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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: Spencer-E Brookfield

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 10/07/2014.

**Mandatory One-Year Compliance Date:** **10/06/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 35 | Assistive technology: specialized materials and equipment | Partially Implemented |
| SE 36 | IEP implementation, accountability and financial responsibility | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 43 | Behavioral interventions | Partially Implemented |
| SE 49 | Related services | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the required assessments of the history of a student's educational progress in the general curriculum to be completed by a representative of the school district and the student's specific abilities related to the learning standards of the Massachusetts Curriculum frameworks, attention skills, participation behaviors, communication skills, memory and social relations with peers and adults to be completed by a teacher with current knowledge are not consistently completed when determining special education eligibility. In addition, review of student records indicated areas of suspected disability are not always included on the consent form for the re-evaluation of students when needed to determine eligibility. | | |
| **Description of Corrective Action:**  The Director of Pupil Services conducted an in-service training for the Principals and retrained them on completing the required history of the student's educational progress. The lead school psychologist will ensure that students are re-evaluated in their areas of suspected disability. Team Chairs will also be retrained to ensure compliance with this requirement. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services, Principals, and support staff  Lead School Psychologist | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  The sign in sheets from the in-service referenced above and the training for Team Chairs. | | |
| **Description of Internal Monitoring Procedures:**  The support staff will monitor this process and inform the Team Chairpersons when the educational histories are not completed for the assessments. The Team Chairpersons will consult with the Director when necessary.  When a re-evaluation is conducted the Team Chairperson will generate a "purple form" which lists the assessments to be used in the re-evaluation. The Lead School Psychologist/Director of Pupil Services will oversee and sign off on this form. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's response did not address the student's specific abilities related to the learning standards of the Massachusetts Curriculum frameworks, attention skills, participation behaviors, communication skills, memory and social relations with peers and adults to be completed by a teacher with current knowledge of the student. | | |
| **Department Order of Corrective Action:**    Train Team Chairs to complete consent to evaluate forms with the areas of suspected disabilities identified. Train Principals to complete the history of a student's educational progress in the general curriculum. Train general educators to complete the student's specific abilities related to the learning standards of the Massachusetts Curriculum frameworks, attention skills, participation behaviors, communication skills, memory and social relations with peers and adults. Develop an administrative oversight and tracking system. Review a sample of student records after corrective actions are completed. | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training to Team Chairs (suspected area of disability), Principals (history of educational progress) and general educators (student's specific abilities in general education) that includes agendas, handouts and signed attendance sheets with date, role and name of presenter by February 26, 2015.  Submit a narrative description of the internal administrative oversight and tracking system and identify the  person(s) responsible, including the date of the system's implementation by February 26, 2015. For those student records identified by the Department, submit a copy of the completed assessments and the Team Meeting Invitation and Attendance Sheet (N3A) to indicate that the IEP Teams have reconvened by February 26, 2015.  Submit the results of an administrative review of a sample of student records for required and optional assessments after completion of all corrective actions. Report the number of records reviewed, the number compliant; if non-compliance is identified, determine and report the root cause(s) of the ongoing noncompliance, the specific actions taken to correct each individual student record and a plan to remedy it. Provide this to the Department by May 26, 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 roles and  signature(s). | | |
| **Progress Report Due Date(s):**  02/26/2015  05/26/2015 | | |

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that for students on the autism spectrum IEP Teams do not always consider: 1) verbal and nonverbal communication needs; 2) development of social interaction skills and proficiencies; 3) unusual responses to sensory experiences; 4) resistance to environmental change or change in daily routines; 5) needs resulting from engagement in repetitive activities and stereotyped movements; 6) positive behavioral interventions; and 7) other needs resulting from the disability that impact progress in the general education curriculum, including social and emotional development. | | | |
| **Description of Corrective Action:**  The department has instituted a new form that will be included in all meeting set-ups and will be used by the Team Chairpersons. This form is a check list of the seven questions regarding students on the autism spectrum. | | | |
| **Title/Role(s) of Responsible Persons:**  The Pupil Services Director, Team Chairpersons | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  Examples of the checklist form from student records. | | | |
| **Description of Internal Monitoring Procedures:**  The director will randomly review files throughout the school year to ensure that these forms are being used and that the questions are being addressed at Team meetings for children diagnosed on the autism spectrum. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The district response did not indicate that any areas of need identified during the Team consideration of the seven topics for students on the autism spectrum would be represented in the IEP with goals and services. | | | |
| **Department Order of Corrective Action:**  Develop procedures to document the Team consideration of autism topic areas and to address needs within the IEP for students on the autism spectrum. See: http://www.doe.mass.edu/sped/advisories/07\_1ta.html and  provide training to Team Chairs. Develop an internal administrative oversight system. Review a sample of student records for students with autism after completion of all corrective actions. | | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training for Team Chairs that includes an agenda, handouts and a signed attendance sheet by February 26, 2015. Submit a narrative description of the administrative oversight system and identify the person(s) responsible, including the date of the system's implementation by February 26, 2015.  Submit the results of an administrative review of a sample of records of students with autism after completion of all corrective actions for special requirements. Indicate the number of records reviewed, the number found to be compliant, if non-compliance is identified, determine and report the root cause(s) of the ongoing noncompliance, the specific actions taken to correct each individual student record, and plan to remedy. Please submit this to the Department by May 26, 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 roles and  signature(s). | | | |
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| **Criterion & Topic:**  SE 6 Determination of transition services | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated for students 14 years of age and older, the Team does not document the discussion on the Transition Planning Form or update the Transition Planning Form annually. Additionally, the transition information on the IEP (Present Levels of Educational Performance B) is not always completed. | | | |
| **Description of Corrective Action:**  Dr. Margaret Reed has completed a professional development training for the special education staff in our district (September 9, 2014).  Root Cause Analysis:  Upon conducting a root cause analysis for this criterion evidence reveals that from the time period of 2007-2014 three different Special Education Administrators were serving in the role. Continuous change in district leadership, combined with a lack of both consistent and sufficient staffing at the Central Office and building level to provide ongoing monitoring and feedback regarding compliance with this standard. | | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services and Team Chairpersons | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  The sign in sheet from the training, the agenda and sample TPF completed forms. | | | |
| **Description of Internal Monitoring Procedures:**  The Director and/or the Team Chairpersons will monitor the TPF forms and the PLEP B forms to ensure that they are completed correctly. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Provide a narrative description of the procedures related to inviting students 14 years old to IEP Team meetings and the process used to update the Transition Planning Form annually by February 26, 2015. See http://www.doe.mass.edu/sped/cspd/transition.pps Also, provide evidence of training for middle school and high school special education staff on the procedures, which includes a training agenda, signed attendance sheets and copies of the materials presented by February 26, 2015.  Submit a description of the administrative internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Provide this information by February 26, 2015.  Submit the results of an administrative review of student records for students 14 years of age and older regarding determination of transition services after the implementation of all corrective actions. Indicate the number of records reviewed, the number found to be compliant, if non-compliance is identified, identify the root cause(s) and report the specific actions taken to correct each individual student record, and plan to remedy any continued noncompliance. Submit this to the Department by May 26, 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 roles and  signature(s). | | | |
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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student records indicated that the general education teacher is not always present at the Team meeting for students who are involved in a general education program. The district does not implement the excusal process that includes the parent and district agreement, in writing, to excuse a required Team member and the excused member's provision of written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  The department has implemented an Parent/Guardian Consent Excusal of Member from Team Meeting form. This form ensures that the district is in compliance with this criterion.  Root Cause Analysis:  Continuous change in district leadership has hindered accountability across the district. The recent curriculum report conducted by the state also revealed that this continues to be a cause factor concern for the district. The Central Office position of Curriculum Director was cut in the middle of FY13 and was not restored in the FY14 OR FY15 budgets. Several of the responsibilities assigned to that position, including Title 1 Director, Curriculum Coordinator, oversight of Professional Development, the writing and managing of all general education grants and the collaboration with the DSAC regarding school improvement, were assigned to the Director of Pupil Services, effectively impacting this SE area. | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services, the Team Chairpersons and support staff | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  A copy of the excusal form. | | |
| **Description of Internal Monitoring Procedures:**  The support staff will help the Team Chairpersons in implementing this procedure, and the Director will work to monitor the process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Submitted  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district response did not address participation of the general education teachers in the IEP Team meetings. | | |
| **Department Order of Corrective Action:**  Develop procedures to ensure general education teachers participate in IEP Team meetings. Train Team Chairs on the excusal process, including documenting parent and district agreement and the provision of written input from the excused member for consideration at the Team meeting. Develop an internal oversight and tracking system. Review a sample of student records after the completion of all corrective actions. | | |
| **Required Elements of Progress Report(s):**  Provide a written description of the procedures related to the excusal process by February 26, 2015. Also provide evidence of training for Team Chairs which includes the agenda, signed attendance and materials presented by February 26, 2015.  Submit a description of the administrative internal oversight and tracking system and identify the person(s) responsible, including the date of the system's implementation by February 26, 2015.  Submit the results of an administrative review of student records across all building levels after the implementation of corrective actions for appropriate documentation of excused Team members and provision of written input for IEP development. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance by May 26, 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 roles and signature(s). | | |
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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:**  Review of student records indicated that the district does not hold the IEP Team meeting within 45 school working days after receipt of the parental consent for evaluation. | | |
| **Description of Corrective Action:**  All members of the district office have a copy of the Timeline Chart developed to ensure that timelines are being met. The support staff keeps a log of all meetings and evaluations. The Team Chairpersons will document all parent/guardian correspondence when parents/guardians request changing a meeting. They will make every attempt to adhere to the 45 school working days when possible.  Root Cause Analysis:  Upon conducting a root cause analysis for this criterion, inconsistent district leadership, combined with lack of psychologist staffing and supports due to budget cuts are the contributing factors in the district not being able to meet all timelines. | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services, Team Chairpersons and support staff | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  A copy of the timeline chart and sample of the log book. | | |
| **Description of Internal Monitoring Procedures:**  The support staff and the Team Chairpersons will use the timeline chart and log book to ensure that timelines are met. The director will monitor this process. | | |
| 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:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a narrative description of the internal oversight and tracking system that identifies the person(s) responsible and the training provided to the Team Chairs regarding newly developed procedures for eligibility determination timelines. Include the agenda, signed attendance sheets with  name(s)/role(s), training materials and the name and title of the presenter by February 26, 2015.  Subsequent to completion of all corrective actions, please conduct a review of student records for eligibility determination timelines. Select a sample of three student records for each level, e.g., the preschool, elementary, middle, high school and out of district placements with the most recent IEP activity either an initial evaluation to determine eligibility, or a reevaluation. Review the records to determine whether the 45 day timeline has been met. Submit the number of student records reviewed by school level, the number of records that complied with the requirements and for any record found in continued noncompliance, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the identified noncompliance with this criterion by May 26, 2015.  \*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department onsite upon request: a) List of student names, building names and grade levels of the records reviewed: b) the date of the review: c) Name(s) of the person(s) who conducted the review, their role(s) and their signature(s). | | |
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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the district does not always conduct re-evaluations every three years unless the parent and district agree that it is unnecessary. | | |
| **Description of Corrective Action:**  The department does conduct three year re-evaluations unless the parent and district agree it is not necessary. A list of re-evaluations is generated from Power School for each Team Chairperson so that they can ensure that permissions to re-evaluate are sent to the parent/guardian on time. In some instances permissions are not returned to the district by the parent/guardian in a timely fashion, and this can make the re-evaluation appear to be late. The Team Chairpersons will try to reach out to the parent/guardian when we don't receive the permission to test on time.  Root Cause Analysis:  Upon conducting a root cause analysis for this criterion, inconsistent district leadership, combined with lack of psychologist staffing and supports due to budget cuts are the contributing factors in the district not being able to meet all timelines. | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services and Team Chairpersons | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of a list generated from Power School with re-evaluation dates. | | |
| **Description of Internal Monitoring Procedures:**  The director will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a narrative description of the updated procedures to ensure that re-evaluations are conducted every three years unless the parent and district agree it is not necessary. Provide evidence of staff training on these procedures, which will include a training agenda, signed attendance sheets with name(s)/role(s), copies of the materials presented, name/role of presenter and date of training. Please submit this to the Department by February 26, 2015.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records whose reevaluation to determine continued eligibility for special education occurred following the implementation of all corrective actions. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), the number found to be compliant; if non-compliance is identified, determine the root cause(s) of the ongoing non-compliance and report the specific actions taken to correct each individual student record identified as noncompliant and a plan to remedy it. Please submit this to the Department by May 26, 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). | | |
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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records found that annual review meetings are not consistently held before the anniversary date of the IEP. | | |
| **Description of Corrective Action:**  The department has implemented using a list generated from Power School for all students on IEP's. This list is used by the Team Chairpersons to ensure that all annual review meetings are held before the anniversary date of the IEP. If there are circumstances where it is not possible to hold the meeting before the anniversary date the Team Chairperson will document the reasons on the communication log. The reasons that are beyond our control include the following: snow days, parent cancellations, staff unavailable on scheduled dates, student absences making them unavailable to test, etc.  Root Cause Analysis:  Upon conducting a root cause analysis for this criterion, a review of documentation indicates that school cancellations, parent requests to change meetings, and staff/student absences are all contributing factors. | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services, Team Chairpersons and support staff | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  A copy of one of the lists from Power School showing the annual due dates for review meetings. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training of updated procedures for holding annual IEP meetings consistent with the results of the root cause analysis for special education staff and related services staff. Include signed attendance sheets, handouts and a sample of the tracking system by February 26, 2015  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records for convening annual review Team meetings. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), the number found to be compliant, if non-compliance is identified, identify the root cause(s) and report the specific actions taken to correct each individual student record, and plan of additional corrective actions taken by the district to address any identified noncompliance. This sample of records must be drawn only from those students whose annual IEP reviews were conducted following the implementation of all corrective actions. Please submit this to the Department by May 26, 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). | | |
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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that the district does not always address the skills and proficiencies needed to address or avoid bullying, harassment and teasing for students on the autism spectrum and students whose disability affects social skills development who are vulnerable to bullying, harassment and teasing. Review of student records also found that some parts of the IEP are incomplete, specifically Present Levels of Educational Performance A and B and age related considerations, when applicable. | | |
| **Description of Corrective Action:**  The department has implemented a checklist form which is used at Team meetings by the Team Chairs to ensure that bullying is being addressed for students who are on the autism spectrum, or whose disability affects social development. The department will be retrained on the areas of IEP development outlined in this finding, including social skills development to avoid bullying and the completion of Plep A and Plep B. Dr. Margaret Reed will provide training throughout the school year. | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services, Team Chairpersons and support staff | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  A copy of the checklist form being used. The training agenda and sign in sheets will be submitted for evidence. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this procedure. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The district will provide a narrative description of the updated procedures based on the Department's guidance at http://www.doe.mass.edu/bullying/considerations-bully.html. related to documenting the consideration of vulnerability to bullying and the provision of skills and proficiencies to address or avoid bullying, harassment and teasing for students on the autism spectrum, students whose disability affects social skills development, and students identified as vulnerable to bullying. Additionally, the district will provide evidence of staff training on these procedures, which will include a training agenda, signed attendance sheets and copies of the materials presented. Please submit this to the Department by February 26, 2015. For those student records identified by the Department, submit a copy of the new IEP and the Team Meeting Attendance Sheet (N3A) to indicate that the IEP Teams have reconvened to add skills and proficiencies to the students IEPs by February 26, 2015.  Submit the description of the administrative internal oversight and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26 2015.  Submit the results of an administrative review of student records after all corrective actions for consideration of vulnerability to bullying and the documentation and provision of skills and proficiencies to address or avoid bullying, harassment and teasing. The district must include students on the autism spectrum and students whose disability affects social skills development in its record sample at each level. Indicate the number of records reviewed at each level (preschool, elementary, middle, secondary and out-of-district), the number found to be compliant, if non-compliance is identified, determine the root cause(s) and report the specific actions taken to correct each individual student record, and the district's plan to remedy any continued noncompliance. Please submit this to the Department by May 26, 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). | | |
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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records found that the district does not provide the parents with two copies of the IEP as required, but provides only one copy of the IEP with two signature pages. | | | |
| **Description of Corrective Action:**  The department had been sending only one copy of the IEP to parents, but as soon as the department became aware that two copies need to be provided to parents this procedure was put into place. Moving forward two copies are now provided to parents/guardians when sending out for parent/guardian signature. | | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services and support staff | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  Communication with parents/guardians to ensure that they are receiving two copies of the IEP. | | | |
| **Description of Internal Monitoring Procedures:**  The Pupil Services Director will monitor this process. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The district must document the provision of two IEPs within the student record and conduct a record review to monitor compliance. | | | |
| **Department Order of Corrective Action:**  Conduct an internal review of a sample of student records from all buildings for IEPs issued after all corrective actions have been implemented to ensure that parents are provided two copies of the IEP. | | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training for staff at the central office who send IEPs out to parents on the new procedure to send two complete copies. Includes signed attendance sheet with name(s)/role(s) and procedures disseminated by February 26, 2015.  Submit the results of an administrative review of student records across all building levels after the implementation of corrective actions for provision of two complete copies of the IEP to parents. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance by May 26, 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 roles and signature(s). | | | |
| **Progress Report Due Date(s):**  02/26/2015  05/26/2015 | | | |

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

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the Nonparticipation Justification statements in the IEP do not state why the removal is critical to the student's program and the basis for the decision as to why the student could not be supported in a less restrictive environment with the use of supplementary aids and services. | | |
| **Description of Corrective Action:**  The department will be trained on writing Nonparticipation Justification statements in the IEP's by Dr. Margaret Reed throughout the FY15 school year. She is scheduled to come into our district on November 18th, March 17th and May 27th.  Root Cause Analysis:  Upon conducting a root cause analysis for this criterion we have found that while the district has provided some professional development training on the IEP process, training was never specific to address the "non-participation justification" statement. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services, Team Chairpersons and special education staff | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of the trainings that are set up with Dr. Reed. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services and the Team Chairpersons will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for Team Chairs on writing the Nonparticipation Justification statements in the IEP that includes the training agenda, handouts and signed attendance sheets by February 26, 2015.  Submit the description of the internal oversight and identify the person(s) responsible, including the date of the implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records after the completion of all corrective actions for Nonparticipation Justification statements in the IEP to state why the removal is critical to the student's program and the basis for the decision as to why the student could not be supported in a less restrictive environment with the use of supplementary aids and services. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), 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 remedy any identified noncompliance. Please submit this to the Department by May 26, 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):**  02/26/2015  05/26/2015 | | |

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

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews demonstrated that at the beginning of each school year, the district does not have an IEP in effect for each eligible student within its jurisdiction. Staff interviews also indicated that at Lake Street Elementary School and East Brookfield Elementary School, IEPs with speech and language services are not fully implemented because of staff shortages. | | | |
| **Description of Corrective Action:**  The district always has IEP's in effect for each eligible student at the start of each school year. One additional SLP is in the proposed school budget for FY16. | | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services and Team Chairpersons | | **Expected Date of Completion:**  08/26/2014 | |
| **Evidence of Completion of the Corrective Action:**  FY16 BUDGET PROPOSAL | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The district must conduct a root cause analysis as to why students begin the school year without the benefit of a signed IEP. Also, addressing the shortage for speech and language services includes immediately informing parents in writing of any delayed services, reasons for delay, actions the district is taking to address the lack of personnel and alternative method to meet the goals in the IEP. | | | |
| **Department Order of Corrective Action:**  Describe the results of the root cause analysis on students beginning the year with unsigned IEPs. Develop a plan to ensure that IEP speech and language services can be fulfilled at each school. Develop and send immediately a letter to parents of students at Lake Street Elementary School and East Brookfield School who receive speech and language services stating any delayed services, reasons for delay, actions the district is taking to address the lack of personnel and alternative method to meet the goals in the IEP. Review a sample of records after all corrective actions have been completed to determine whether students do begin the year with a current, signed IEP and that students who receive speech and language services at the Lake Street and East Brookfield Elementary Schools regarding implementation issues have been addressed. | | | |
| **Required Elements of Progress Report(s):**  Provide a narrative description of the results of the root cause analysis for students having unsigned IEPs at the beginning of the year and describe the corrective actions the district will take to address the issue by February 26, 2015. Also provide a plan for how speech and language services on all of the IEPs will be completed and a copy of the letter sent to parents of speech and language students at Lake Street Elementary School and East Brookfield School by February 26, 2015.  Submit the description of the administrative internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records across all building levels for beginning the year with a signed IEP and also for speech and language services at the Lake Street Elementary School and East Brookfield School. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance. If non-compliance is identified, report the specific actions taken to correct each individual student record identified, report the root cause(s) of the ongoing non-compliance and a plan to remedy it. This sample of records must be drawn only from those students whose annual IEP reviews were conducted following the implementation of all corrective actions. Please submit this to the Department by May 26, 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):**  02/26/2015  05/26/2015 | | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that the federally required Notice of Proposed School District Actions (N1) did not always include rejected options, other relevant factors or next steps. | | | |
| **Description of Corrective Action:**  The N1 letters will include rejected options, other relevant factors and next steps when written. The Team Chairs will be retrained on how to fill out the N1 letters correctly. | | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services and Team Chairpersons | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  Copies of sample NI letters recently sent out to parents. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training for the Team Chairpersons on completing the Notice of Proposed School District Action (N1) that addresses the rejected options, other relevant factors and next steps. Please provide the agenda, signed attendance, and training materials by February 26, 2015.  Submit the description of the administrative internal oversight and identify the person(s) responsible including the date of implementation. Submit this information by February 26, 2015.  Conduct an administrative review of student records after the completion of all corrective actions, selecting files from each school level for evidence that the (N1) is complete. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), 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 May 26, 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):**  02/26/2015  05/26/2015 | | | |

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

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| **Criterion & Topic:**  SE 34 Continuum of alternative services and placements | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and observations revealed that the district does not have a behavioral program to meet the needs of elementary students whose behavior interferes with learning. | | | |
| **Description of Corrective Action:**  The Director of Pupil Services has requested additional staff to address this need across the district for the FY16 budget proposal. | | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services and Team Chairpersons | | **Expected Date of Completion:**  08/25/2015 | |
| **Evidence of Completion of the Corrective Action:**  FY16 BUDGET PROPOSAL | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  Since the Final Report was issued October 7, 2014 the district must have all corrective actions completed and approved by the Department by October 6, 2015. | | | |
| **Department Order of Corrective Action:**  Develop a plan to address the behavioral needs of students at the elementary level, ensuring a continuum of services and alternative placements are available to meet the needs of these students. Implement positive behavioral strategies to address behavioral needs at the elementary level. Conduct a record review for students at the elementary level with identified behavioral needs after implementation of corrective actions. | | | |
| **Required Elements of Progress Report(s):**  By February 26, 2015 provide evidence of the implementation of strategies to prevent and address behavior ( e.g. CAP, PBIS, use of consultants, additional staff training, alternative placements) in addition to the district's plan to hire additional staff. Please include in the evidence training agendas with date(s), signed attendance sheets with name(s)/role(s), training materials and name(s)/role(s) of presenters.  Submit the results of an administrative review of student records for students at the elementary level with behavioral needs to ensure a continuum of services is available. Indicate the number of records reviewed at each level (preschool, elementary, middle, secondary and out-of-district), 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 May 26, 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):**  02/26/2015  05/26/2015 | | | |

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

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| **Criterion & Topic:**  SE 35 Assistive technology: specialized materials and equipment | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that because of the district's loss of all computer-based applications and software, IEPs with any form of computer-based assistive technology are not being implemented e.g., speech to text software, use of boards, icons, computers for students with limited communication, word processing for MCAS, and touch screens. | | |
| **Description of Corrective Action:**  The district has worked to resolve the technology issues across all grade spans. Additionally, the district maintains an ongoing contract with Easter Seals for any student on an IEP who may require assistive technology. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of School, Director of Pupil Services and Technology Department | | **Expected Date of Completion:**  08/25/2015 |
| **Evidence of Completion of the Corrective Action:**  Easter Seals contract | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 35 Assistive technology: specialized materials and equipment | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not provide specifics on how technology has been addressed to meet individual student needs as indicated in the IEP. | | |
| **Department Order of Corrective Action:**  Describe the actions the district has taken to provide hardware and software to students requiring assistive technology and the tracking system for equipment and software across the district. Provide a copy of the contract for Easter Seals. Conduct a review of records of students after all corrective actions are completed for whom the Team has agreed in their IEPs require computers/software. | | |
| **Required Elements of Progress Report(s):**  Provide a narrative as to how the district is providing access to assistive technology for students to implement their IEPs by February 26, 2015.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records for assistive technology in that specialized materials and equipment specified in IEPs are being provided after the implementation of corrective actions. Indicate the number of records reviewed at each level (preschool, elementary, middle, secondary and out-of-district), the number found to be compliant, if non-compliance is identified, determine the root cause(s) and report the specific actions taken to correct each individual student record, and plan to remedy any continued noncompliance. Please submit this to the Department by May 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015  05/26/2015 | | |

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| **Criterion & Topic:**  SE 36 IEP implementation, accountability and financial responsibility | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that students whose IEPs require computer-based applications are not being implemented due to the district's lack of technology and the lack of staff to fully implement speech and language services at the Lake Street School. See also SE 22 and SE 35. | | |
| **Description of Corrective Action:**  The district has worked to resolve the technology issues across all grade spans. We contract with Easter Seals when needed. The Director of Pupil Services has requested an additional SLP in the FY16 budget proposal. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools, Director of Pupil Services | | **Expected Date of Completion:**  08/25/2015 |
| **Evidence of Completion of the Corrective Action:**  FY16 BUDGET PROPOSAL and Easter Seals contract | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 36 IEP implementation, accountability and financial responsibility | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district response did not address the current speech and language issues in the finding. | | |
| **Department Order of Corrective Action:**  Develop a narrative to address both the speech and language needs and the lack of technology to fully implement IEPs. Develop a plan to address the implementation of speech and language services and the need for assistive technology, despite the district's lack of personnel and hardware. Implement a tracking system for delivery of speech services and for hardware and software in the district. Review a sample of records for implementation of IEP goals and report the results to the Department subsequent to all corrective actions. | | |
| **Required Elements of Progress Report(s):**  Provide a narrative that specifies the plan for both speech and language services and assistive technology hardware and software by February 26, 2015. Also, provide a plan to address speech and language needs at Lake Street School and assistive technology throughout the district by February 26, 2015. See also SE 22 and SE 35.  Provide a narrative description of the tracking systems for speech services and assistive technology and state the person(s) responsible and the date of implementation by February 26, 2015.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records for speech and language services and assistive technology. Indicate the number of records reviewed at each level (preschool, elementary, middle, secondary and out-of-district), 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 remedy any identified noncompliance. Please identify which records meet the criteria for each group of students covered by this requirement. Please submit this to the Department on by May 26, 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):**  02/26/2015  05/26/2015 | | |

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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents and staff interviews indicated that the district's procedures do not include the individual oversight of the provision of services to and programs for individual students, as well as the documented annual monitoring of each out-of-district placement. | | |
| **Description of Corrective Action:**  The out of district coordinator will continue to monitor all out of district placements to ensure that the provision of services are being followed for each individual student. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services and Team Chairperson for the out of district placements | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  A sample copy of our contracts and monitoring plans will be provided. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a sample of three documented monitoring plans for three different out-of-district placements for students of differing grade levels by February 26, 2015.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Conduct an administrative review of student records for out-of-district monitoring after all corrective actions. Provide the number of records reviewed, the number found to be compliant; if non-compliance is identified, report the specific actions taken to correct each individual student record identified as noncompliant and report the root cause(s) of the noncompliance and a plan to remedy it. Please submit this to the Department by May 26, 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):**  02/26/2015  05/26/2015 | | |

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| **Criterion & Topic:**  SE 43 Behavioral interventions | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and observations indicated that the district does not have sufficient resources to support elementary students with behavioral needs that impact their own learning and the learning of others. See also SE 34. | | | |
| **Description of Corrective Action:**  The Director of Pupil Services has written a grant (Fund Code 394) to be able to hire a full time social worker for the district to address these needs. Also, she has written into her FY16 Budget Proposal additional support staff (para’s and sped teachers) to create programs to address the behavioral needs in our district. | | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  10/09/2015 | |
| **Evidence of Completion of the Corrective Action:**  FY16 PROPOSED BUDGET and FUND CODE 394 | | | |
| **Description of Internal Monitoring Procedures:**  The Pupil Services Director will monitor this process. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 43 Behavioral interventions | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  In addition to the grant, the district needs to identify other means of addressing the behavioral needs of students in the district. | | | |
| **Department Order of Corrective Action:**  Develop a plan to update behavioral resources by February 26, 2015. Also develop a tracking system for students with behavioral needs by February 26, 2015. Review a sample of student records with behavioral needs subsequent to all corrective actions by May 26, 2015. | | | |
| **Required Elements of Progress Report(s):**  Provide updated district plans to address behavioral needs for students by February 26, 2015.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Conduct an administrative review of student records for students with identified behavioral needs following the implementation of all corrective actions. Indicate the number of records reviewed at each level (preschool, elementary, middle, secondary and out-of-district), the number found to be compliant, if non-compliance is identified, identify the root cause(s) and report the specific actions taken to correct each individual student record, and plan to remedy any continued noncompliance. Please submit this to the Department by May 26, 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):**  02/26/2015  05/26/2015 | | | |

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| **Criterion & Topic:**  SE 49 Related services | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and review of student records indicated that the district does not have sufficient resources to meet the IEP needs of students with speech and language needs at Lake Street School. Review of student records and staff interviews indicated that the district does not have sufficient resources to support the behavioral needs of students across the district. Behavioral needs of students are not addressed for students who have placements within the district. | | | |
| **Description of Corrective Action:**  See SE 22, 34, AND 43 | | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services | | **Expected Date of Completion:**  10/09/2015 | |
| **Evidence of Completion of the Corrective Action:**  FY16 PROPOSED BUDGET includes adding a SLP. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 49 Related services | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  The students who have speech and language IEP goals and services at Lake Street School and the students across the district with behavioral needs must have a means of meeting the goals in the IEPs for this current school year. | | | |
| **Department Order of Corrective Action:**  Develop a plan to meet the speech and language IEP goals at Lake Street School and the behavioral needs of students.  Provide a letter to parents that explains what the district is doing to find personnel and how the district can alternatively meet the needs, including the provision of compensatory services.  Establish a tracking and oversight system for the speech and language services at Lake Street School and for the behavioral needs of students across the district.  Conduct a record review to determine whether services on the IEPs and behavioral needs identified by staff and through assessments are being delivered. | | | |
| **Required Elements of Progress Report(s):**  Provide a narrative description of how the speech and language needs at Lake Street School and the behavioral needs for in district placements will be addressed during this current school year by February 26, 2015.  Provide a copy of the letter sent to parents of students with speech and language needs and a copy of the letter sent to parents of students with behavioral needs by February 26, 2015.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 26, 2015.  Submit the results of an administrative review of student records subsequent to corrective actions for speech and language services at Lake Street School and for students with behavioral needs. Indicate the number of records reviewed, the number found to be compliant; if non-compliance is identified, determine the root cause(s) and report the specific actions taken to correct each individual student record, and plan to remedy. Please submit this to the Department by May 26, 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):**  02/26/2015  05/26/2015 | | | |

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents indicated that one special education teacher does not have current licensure or an approved waiver from the Department of Elementary and Secondary Education. | | | |
| **Description of Corrective Action:**  All current special education teachers have the appropriate licensures. | | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services | | **Expected Date of Completion:**  08/26/2014 | |
| **Evidence of Completion of the Corrective Action:**  Copies of current special education teacher licensure. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Submit special education teacher name, class responsibility and applicable license number by February 26, 2015.  Provide a narrative description of when, how often, and by whom licenses are checked in the district and any procedures/notice to staff regarding licensure status by February 26, 2015. | | | |
| **Progress Report Due Date(s):**  02/26/2015 | | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of district documents indicated that "gender identity" as a protected category was not included regarding access to a full range of education programs. | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools, Director of Pupil Services and Principals | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of letterhead and student handbooks. District polices will be updated to include this protected category. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The district will update policies including nondiscrimination statements to add "gender identity" as a protected category and submit copies along with planned dissemination of update to the school community. Please submit to the Department by February 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews revealed that the district has not established a system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages. | | |
| **Description of Corrective Action:**  An ELL Coordinator has been hired by the district to address this criterion as of 10/14/2014.  The new coordinator will address these issues. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services and ELL Coordinator | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of appointment letter to ELL Coordinator. Copy of the procedure. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the procedures for provision and documentation of oral translations. Provide evidence of dissemination of the procedures to each Principal, ELE teacher(s)and guidance counselor(s)/social worker(s) for each school to the Department by February 26, 2014. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of the district's documents indicated that "gender identity' as a protected category was not included regarding accessibility of extracurricular activities. | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  The Superintendent of Schools, the Director of Pupil Services and Principals | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of letterhead and student handbooks. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit to the Department copies of nondiscrimination statements for equal access to extracurricular activities that include "gender identity" as a protected category with a narrative of dissemination of the update to the school community by February 26, 2014. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of the district's documents and staff interviews indicated that prospective employers do not sign a nondiscrimination statement prohibiting discrimination based on race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools, Director of Pupil Services and Principals | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copies of letterhead and student handbooks and the statement is included on the form that is used for prospective employers. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide to the Department a copy of the form signed by prospective employers with a nondiscrimination statement prohibiting discrimination based on race, color, national origin, sex, gender identity, handicap, religion and sexual orientation by February 26, 2014. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents indicated that the code of conduct does not reference M.G.L. c.76, s. 5 and the section on discipline of students does not include students on Section 504 Accommodation Plans. Review of the student handbook also revealed that in its nondiscrimination policy affirming the school's non-tolerance, "gender identity" as a protected category was not included. | | |
| **Description of Corrective Action:**  The code of conduct does reference students on 504 Accommodation Plans. The district has added "gender identity" to all non-discrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services and Principals | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Student handbooks will include the reference M.G.L. c.76, s. 5 in the code of conduct. The disciple of students section will include students who are on Section 504 Accommodation Plans. Gender Identity will be added to all non-discrimination policies for the district. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the sections of the 2014-2015 student handbook code of conduct that now includes students with Section 504 Accommodation Plans, a citation to M.G.L.c. 6, s.5 in the code of conduct, and "gender identity" in the nondiscrimination statement in the handbook along with a narrative of the notice to the school community of these updates by February 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents indicated that the nondiscrimination notice does not include "gender identity" as a protected category and that coordinators for Title IX and Section 504 are not listed with contact information to coordinate compliance. | | |
| **Description of Corrective Action:**  The school district has added "gender identity" to all non-discrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools, Director of Pupil Services and Principals | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Letterhead, student handbooks and the power point presentation on Title IX and Section 504. Add contact information to be in compliance. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the published contact information for Title IX and Section 504 Coordinators (names, work addresses and telephone numbers) and the nondiscrimination notice that now includes "gender identity" with a narrative of notice of these updates to the school community by February 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 14 Counseling and counseling materials free from bias and stereotypes | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of district documents regarding counseling revealed that "gender identity" as a protected category was not included. The document review also revealed that the district does not have a system to review counseling materials. | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. The lead school psychologist reviews all counseling materials used in the district to ensure that they are free from bias and stereotypes. | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services and counselors | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Letterhead and student handbooks. Copy of the district procedure. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services and the Lead School Psychologist will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures to review counseling materials and the date of the last review along with the nondiscrimination statement that includes "gender identity" by February 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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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:**  Review of district documents regarding the administration of scholarships, prizes and awards revealed that "gender identity" as a protected category was not included. | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools, Director of Pupil Services and Guidance Staff | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  School handbooks and district policy to include this protected category. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures including dissemination notice regarding administration of scholarships and prizes that include the protected category of "gender identity" by February 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  The review of documents found that the district does not send annual written notice for two years to former students who have not yet earned their competency determination and who have not transferred to another school to inform and encourage participation in publicly funded post-high school academic support programs. | | |
| **Description of Corrective Action:**  The High School Principal is writing this procedure and will assure that the district is compliance with this criterion for the FY15 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services, High School Principal and Guidance Department | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Written procedure from High School Principal. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this with the High School Principal. | | |
| 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:** Approved  **Status Date:** 12/08/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the newly revised procedure including administrative monitoring and letter to be sent to students who have not reached competency and who have not transferred to another school that encourages students to participate in publicly funded programs by February 26, 2015. Submit the list of students who will receive the letter by May 26, 2015. | | |
| **Progress Report Due Date(s):**  02/26/2015  05/26/2015 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and review of documents revealed that civil rights responsibilities training did not include the prevention of discrimination and harassment on the basis of the protected category of "gender identity". | | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. | | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  Civil rights power point presentation. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the newly revised training materials for civil rights responsibilities that now include prevention of harassment regarding the protected category of "gender identity" and staff attendance sign-in sheet, date of attendance and name/role of presenter to the Department by February 26, 2015. | | | |
| **Progress Report Due Date(s):**  02/26/2015 | | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and review of documents indicated that the district does not have a process for individual teachers to review educational materials for simplistic and demeaning generalizations based on protected classes including "gender identity". | | | |
| **Description of Corrective Action:**  The district has partnered directly with DSAC to align the instruction to the Common Core. State and Federal grant funding has allowed the district to purchase educational materials directly related to the Common Core. Due to this streamlined approach educators are no longer allowed to purchase materials in isolation. | | | |
| **Title/Role(s) of Responsible Persons:**  The Director of Pupil Services and the Administration | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  Improvement plan designed by DSAC and the Administration | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Provide a narrative of the DSAC process that is used to ensure that demeaning and simplistic generalizations are not included in any educational materials for all protected classes including "gender identity" by February 26, 2015. | | | |
| **Progress Report Due Date(s):**  02/26/2015 | | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents and staff interviews indicated that the district does not annually evaluate the  K-12 programs for equal access for all protected classes, including "gender identity". | | | |
| **Description of Corrective Action:**  The district has added "gender identity" to all non-discrimination statements. The district is writing a procedure for this criterion. | | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent of Schools, Director of Pupil Services | | **Expected Date of Completion:**  06/30/2015 | |
| **Evidence of Completion of the Corrective Action:**  Letterhead, student handbooks and procedure to ensure equal access to all programs for all students. Sample of survey used. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will monitor this criterion. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 12/15/2014  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures/evaluation tool/date of planned evaluation to be used to evaluate k-12 programs for equal access annually for all protected classes with the added category of "gender identity" by February 26, 2015.  Provide the results of the annual k-12 self-evaluation for equal access including goals/benchmarks as a result of the district evaluation by May 26, 2015. | | | |
| **Progress Report Due Date(s):**  02/26/2015  05/26/2015 | | | |

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

District: SPENCER-EAST BROOKFIELD PUBLIC SCHOOLS

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Spencer-East Brookfield

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: December 1, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 3 Initial Identification** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:**  *Document review indicated that the district requires parental consent for English proficiency assessments in reading, writing, speaking and listening. The English Learner Education program is a notice program so that students can receive services in a timely manner without consent.* | | | |
| **Narrative Description of Corrective Action:** The district no longer requires parental consent. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:** 12/1/2014 | |
| **Evidence of Completion of the Corrective Action:** Parental Notice | | | |
| **Description of Internal Monitoring Procedures:** The Superintendent will monitor this procedure. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 3 Initial Identification** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** By **March 4, 2015** submit evidence, e.g. sample letter, that the parental notice letter has been revised and no longer requires consent along with evidence of appropriate staff dissemination that parental consent is not required for ELL proficiency assessments which may include email correspondence, staff training, signed attendance sheet(s) with name(s) and role(s).  By **June 1, 2015** submit the results of an administrative record review of a representative sample of student records from each school level, for evidence that the English Learner Education program is a notice program such that students are assessed without parental consent for English proficiency. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \* **Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signature(s).** | | | |
| **Progress Report Due Date(s): March 4, 2015; June 1, 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:**  *The documentation submitted by the district indicates that the district does not provide direct ESL instruction and the services they have for ELLs in the district is limited to a sheltered immersion program in which the content area teachers incorporate WIDA ELD standards in their curriculum. Sheltered English Instruction Program in the district is inconsistent with Department guidelines and does not match the program description that the district provides to the parents on the home language survey as a program offered in the district. 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). | | | |
| **Narrative Description of Corrective Action:** The district response to this corrective action area is to propose in the FY16 Budget that an ELL Instructor will be hired full time in an effort to meet department guidelines. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Dr. N. Tracy Crowe, Superintendent of Schools | | **Expected Date of Completion for Each Corrective Action Activity:** 7/1/2015 | |
| **Evidence of Completion of the Corrective Action:** School Committee acceptance of the FY16 budget. | | | |
| **Description of Internal Monitoring Procedures:** Educator evaluation tool- once the ELL Instructor is hired. | | | |
| 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:**  Please submit a plan that shows how the district will provide sufficient ESL instruction to all ELL students during the 2014-2015 school year based on the Department's Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners found at <http://www.doe.mass.edu/ell/TransitionalGuidance.pdf>. | | | |
| **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 | | | |
| **Progress Report Due Date(s): March 4, 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: Partially Implemented** |
| **Department CPR Finding:** *Document review indicated that the district English Language Learner Policy and Procedures Manual does not have a description for declining entry to a program.* | | | |
| **Narrative Description of Corrective Action:** The district has developed a description for declining entry to a program to be an adendum to the ELL Policy and Procedure Manual. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** ELL Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:** 2/15/2015 | |
| **Evidence of Completion of the Corrective Action:** The attached description | | | |
| **Description of Internal Monitoring Procedures:** Review of Home Language Survey data | | | |
| 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:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):** By **March 4, 2015** submit document evidence that the district English Language Learner Policy and Procedures Manual has a description for declining entry to a program. | | | |
| **Progress Report Due Date(s): March 4, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 9 Instructional Grouping** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Please see ELE 5.* | | | |
| **Narrative Description of Corrective Action:** The district response to this corrective action area is to propose in the FY16 Budget that an ELL Instructor will be hired full time in an effort to meet department guidelines. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Dr. N. Tracy Crowe, Superintendent | | **Expected Date of Completion for Each Corrective Action Activity:** 7/1/2015 | |
| **Evidence of Completion of the Corrective Action:** School Committee acceptance of the FY16 | | | |
| **Description of Internal Monitoring Procedures:** Educator evaluation tool- once the ELL Instructor is hired. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 9 Instructional Grouping** | **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, see ELE 5. | | | |
| **Progress Report Due Date(s): March 4, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 11 Equal Access to Academic Programs and Services** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Review of student records and staff interviews indicated that students do not receive the amount of English as a Second Language (ESL) support for their level of proficiency as determined annually through the assessment for speaking, understanding, reading and writing and the results of the standardized ELL test, ACCESS. Most students receive ESL every other week for an hour which is not consistent with Department guidance.* | | | |
| **Narrative Description of Corrective Action:**    The district response to this corrective action area is to propose in the FY16 Budget that an ELL Instructor will be hired full time in an effort to meet department guidelines. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Dr. N. Tracy Crowe | | **Expected Date of Completion for Each Corrective Action Activity:** 7/1/2015 | |
| **Evidence of Completion of the Corrective Action:** School Committee acceptance of the FY16 | | | |
| **Description of Internal Monitoring Procedures:** Educator evaluation tool- once the ELL Instructor is hired. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s): See ELE 5** | | | |
| **Progress Report Due Date(s): See ELE 5** | | | |

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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:** *The documentation reviewed indicates that district does not have an ESL licensed teacher. Please see ELE 5.* | | | |
| **Narrative Description of Corrective Action:** The district response to this corrective action area is to propose in the FY16 Budget that an ELL Instructor will be hired full time in an effort to meet department guidelines. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Dr. N. Tracy Crowe | | **Expected Date of Completion for Each Corrective Action Activity:** 7/1/2015 | |
| **Evidence of Completion of the Corrective Action:** School Committee acceptance of the FY16 | | | |
| **Description of Internal Monitoring Procedures:** Educator evaluation tool- once the ELL Instructor is hired. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 14 | **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 the names and license numbers of all ESL licensed teachers. If there are none, then the district’s plan, including an analysis of district needs, for ensuring that all ESL is conducted by an ESL licensed teacher. | | | |
| **Progress Report Due Date(s): March 4, 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:** *The review of documents indicated future district plans and the types of data that will be considered; however, a formal review of the ELL program has not been conducted.* | | | |
| **Narrative Description of Corrective Action:** Teachers 21 consultant will conduct a formal review to address this area. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Dr. N. Tracy Crowe, Superintendent of Schools, Dr. Karen Zaleski, Director of Pupil Services and ELL Instructor | | **Expected Date of Completion for Each Corrective Action Activity:** 6/30/2015 | |
| **Evidence of Completion of the Corrective Action:** The formal review from Teachers 21 | | | |
| **Description of Internal Monitoring Procedures:** Evidence of meetings with Teachers 21 | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The proposed corrective action addresses a single program evaluation. The proposed corrective action does not address the requirement that:  The district conducts **periodic** evaluations of the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program. See page 38 @ (<http://www.doe.mass.edu/pqa/review/cpr/instrument/chapter71A.pdf>). | | | |
| **Department Order of Corrective Action:** The district must have a mechanism to ensure that **periodic** evaluations of the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program. | | | |
| **Required Elements of Progress Report(s**): By **March 4, 2015** submit evidence that the district has a mechanism to ensure that it conducts periodic evaluations that specifically consider the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the educational program.  Implementation Guidance:  • District’s evaluation activities should consist of using the English language proficiency test data of its ELL students individually and in the aggregate to determine the effectiveness of its various ELE program models.  • Title III districts that are required to submit a Title III Improvement Plan (also known as an AMAO Plan) may submit such plan as evidence of meeting ELE 17- Program Evaluation. Please, see [http://www.doe.mass.edu/ell/titleIII.html](http://www.doe.mass.edu/ell/titleIII.html%20)  By **June 1, 2015** submit evidence that the proposed program evaluation has been completed. This evidence should be accompanied by an improvement plan, recommendations, and related professional development activities (both completed and planned). | | | |
| **Progress Report Due Date(s): March 4, 2015; June 1, 2015** | | | |