students, but the district has given her temporary responsibilities to fill the schedule so that she is available to flex back to ESL full time if needed.  The district ESL teacher has joined a number of districts in our area who have developed an ESL curriculum via a Google share group. Quabbin plans to adopt this curriculum based on the WIDA standards. The curriculum documents will be shared with the administrative team, the student services subcommittee, and posted on the district website. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 8/25/14 full time certified ESL teacher hired, 10/30/14 review of WIDA standards and Google group curriculum, 11/10/14 Quabbin Curriculum Draft developed 11/13/14 shared at subcommittee meeting, 11/18/14 shared at administrative training meeting, posted online | |
| **Evidence of Completion of the Corrective Action:** Copy of Quabbin ESL Curriculum document, copy of ESL Dept. Meeting Agenda & Sign In sheets, Copy of Subcommittee Agenda & Minutes, Copy of Administrative Meeting Agenda & Sign In Sheet, ESL Teacher Schedule with student ELL levels noted, copy of ESL Teacher certification | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| 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:** N/A | | | |
| **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. Please submit information such as training opportunities for the district staff, responsible district staff, meeting dates, minutes and signing sheets, timelines for implementation and completed parts of the curriculum to show evidence that the curriculum work is in progress in the district. | | | |
| **Progress Report Due Date(s): February 2, 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. The information included in the documents submitted by the district also indicates that the district has confused the exiting process with screening for ESL program eligibility.* | | | |
| **Narrative Description of Corrective Action:** The district will clarify these processes in a district ESL manual. During monthly meetings the director of student services and ESL teacher will review the handbooks of 3 other districts (North Middlesex, Malden, & Springfield) and the ELE regulations to develop a process for reclassification to FLEP from LEP as well as to define our screening exiting process. The manual and all new procedures and forms will be shared with the administration, student services subcommittee of the School Committee, and posted on the district website. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14 review of other district processes for exit criteria and reclassification, 11/10/14 draft developed for manual, 11/13/14 shared at subcommittee meeting, 11/18/14 shared at administrative training meeting, posted online | |
| **Evidence of Completion of the Corrective Action:** copy ofQuabbin Regional District ELE Handbook, meeting agenda and sign in sheets for ESL Dept. meetings, Agenda & Minutes of Student Services Subcommittee Meeting, Agenda & Sign In Sheet for Administrative Meeting | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 6 Program Exit and Readiness** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  Please submit a description of the district’s reclassification procedures and other supporting documents such as annual review forms. | | | |
| **Progress Report Due Date(s): February 2, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 7 Parent Involvement** | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents and staff interviews indicated that the district has not developed a means for the parents of English Language Learners to engage in specific activities regarding* *matters pertaining to their children’s education and ELE programs.* | | | |
| **Narrative Description of Corrective Action:** The district will consult with 3 other districts (No. Middlesex, Springfield, & Malden) to determine how they engage ELL parents to participate with the school district. The ESL Teacher will contact current Quabbin parents of ELL students for suggestions for how to best serve their needs in this area. These suggestions as well as the information from other districts will allow the ESL department to write the process for parent engagement in a section of the ELE manual. The district will follow the manual process for engaging parents in their children’s education. The manual will be posted online. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14Review of other district process 11/10/14 develop process and documents, 11/13/14 share at subcommittee meeting, 11/18/14 share at administrative meeting & online | |
| **Evidence of Completion of the Corrective Action:** ELE Manual, ESL Department Meeting Agenda & Sign In Sheet, Subcommittee Meeting Agenda & Minutes, Administrative Meeting Agenda & Sign In Sheet, District Website | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 7 Parent Involvement** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** Develop a plan for a district outreach process to families of ELL students**.**  Conduct staff training on the district’s newly developed procedures it will offer to parents of ELL students for them to engage in specific activities pertaining to their children’s education and ELE programs by **February 1, 2015**. | | | |
| **Required Elements of Progress Report(s):** Submit a narrative description of the plan and accompanying documentation. Submit evidence of staff training of the newly developed ELL parent involvement process and include the agenda, training materials and sign-in sheets with name(s)/role(s) for training provided to ESE by **February 2, 2015.** | | | |
| **Progress Report Due Date(s): February 2, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 8 Declining Entry to a Program** | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents, student records and interviews indicated that the district does not currently have a procedure for parents to decline entry to a sheltered English immersion, two-way bilingual or other ELE program.* | | | |
| **Narrative Description of Corrective Action:** The district will consult with 3 other area districts (No. Middlesex, Springfield, Malden) to review their procedure for parents to decline entry to an SEI, bilingual or other program. A process will be written by the ESL Department. The process will be added to the ELE manual and shared with the Student Services Subcommittee of the School Committee, Administrative Team, and posted on the district website. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14Review of other district process 11/10/14 develop process and documents, 11/13/14 share at subcommittee meeting, 11/18/14 share at administrative meeting & online | |
| **Evidence of Completion of the Corrective Action:**  ELE Manual, ESL Department Meeting Agenda & Sign In Sheet, Subcommittee Meeting Agenda & Minutes, Administrative Meeting Agenda & Sign In Sheet, District Website | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 8 Declining Entry to a Program** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** Develop procedures regarding parental right to decline entry to ELE programs. Conduct training to appropriate staff on the newly adopted procedures. | | | |
| **Required Elements of Progress Report(s):** Submit evidence of training of newly adopted procedures to appropriate staff. Include the agenda, training materials and sign-in sheets with name(s)/role(s) and presenter by **February 2, 2015.**  Submit the results of an administrative record review of a sample of ELL student records across all building levels, after the implementation of all corrective actions, to ensure that these files contain evidence of new procedures regarding parents declining entry to ELE programs. Include student’s **school**/grade level/ ELL level and:  1) The number of records reviewed;  2) The number of records in compliance;  3) For any records not in compliance, determine the root cause(s) of the non-compliance; and  4) The district’s plan to remedy the identified non-compliance.  Please provide the results of the student record review to ESE by **May 15, 2015.**  **\*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): February 2, 2015; May 15, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 10 Parental Notification** | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents, student records and interviews revealed that the district’s parent notification letter does not identify: 1) the student’s level of English proficiency; 2) specific exit requirements; and 3) if the student has additional education needs that require Special Education services, how the Title III program will meet the objectives of the Individualized Education Program (IEP).* | | | |
| **Narrative Description of Corrective Action:** The district will revise its parent notification letter to add the 3 items listed above after reviewing the parent notification letters from 3 other districts (No. Middlesex, Malden, & Springfield). The new form will be added to the ELE Manual and shared with administrators, the student services subcommittee of the school committee, and posted on the district website. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14Review of other district’s forms11/10/14 develop Quabbin form, 11/13/14 share at subcommittee meeting, 11/18/14 share at administrative meeting & online | |
| **Evidence of Completion of the Corrective Action:** ELE Manual, ESL Department Meeting Agenda & Sign In Sheet, Subcommittee Meeting Agenda & Minutes, Administrative Meeting Agenda & Sign In Sheet, District Website | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 10 Parental Notification** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** Please conduct staff training on the required elements of the updated parental notification letter which can be found at <http://www.doe.mass.edu/ell/guidance_laws.html> .  The parental notification letter must include the following elements:   1. the reasons for identification of the student as ELL; 2. the child’s level of English proficiency; 3. program placement and/or the method of instruction used in the program; 4. how the program will meet the educational strengths and needs of the student; 5. how the program will specifically help the child learn English; 6. the specific exit requirements; 7. the parents’ right to apply for a waiver (see ELE 4), or to decline to enroll their child in the program (see ELE 8); and 8. If the student has additional education needs that require Special Education Services, how the Title III program will meet the objectives of the Individualized Education Plan (IEP)   Submit evidence of training to ESE and please include the agenda, training materials and sign-in sheets with name(s)/role(s) and presenter by **February 2, 2015.** | | | |
| **Required Elements of Progress Report(s):** Submit the results of an administrative record review of a sample ELL student records across buildings after the implementation of all corrective actions to ensure that these files contain copies of the Parent Notification letter with all required elements. Include the student’s **school**/ grade level/ ELL level and:  1) The number of records reviewed;  2) The number of records in compliance;  3) For any records not in compliance, determine the root cause(s) of the non-compliance; and  4) The district’s plan to remedy any identified non-compliance.  Please provide the results of the student record review to ESE by **May 15, 2015.**  **\*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): February 2, 2015; May 15, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 14 Licensure Requirements** | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Documentation reviewed indicates that ESL instruction is not delivered by a teacher/tutor who holds an ESL license or current waiver issued by the Massachusetts Department of Elementary and Secondary Education.* | | | |
| **Narrative Description of Corrective Action:** The district has hired a teacher with the ESL licensure PK-12. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 8/25/14 | |
| **Evidence of Completion of the Corrective Action:** copy of teacher licensure | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 14** **Licensure Requirements** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  Provide evidence of the licensure of the current ESL teacher(s) by the progress report due date. | | | |
| **Progress Report Due Date(s): February 2, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 16 Equitable Facilities** | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *At Oakham Center School, there is a room located off the Media Center designated for instruction of English language learners and Guidance services and is labeled "Counseling". The signage indicates the provision of a specialized service and thus creates stigmatization. In addition, this combined space has a large uncovered window that allows anyone using the Media Center to observe students receiving such services.* | | | |
| **Narrative Description of Corrective Action:** The signage has been removed and the combined space has been relocated out of the media center. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 8/25/14 | |
| **Evidence of Completion of the Corrective Action:** Photographs of lack of signage, photograph of new space without large window. | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 16 Equitable Facilities** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** By **February 2, 2015,** please submit a written statement of assurance from the superintendent and the principal along with a floor plan demonstrating that the ELE space has been relocated and there is no signage indicative of a specialized service. | | | |
| **Required Elements of Progress Report(s):** By **May 15, 2015,** the district will provide confirmation of a scheduled onsite visit by the ESE to observe the classroom relocation and to confirm that all signage has been removed. | | | |
| **Progress Report Due Date(s): February 2, 2015; May 15, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 17 Program Evaluation** | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of documents and staff interviews indicated that the district currently does not conduct periodic evaluations of the effectiveness of its English Language Education program regarding developing students’ English language skills and increasing their ability to participate meaningfully in the educational program.* | | | |
| **Narrative Description of Corrective Action:** The director of student services and ESL teacher will write and follow a 5-year plan for reviewing the effectiveness of the ELE program. The plan will be added to the ELE manual which will be shared with the administrative team, the student services subcommittee of the school committee, and posted online. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14develop 5-year plan, add to ELE Manual, 11/13/14 share at subcommittee meeting, 11/18/14 share at administrative meeting & online | |
| **Evidence of Completion of the Corrective Action:** Copy of 5-year plan, copy of ELE manual, copy of ESL Dept. Meeting Agenda & Sign In Sheet, Administrative meeting Agenda & Sign In Sheet, Student Services Subcommittee Agenda & Minutes | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 17 Program Evaluation** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** Please provide a copy of the district’s format that will be used to evaluate the ELE program and improve its services. An optional form may be accessed at: <http://www.doe.mass.edu/ell/resources.html>. Please provide to the DESE by **February 2, 2015.** | | | |
| **Required Elements of Progress Report(s):** Please submit a copy of the district’s completed evaluation procedures by **May 15, 2015.** | | | |
| **Progress Report Due Date(s): February 2, 2015 ; May 15, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 18 Records of ELL Students** | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of student records and staff interviews demonstrated that student files do not consistently contain: 1) results of identification and proficiency tests and evaluations; 2) results of ACCESS testing for ELLs; 3) MCAS results, if applicable;4) information about students’ previous school experiences; 5) copies of parent notification letters; 6) progress reports; 7) report cards in the native language, if necessary; 8) evidence of follow-up monitoring, if applicable; 9) documentation of a parent’s consent to “opt-out” of ELL education, if applicable; and 10) waiver documentation, if applicable.* | | | |
| **Narrative Description of Corrective Action:** The ESL Department will review each student’s file and add the missing documentation as listed above. A tracking checklist/sheet will be developed and added to the front of the file with each type of documentation listed and checked when added, This information on student files will be added to the ELE manual which will be shared with administration, the student services subcommittee, and posted on the district website. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Kristin Campione, Director of Student Services | | **Expected Date of Completion for Each Corrective Action Activity:** 10/30/14develop checklist and add missing documents to files, 11/13/14 share at subcommittee meeting, 11/18/14 share at administrative meeting & online | |
| **Evidence of Completion of the Corrective Action:** Internal tracking sheets of current ELL students, copy of ELE manual, ESL Dept. Meeting Agenda & Sign In Sheet, Administrative Meeting Agenda & Sign In Sheets, Student Services Subcommittee Meeting Agenda & Minutes | | | |
| **Description of Internal Monitoring Procedures:** ESL Teacher and Director of Student Services will annually review all areas of compliance in ELE at the June 2015 monthly meeting. A formal program review in ELE will be conducted during the 2015-2016 school year by an independent party. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 18 **Records of ELL Students** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:**  Conduct staff training on the required elements of ELL student files. These items include:   1. home language survey; 2. results of identification and proficiency tests and evaluations, including MEPA and MELA-O until SY 2011/2012 3. ACCESS for ELLs test from SY 2012/2013; 4. MCAS or other tests chosen by the Board of Education and the district; 5. information about students’ previous school experiences; 6. copies of parent notification letters, 7. progress reports, in the native language, if necessary; 8. report cards, in the native language, if necessary; 9. evidence of follow-up monitoring, if applicable; 10. documentation of a parent’s consent to “opt-out” of ELL education, if applicable; 11. waiver documentation, if applicable. | | | |
| **Required Elements of Progress Report(s):**  Please include the agenda, training materials and sign-in sheets for training provided by  **February 2, 2015.**  Submit the results of an administrative record review of a sample ELL student records across buildings after the implementation of all corrective actions to ensure that these files contain copies of the required elements. Include student **school**/ grade level/ ELL level; and  1) The number of records reviewed;  2) The number of records in compliance;  3) For any records not in compliance, determine the root cause(s) of the non-compliance; and  4) The district’s plan to remedy any identified non-compliance.  Please provide the results of the student record review **by May 15, 2015.** | | | |
| **Progress Report Due Date(s): February 2, 2015; May 15, 2015** | | | |