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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: Framingham

CPR Onsite Year: 2014-2015

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 05/12/2015.

**Mandatory One-Year Compliance Date:** **05/12/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 13 | Progress Reports and content | 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 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that students and parents are not consistently informed of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday at least one year prior to the student reaching age 18. Student records also indicated that once students reach age 18, the district does not always obtain consent from the student to continue IEP services. | | |
| **Description of Corrective Action:**  The district has determined the need for an internal monitoring system in order to inform students and parents of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday at least one prior to the student reaching age 18. The monitoring system will also track obtaining consent from the student to continue IEP services. At the beginning of each school year, the high school Team Evaluation Coordinator and Out of District coordinators will pull students information from the district's data base on those students approaching their 18th birthday. At the beginning of each month, notification will be mailed to students and parents of students whose 18th birthday is one year away from that month. Dates will be logged into the database. On the student's 18 birthday, consent to continue IEP services will be obtained from the student. Date of consent will be logged onto the database. Support staff assigned to the high school and out of district will be responsible for resending the consent if no response has been received 30 days after sending the consent. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will be done through both the monthly assessment and the logging of dates into our database. We will be able to assess those students and parents are consistently informed of the rights that will transfer from the parent/guardians to the student upon the student's 18th birthday. | | |
| **Description of Internal Monitoring Procedures:**  The internal monitoring system will include using the master list of student's turning 18 years old and ensuring on a monthly basis that the support staff, high school Team Evaluation Coordinator and the Out of District Coordinator are mailing out notifications, sending out consents once the student turns 18 and following up after 30 days if there has been no response. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For student records identified by the Department, ensure that student and parent are informed of the transfer of educational decision-making at the age of majority and ensure that this notification is documented in the student's record. Secure consent to IEPs in accordance with the student’s choice for decision-making and submit the signature pages to the Department.  Using the Department's guidance at http://www.doe.mass.edu/sped/advisories/11\_1.html,  revise the district’s procedures for notifying students and parents/guardians of the transfer of educational decision-making at age of majority and for obtaining consent consistent with the student's choice for decision-making.  Provide training to high school special education Team chairpersons and other key staff on the revised procedures. Submit evidence of this training, including an agenda, signed attendance sheets with role/name of attendees, and examples of the training materials.  Conduct an internal review of records for high school students both in- and out-of-district who turned 17 after implementation of all corrective actions for evidence that 1) families and students are notified of the transfer of educational decision-making rights one year prior to the student turning 18, either by mail or during an IEP meeting, and 2) notification is documented in the student record.  Conduct a second internal review of records for high school students both in- and out-of-district who turned 18 after implementation of all corrective actions for evidence that 1) the district has secured the student's consent when he/she has shared or sole decision-making, and 2) the student's choice is documented in the student record.  For each review, indicate the number of high school records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by February 5, 2016.  \*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):**  11/30/2015  02/05/2016 | | |

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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:**  A review of student records indicated that within forty-five school working days after the receipt of parent written consent to an initial evaluation or a re-evaluation, the district does not consistently convene the Team to determine eligibility and propose an IEP and placement or provide a written explanation of the finding of no eligibility. | | |
| **Description of Corrective Action:**  The district has determined that additional professional development is needed for Team Evaluation Coordinators (TECs), department heads and liaisons to ensure that meetings are held to determine eligibility within 45 school days after receiving written consent. A memo will be sent out in September asking that all meetings be scheduled at least 10 days prior to the meeting due date which will allow time to reschedule if the parent cancels. The memo will also reiterate that all attempts to both schedule and re-schedule team meetings needs to be clearly documented on IEP 8 and follow the guidelines for holding TEAM meetings after three attempts. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  A form will be created that includes areas from the CAP that can be spot checked, by school, by TEC/DH on a monthly basis. A summary of this checklist system will provide the necessary evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  The Director receives weekly IEP timeline reports. During monthly supervision meetings with each TEC and Department Head, the Director will choose 5 random IEPs and check the areas from our Corrective Action Plan (CAP), including timelines for holding team meetings after written consent is received. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for Team Evaluation Coordinators, Department Heads and liaisons on the requirement to convene an eligibility determination meeting within 45 school days of receipt of parental consent. This documentation will include the memorandum, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and other examples of training materials by November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Conduct an internal review of a sample of student records from each building with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the IEP Team meeting was convened within 45 days of receipt of parental consent to evaluations. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it by February 5, 2016.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that at the high school level, progress reports on the student's progress toward reaching goals set in the IEP are not consistently issued with the same frequency as report cards. | | |
| **Description of Corrective Action:**  Three separate memos will go out in September- one at the elementary level, one at the middle school level and one at the high school. The memos will list dates when progress reports are due to Team Coordinators/Department Heads for review, dates when the report cards are being sent home and dates when the progress reports are to be sent home. The Team Evaluation Coordinators/Department Heads will review this memo with their staff at a staff meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include:  -copies of the three memos that will be sent out  -staff meeting agendas and attendance sheets | | |
| **Description of Internal Monitoring Procedures:**  The Special Education Director will conduct internal review of records by randomly sampling student records throughout the year to ensure that high school progress reports are being completed four times per year, middle school progress reports are being completed three times per year and elementary school progress reports are being completed two times per year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training for Team Evaluation Coordinators, Department Heads and liaisons on the issuance of progress reporting. This documentation will include the memoranda, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and other examples of training materials by November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Subsequent to the implementation of all corrective actions, submit the results of an administrative review of student records for frequency of progress reports. 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 February 5, 2016.  \*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 | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when the IEP Team evaluation indicates that a student's disability affects social skills development, or when the student's disability makes him or her vulnerable to bullying, harassment, or teasing, IEPs do not consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  The district has developed a form that special education teams will use at all meetings (initial, 3-years, annuals) in order to document that the team has reviewed bullying, harassment, or teasing vulnerabilities and it will indicate where on IEP have the skills are being addressed. This process and form will be reviewed at the first TEC/DH staff meeting in August. TECs and DHs will be expected to share the form and review the process at their first building level special education staff meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include:  - agenda and attendance sheet at the first TEC/DH staff meeting  - agendas and attendance sheets from the first special education staff meetings  - a copy of the checklist form  A form will be created that includes areas from the CAP that can be spot checked, by school, by TEC/DH on a monthly basis. A summary of this checklist system will provide the necessary evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  The Director receives weekly IEP timeline reports. During monthly supervision meetings with each TEC and Department Head, the Director will choose 5 random IEPs and check the areas from our Corrective Action Plan (CAP), including ensuring that the IEPs consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For student records identified by the Department, submit evidence that the IEP Teams  considered and documented skills and proficiencies to address or avoid bullying, harassment and teasing by  November 30, 2015.  Prior to developing the district's staff training, review the Department's guidance at http://www.doe.mass.edu/bullying/considerations-bully.html.    Submit the date of the internal tracking system's implementation by November 30, 2015.  Submit evidence of training for Team Evaluation Coordinators, Department Heads and liaisons on the requirement to address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing in student IEPs for applicable populations and students with ASD. This documentation will include the form/checklist developed by the district, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and other examples of training materials by November 30, 2015.  Subsequent to the implementation of corrective actions, submit the results of an administrative review of student records 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 with social and communication needs 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, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified  noncompliance. Please identify which records meet the criteria for each group of students covered by this requirement. Please submit this to the Department by February 5, 2016.  \*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:**  A review of student records indicated that although the district provides the parent with a Team meeting summary and two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are issued beyond ten (10) school working days following the IEP Team meeting. | | |
| **Description of Corrective Action:**  An internal audit of our current systems show that while we have made significant improvements this year getting IEPs to parents within 10 school days, we are still not getting all IEPs to parents within the 10 school days. Additional professional development along with review of processes at the school level are needed.  Along with the building teams, we also will review these timelines with our secretarial support staff who process the paperwork and send out the IEPs. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  A form will be created that includes areas from the CAP that can be spot checked, by school, by TEC/DH on a monthly basis. A summary of this checklist system will provide the necessary evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  The Director receives weekly IEP timeline reports. During monthly supervision meetings with each TEC and Department Head, the Director will choose 5 random IEPs and check the areas from our Corrective Action Plan (CAP), including ensuring that IEPs are consistently being sent home to parents within 10 days of a Team meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district acknowledges that a review of its processes will assist in determining why IEP Teams are not proposing IEPs within 10 days to parents. The district will conduct a root cause analysis and propose appropriate corrective actions. | | |
| **Department Order of Corrective Action:**  Develop a sample of records with IEP development between April and October 2015. Based on a review of these records, conduct a root cause analysis to determine why proposed IEPs and placements are not sent to parents within 10 school working days of the IEP meeting. Upon identification of the cause(s), please indicate the specific corrective actions the district will take. | | |
| **Required Elements of Progress Report(s):**  Submit the results of the district's root cause analysis, including the corrective actions and the associated timelines and the person(s) responsible. This progress report is due November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Conduct an internal review of approximately 25-30 records from a cross-section of the district's schools for evidence that IEPs and placements are proposed within 10 working school days to the parent/guardian following the IEP Team meeting. Provide an analysis of this review to include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 5, 2016.  \*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):**  11/30/2015  02/05/2016 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Non-participation Justification statements in IEPs do not always indicate why the removal of the student from the general education classroom is considered critical to the student's program and the basis for the IEP Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  Training will be provided to the special education department on consistently indicating why the removal of the student from the general education classroom is considered critical to the student's program and the basis for the IEP Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. Exemplars will be used as models. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include:  - A copy of the agendas and attendance sheets documenting the training on the non-participation justification section on IEP 6.  A form will be created that includes areas from the CAP that can be spot checked, by school, by TEC/DH on a monthly basis. A summary of this checklist system will provide the necessary evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  The Director receives weekly IEP timeline reports. During monthly supervision meetings with each TEC and Department Head, the Director will choose 5 random IEPs and check the areas from our Corrective Action Plan (CAP), including reviewing the non-participation justification section on IEP 6. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of district training for special education and related services staff training on justifying the removal of the student from the general education classroom and the basis for the IEP Team's conclusion educating the student in a more restrictive environment. This documentation will include any revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. Please note: the district will submit examples of non-participation justification statements used in training for the Department's review by November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Conduct an internal review of a sample of 25-30 student records from a cross-section of the district's schools with IEP development meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where IEP Teams appropriately explain why the student's removal is considered critical to the his/her program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily when the student is removed from the general education classroom. If non-compliance is identified, report the specific actions taken to correct the non-compliance, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it by February 5, 2016.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Notices of School District Action (N1) do not consistently include the following components: 1) a description of any other options that the agency considered and the reasons why those options were rejected; and 2) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  Professional development will be given to TECs/DHs and special education liaisons to ensure that all N1 meeting summaries document a description of any other options that were considered and the reasons why those options were rejected, noting that n/a is not the proper response. The PD will also include an exemplar of how to answer the 6 questions, highlighting the importance of being specific around the evaluations that were used as the basis for the proposed or refused action. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include:  - agendas and attendance records from the professional development  A form will be created that includes areas from the CAP that can be spot checked, by school, by TEC/DH on a monthly basis. A summary of this checklist system will provide the necessary evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  The Director receives weekly IEP timeline reports. During monthly supervision meetings with each TEC and Department Head, the Director will choose 5 random IEPs and check the areas from our Corrective Action Plan (CAP), including a review of N1 Meeting Summary pages. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of the training with special education and related services staff on completion of the Notice of Proposed School District Action (N1) to consistently include 1) a description of any other options that the agency considered and the reasons why those options were rejected; and 2) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action by November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Subsequent to the implementation of corrective actions, submit the results of an administrative review of student records from a cross-section of the district's schools for evidence that N1s consistently include 1) a description of any other options that the agency considered and the reasons why those options were rejected; and 2) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action. 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 February 5, 2016.  \*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):**  11/30/2015  02/05/2016 | | |

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when the participation or consent of the parent is required and the parent fails or refuses to participate, the district's attempts to secure the consent of the parent through a variety of methods are not consistently documented. | | |
| **Description of Corrective Action:**  In an effort to receive signed consents for evaluations, each school TEC/DH will be able to pull a monthly report from ESPED indicating any outstanding consents that have not been signed and returned. They will then communicate with the secretarial support staff and have a second consent mailed home to the parents for signature. This second effort will be documented on ESPED. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Monthly ESPED reports will show that second notices are being sent out to parents after more than 30 days have passed since the first consent was mailed out. A summary of these reports will be evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  The Director will run a monthly district wide report on consents and will take note of the documented efforts to re-send the consents for parent signature. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district addressed obtaining consent for evaluations by documenting multiple attempts, but did not develop a method for ensuring the district obtain parent consent for IEPs in a timely fashion. | | |
| **Department Order of Corrective Action:**  Develop procedures for documenting multiple attempts to obtain parental consent for IEPs, using a variety of methods. Provide training on the new procedure to relevant staff, including Team chairs and administrative staff. | | |
| **Required Elements of Progress Report(s):**  For student records identified by the Department, submit evidence that the district has obtained parent consent or has documented multiple attempts using a variety of means by November 30, 2015.  Submit a narrative description of procedures to ensure that multiple attempts and a variety of methods to obtain parental consent to the IEP are documented in the student record by November 30, 2015.  Provide evidence of staff training on both sets of procedures, which includes but is not limited to a training agenda, signed attendance sheets and copies of the materials presented. Please submit this to the Department by November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Subsequent to the implementation of corrective actions, submit the results of an administrative review of records representing a cross-section of the district's school for evidence that multiple attempts and a variety of methods to secure parental consent to the IEP are documented in the student record. 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 February 5, 2016.  \*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):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the district does not consistently translate documents for families whose primary language is other than English. | | |
| **Description of Corrective Action:**  An internal audit revealed that our student information system and our IEP system are not communicating accurate information regarding when translations are needed for families. Conversations with the engineers for both X2 and ESPED have taken place to provide a solution. Before the start of the 2015-2016 school year, we will create a pathway for the translation field in X2 to go to a designated area on the administrative page in ESPED. This will be reviewed with the TECs/DHs at a staff meeting and we will also review this with our secretarial support staff. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include:  - agenda and attendance records of a TEC/DH staff meeting where the fine tuned system for accuracy in translations will be reviewed.  - A summary of the quarterly checks to ensure that the IEPs are being translated. | | |
| **Description of Internal Monitoring Procedures:**  The Special Education office will conduct a random check of 10 IEPs that indicate translation is needed on a quarterly basis. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For student records identified by the Department, submit evidence that each parent/guardian received copies of important documents translated into the primary language of the home and that an interpreter was present at the IEP Team meeting by November 30, 2015.  Submit evidence of training on the transfer of information from X2 to a designated area on the administrative page in ESPED for Team chairs, department heads and relevant secretarial staff, including but not limited to a training agenda, signed attendance sheet and examples of the training materials by November 30, 2015.  Identify the person(s) responsible for the internal tracking oversight, including the date of the system's implementation, by November 30, 2015.  Submit the results of an administrative review of 25-30 student records representing a cross-section of the district's schools for evidence of translation and documentation of oral translations for families who require them. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before February 5, 2016. | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  SE 40 Instructional grouping requirements for students aged five and older | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the following schools have instructional groups that exceed the required staff to student ratios: 1) Cameron Middle School (Academic Support E Block); 2) Framingham High School (Study Skills B Period, Grade 9 Support F Period); 3) Fuller Middle School (Guided Academics D Block); and 4) Walsh Middle School (Grade 7 Support B Block). | | |
| **Description of Corrective Action:**  The district has developed a monthly tracking system to monitor the size of the instructional groups. Team Evaluation Coordinators will be responsible for completing these monthly forms and submitting them to the Director of Special Education. If there is a discrepancy of in the instructional grouping size additional staff will be provided. If the instructional grouping exceeds 16 students, then written notification will be provided to the Department and the parents of all students of the decision to increase the instructional grouping by no more than two additional students. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will be the summary of our monthly tracking system showing the instructional group sizes and indicating if/when additional staffing was added along with documentation of notification to the DESE and parents. | | |
| **Description of Internal Monitoring Procedures:**  The monthly tracking system will aid us in ensuring that the size of instructional groups are within the regulations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not distinguish instructional groupings for students in substantially separate settings for 60% or more of the students' school schedule, which limits the number of students at 12 with one certified special educator and one instructional aide. | | |
| **Department Order of Corrective Action:**  Update the monthly tracking system to monitor the size of instructional groups based on the percentage of time out of the general education environment (60% or more vs. 60% or less) and the materials to train Team Evaluation Coordinators. Provide a narrative describing how additional staff will be provided. | | |
| **Required Elements of Progress Report(s):**  The district will provide a narrative description of the updated procedures related to instructional groupings for children over 5 years of age in classes for all IEP students, along with evidence of staff training, including Principals, on these procedures, which will include but not be limited to a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by November 30,  2015.  Submit the description of the internal tracking system to ensure compliant class size for students assigned outside of the general education classroom 60% or less and 60% or more for the students' class schedules. Identify the person(s) responsible for the oversight, including the date of the system's implementation by November 30, 2015.  Submit the results of an administrative review of instructional groupings for middle schools and high school. Indicate the number of groups reviewed at each level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the  district to address any identified noncompliance. Please submit this to the Department on or before by February 5, 2016. | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the following Framingham High School instructional groups include students whose ages differ by more than 48 months: 1) Study Skills F Period; 2) Structures D Period; 3) Structures G Period; and 4) Applied Algebra I C Period). The district has not submitted a written request for approval of a wider age range to the Department of Elementary and Secondary Education for any of these groupings. | | |
| **Description of Corrective Action:**  The Framingham Public Schools did not request an approval to the Department of Elementary and Secondary Education. Many of these circumstances are due to move-in students from other countries with limited credits thus requiring these students to take freshman or sophomore level classes. The district created a monthly tracking system for the 2014-2015 school year. It identified two high school instructional groups whose ages differed by more than 48 months. A written request for approval of a waiver was submitted to DESE and approved. The district will continue to utilize the monthly system to monitor the age span of the special education groupings. Team Evaluation Coordinators will continue to complete the monthly forms and submit them to the Director of Special Education. If there is a discrepancy of in the age span requirement, a request for approval will be submitted to the Department of Elementary and Secondary Education. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include a summary of the monthly forms that are submitted to the Director of Special Education. | | |
| **Description of Internal Monitoring Procedures:**  The district will continue to utilize the monthly system to monitor the age span of the special education groupings. Team Evaluation Coordinators will continue to complete the monthly forms and submit them to the Director of Special Education. If there is a discrepancy of in the age span requirement, a request for approval will be submitted to the Department of Elementary and Secondary Education. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please note that in addition to requesting an age-span waiver from the Department, the district may divide up a single instructional group into two groups, thereby separating students with age spans exceeding 48 months.  Submit the Department approved age-span waivers for two of the four identified periods, 1) Study Skills F Period; 2) Structures D Period; 3) Structures G Period; and 4) Applied Algebra I C Period). Submit the compliant instructional groupings for the other two periods, using the Department age-span reporting template (WBMS Document Library). This documentation is due November 30, 2015.  Submit an administrative review of high school special education classes and instructional groups for age span following the implementation of corrective actions. Indicate the number of groups reviewed at the high school, the number found to be compliant, an explanation of the root cause for any continued noncompliance and description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by February 5, 2016. | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that when students are suspended 10 days or more, the district does not complete a functional behavioral assessment or recommend behavioral intervention services and modifications to address the behavior so that it does not recur. In addition, record review and staff interviews indicated that the district places students in interim alternative educational settings for 45 days for behaviors that do not involve weapons, drugs, or the infliction of serious bodily injury. | | |
| **Description of Corrective Action:**  Training will be provided to all special education staff on the requirements to complete an FBA or recommend behavioral intervention services and modifications to address the behavior when a student is suspended 10 days or more. If recommending behavioral intervention, the TEAM will document recommendations on IEP. In order to ensure that the district is not placing students in interim alternative educational settings (IAES) for 45 days for behaviors that do not involve weapons, drugs, or the infliction of serious bodily injury, a Special Education attorney will provide professional development to the Director, Assistant Director, TECs and DHs on the discipline law and regulations regarding IAES placements. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include:  - the agenda and attendance sheet from the professional development on FBAs, Behavior Intervention Plans and Manifestation Determination Procedures.  - the agenda and attendance sheet from the professional development provided to the staff by a Special Education Attorney.  - a summary of the quarterly assessment to ensure that the procedures and documentation for manifestation determination meetings are being followed. | | |
| **Description of Internal Monitoring Procedures:**  The Director will conduct a quarterly assessment and review the procedures and documentations for manifestation determination meetings.  The Director will also review all recommendations for 45 day placements, ensuring that they are in line with the Discipline Law regulations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For student records identified by the Department, submit evidence that students suspended 10 or more days with a manifestation of their disability have had a functional behavioral assessment and/or a behavior intervention plan to address the behaviors leading to discipline by November 30, 2015.  Submit evidence of training provided to all special education staff on the requirements to complete an FBA or recommend behavioral intervention services and modifications to address the behavior when a student is suspended 10 days or more, including signed attendance sheets, agenda, and examples of training materials. This is due November 30, 2015.  Submit evidence of training to Director, Assistant Director, TECs and DHs on placing students in interim alternative educational settings (IAES) for 45 days for behaviors that do not involve weapons, drugs, or the infliction of serious bodily injury without conducting a manifestation determination and examining whether the student could remain in a less restrictive environment with added supports, services or behavior plan, including signed attendance sheets, agenda, and examples of training materials. This is due November 30, 2015.  Submit the date of the internal tracking system's implementation by November 30, 2015.  Conduct an internal review of records for students suspended 10 days or more after implementation of all corrective actions for evidence that the district has completed a functional behavioral assessment or recommended behavioral intervention services and modifications to address the behavior so that it does not recur.  Conduct a second internal review of records for students placed in interim alternative educational settings for 45 days after implementation of all corrective actions for evidence that 1) behaviors involved weapons, drugs, or the infliction of serious bodily injury or 2) the district conducted a manifestation determination and examined whether the student could remain in a less restrictive environment with added supports, services or behavior plan.  For each review, indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by February 5, 2016.  \*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):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that four special education teachers do not have current special education licenses. | | |
| **Description of Corrective Action:**  The Human Recourses Department will provide monthly licensure reports on all special education teachers. If in this process, the Human Resources Director sees that some licenses are close to expiring, email notification will be sent to the staff person, followed by a second check to ensure proper renewal. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  05/12/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will be a summary of the monthly licensure reports that the Human Resources Department will be sharing with the Special Education Department. | | |
| **Description of Internal Monitoring Procedures:**  The monthly reports on licensure will be reviewed and if any special educator is close to having an expired license, email communication will be sent to them, followed by a second check to ensure proper renewal. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the information for the four special education staff who did not have current licensure, approved waivers or notice of non-renewal for their teaching positions by November 30, 2015.  Submit a monthly licensure report on all special education teachers by February 5, 2016. | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that not all special education and general education staff are trained on state and federal special education requirements and related local special education procedures and methods of collaboration to accommodate diverse learning styles of students in the general education classroom. | | |
| **Description of Corrective Action:**  The Special Education Department will develop a comprehensive training for all staff that can be reviewed at the beginning of the school year that includes but is not limited to:  - state and federal special education requirements and related local special education policies and procedures  -analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom  -methods of collaboration among all providers, including special educators and paraprofessionals. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  11/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include:  - an agenda and attendance sheet by school showing that the PD has been provided to the building staff. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Special Education will review SE54 with the TECs and DHs and ask for the staff meeting dates when the PD will be given to the building staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training for all staff (general educators, related service providers and special education teachers) on special education laws, regulations and local policies and methods of collaboration to accommodate diverse learning styles of students in the general education classroom. Provide the training agenda, signed attendance sheets and the materials for training by November 30, 2015. | | |
| **Progress Report Due Date(s):**  11/30/2015 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations indicated the following issues with special education facilities and classrooms: 1) At the Barbieri Elementary School, the only access to a room used for speech and language services is through two computer labs, creating confidentiality issues; 2) also at the Barbieri Elementary School, a student with a hearing impairment is assigned to a classroom without a visual fire alarm; 3) the Fuller Middle School has a cluster of special education classes in one wing (rooms B27-B33),which does not maximize the inclusion of these students into the life of the school; and 4) at the high school, grade 9 students in the Phoenix Program are assigned to a room where cubicle dividers separate it from the supervised lunch for general education students assigned to in-school suspension, which is not equal in all physical respects to the average standards of general education classrooms. | | |
| **Description of Corrective Action:**  1. The speech and language classroom has been changed for the 2015-2016 school year and you no longer have to access the room by going through another room.  2. A visual fire alarm will be purchased to ensure that the student with a hearing impairment will be alerted visually when the fire alarm goes off.  3. The Fuller Middle School group of classes in rooms B27-B33 is made up of 4 groups of an average of 10 students. Each group has a mix of students in grade 6, grade 7 and grade 8. A lot of thought went into the location of these classes in the building since students are in all three grade levels and need to be able to access the grade level wings in the school for inclusion opportunities. Therefore, the special education department feels strongly that the students on this team in these 4 classrooms are placed in the center of the school building, giving the students who are in grades 6, 7 and 8 equal access to the grade level wings. The other important factor about this unique substantially separate program is that they are a team in line with the other teams in the building. All teams in the building are located next to each other or across the hall from each other. Separating these 4 groups would create a isolating experience for them as a team. Additionally, many students on the team have physical disabilities and are in wheelchairs or use other equipment supports for mobility. A central location provides the best access for those students to go anywhere in the building.  4. The Phoenix program will be moving their classrooms to the second floor of the high school and will no longer be located in the lower level of the high school. The classroom space for the program for next year is equal in respects to the average standards of the general education classrooms. | | |
| **Title/Role(s) of Responsible Persons:**  Laura Spear/Director  Ildefonso Arellano/Assistant Director | | **Expected Date of Completion:**  09/01/2015 |
| **Evidence of Completion of the Corrective Action:**  All of the special education facilities and classroom concerns will be rectified (with the exception of #3) by the start of the school year on August 26, 2015. The Director of Special Education will verify that after a tour of the facilities, the district has completed this corrective action plan. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Special Education will tour the facilities mentioned in the Final Report (with the exception of #3) to verify that all of the concerns have been resolved. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide floor plans for Barbieri Elementary School that indicate where the speech and language services are provided; the schedules and examples of opportunities to participate in the life of the school for Fuller Middle School; and the floor plan for the high school demonstrating where the Grade 9 Phoenix Program is housed by November 30, 2015.  The Department will conduct onsite observations at Barbieri Elementary School for speech and language services and the visual fire alarm for a student who is hearing impaired; Fuller Middle School to determine that students are a part of the life of the school; and the high school to observe where the Phoenix Program Grade 9 students have relocated prior to February 5, 2016. | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the student handbooks' procedures for the discipline of students with special needs do not address students with Section 504 Accommodation Plans. | | |
| **Description of Corrective Action:**  A section will be added on page 32 of our current Student Handbook under the section "Due Process" which will address the follow:  A 504 Accommodation plan will indicate whether the student can be expected to meet the regular discipline code or if the student’s handicapping conditions require modification. Any modification to the discipline code expectations for a 504 student will be described in the 504 plan.  The principal (or designee) will notify the Grade Office and Counseling Office of the suspendable offense of a 504 student and a record will be kept of such notices.  When it is known that a student with a 504 is being considered for a long-term suspension, the TEAM (grade administrator, school counselor, nurse, school psychologist, school social worker, student and parent)will make a finding as to the relationship between the student’s misconduct and his/her handicapping condition. This process, similar to a ?manifestation determination?, will consider whether to: i. design a modified program for the student, or ii. write further accommodations to address the student need/behavior. | | |
| **Title/Role(s) of Responsible Persons:**  Ms. Elyse Torbert, FHS Principal | | **Expected Date of Completion:**  06/26/2015 |
| **Evidence of Completion of the Corrective Action:**  This section will be proposed and voted on by the Framingham High School Council. If approved, it will be added to the Student Handbook both on-line and in print. Handbooks are located on our website. Printed copies are made available upon request. First Meeting of the 2015-2016 School Council. Meetings are tentatively scheduled for the first Wednesday of each month, beginning in October.  As soon as possible, after the policy has been approved by the School Council. All students with a 504 plan will be fairly held accountable for behavior that is within their control. Parents and the educational team will be kept apprise of student’s behavior and accommodations will be appropriately modified if necessary. The 2015-2016 Framingham High School Student Handbook will reflect the modified/updated policy. This policy will also be reflected in the appropriate corresponding section of the 2015-2016 Framingham High School Faculty Handbook. Minutes of the School Council can be provided upon request. | | |
| **Description of Internal Monitoring Procedures:**  The policies and procedures described in the Student Handbook are consistent from year to year unless otherwise approved by the FHS School Council. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the links to student handbooks for discipline of students with disabilities that includes students on Section 504 Plans by November 30, 2015.  Submit evidence of training to relevant staff on the addition of students with 504 Accommodation Plans to the disciplinary procedures for students with disabilities in the code of conduct/district handbooks, including signed attendance sheets, agenda, and examples of training materials by November 30, 2015. | | |
| **Progress Report Due Date(s):**  11/30/2015 | | |

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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:**  A review of documents and staff interviews indicated that the annual notice to former students who have not yet earned their competency determination and who have not transferred to another school does not list publicly funded post-high school programs. | | |
| **Description of Corrective Action:**  We currently provide written notice to students age 16 or over and their parents or guardians with written notice within 10 days from a student’s fifteenth consecutive unexcused absence. We also have meetings with students and their parents or guardians discussing the reasons the student in leaving school and alternative educational or other placements. All of the above are done with translation if necessary.  In our current letter, we list "publicly funded post-high school academic support programs including Regional Employment Board, Future Skills Institute, Keefe Tech Continuing Education and Framingham Adult ESL program" (this is quoted directly from our letter). However, this letter is not mailed out annually. To remedy this, we will mail this letter annually in the summer to any student age 16 or over who has withdrawn with no further public high school on record or dropped out from high school within the past two years. We will mail these letters to the last known address.  Students who drop out of school or withdraw without specific educational plans will be reminded of public options for continuing their education. This is on-going but we will begin implementation this summer (summer of 2015). | | |
| **Title/Role(s) of Responsible Persons:**  Corresponding Grade Vice Principal | | **Expected Date of Completion:**  08/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Letters will be kept on file within each Grade Office for up to 5 years. | | |
| **Description of Internal Monitoring Procedures:**  We will use our district data-base system, Aspen X-2, to query appropriate names so that no student will be missed for their annual reminder. We will also file paper copies of each letter in physical files that will be kept in each Grade Office. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please see regulatory changes to procedures to provide written notice to students aged 16 and older who have 10 consecutive unexcused absences and their parents at http://www.doe.mass.edu/dropout/lawsregs.html. | | |
| **Department Order of Corrective Action:**  Revise district notices to student and parent/guardian to include new regulatory requirement of sending notice within five (5) days of the 10th consecutive absence that offers two dates and times to meet with the Superintendent or designee. If the parent is not present, document the good faith efforts to obtain parent participation.  Establish a protocol for the exit interview to discuss the reasons for the student permanently leaving school and to consider alternative education programs and services available to the student, as well as the benefits of earning a high school diploma and a list of the alternative education programs and services available.  Develop the written notice to former students who have not yet earned competency and have not transferred to another school.  Develop a protocol for annual report to the Department regarding students sixteen years of age and older who have permanently left school, the reasons for such leaving and any alternative educational or other placement the student has taken. | | |
| **Required Elements of Progress Report(s):**  Please provide the updated notice to students and parents/guardian within five days of the tenth consecutive absence that offer at least two dates and times for an exit interview between the superintendent (or designee), relevant school staff and the student and parent/guardian to occur prior to the student permanently leaving school by November 30, 2015.  Provide a copy of the protocol for the exit interview by November 30, 2015.  Provide a written notice to former students who have not yet earned competency and have not transferred to another school, as well as the list of students for 2014-2015 who did not earn competency or transfer to another school. Please provide this to the Department by November 30, 2015. | | |
| **Progress Report Due Date(s):**  11/30/2015 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that annual staff training on physical restraint requirements does not consistently occur within the first 30 days of school or a month after employment for new hires. Document review and interviews also demonstrated that school-level staff members do not know who has been authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. | | |
| **Description of Corrective Action:**  Controlled Physical Intervention (CPI) is currently offered to all administrators and program staff. We have internal certified trainers who run both new certification courses and refresher courses. However, not all administrators and program staff have been trained. We have also not offered this consistently to new staff within 30 days. To remedy this, we will offer CPI training and refresher courses during the first month of school. Any new staff hired after the start of the year that will work in a program in which restraint training is needed will be offered the CPI course within 30 days. A Google Spreadsheet with the list of school-wide trained staff will also be kept so that all faculty and staff members know who has been authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. All appropriate faculty and staff will be restraint trained to ensure the safest environment for all students at Framingham High School. All faculty and staff members will know which adults in the building are authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint so they know who to ask for help if a situation should arise. | | |
| **Title/Role(s) of Responsible Persons:**  Elyse Torbert, Principal, Andrew Benedetti, Phoenix Program Director | | **Expected Date of Completion:**  09/15/2015 |
| **Evidence of Completion of the Corrective Action:**  A Google spreadsheet will be kept with names of the faculty and staff who have been restraint trained. Appropriate faculty and staff members will also receive their certification in restraint training. | | |
| **Description of Internal Monitoring Procedures:**  We will coordinate with Human Resources and utilize our district data-base to ensure that all appropriate faculty and staff have been restraint trained. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district does not have to train all staff or new staff on CPI; rather, the district must provide staff training at least annually on the use of restraint consistent with regulatory requirements within the first month of each school year and, for employees hired after the school year begins, within a month of their employment. CPI training is considered in-depth training, which must be offered to a subset of the district's staff. Please see the revised regulations at http://www.doe.mass.edu/lawsregs/603cmr46.pdf. | | |
| **Department Order of Corrective Action:**  Develop training for all staff with the following requirements:  Each school principal or director determines a time and method to provide all school staff with training regarding the restraint prevention and behavior support policy and requirements when restraint is used, which includes  (a) the role of the student, family, and staff in preventing restraint;  (b) The program's restraint prevention and behavior support policy and procedures, including use of time-out as a behavior support strategy distinct from seclusion;  (c) Interventions that may preclude the need for restraint, including de-escalation of  problematic behaviors and other alternatives to restraint in emergency circumstances;  (d) When behavior presents an emergency that requires physical restraint, the types of  permitted physical restraints and related safety considerations, including information  regarding the increased risk of injury to a student when any restraint is used, in particular  a restraint of extended duration; and  (e) Administering physical restraint in accordance with medical or psychological  limitations, known or suspected trauma history, and/or behavioral intervention plans  applicable to an individual student; and (f) Identification of program staff who have received in-depth training pursuant to 603 CMR 46.03(3) in the use of physical restraint. | | |
| **Required Elements of Progress Report(s):**  Using the above guidance, develop procedures for all staff regarding restraint prevention and behavior support procedures and requirements when restraint is used.  Submit signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials to demonstrate the implementation of annual staff training on the use of restraint consistent with regulatory requirements within the first month of each school year by November 30, 2015.  Identify the person(s) responsible for internal oversight of CPI trained staff and the dissemination of this information to school-based staff; include the date of the system's implementation. Submit this information by November 30, 2015. | | |
| **Progress Report Due Date(s):**  11/30/2015 | | |

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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:**  A review of documents and staff interviews indicated that the district does not have a process for individual teachers to review educational materials for simplistic and demeaning generalizations, lacking intellectual merit on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  Curriculum materials are reviewed by the departmental curriculum committees that report to the Curriculum management Team (CMT). When materials are researched the committees check for simplistic and demeaning generalizations, lacking intellectual merit on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Grace Wai, Director of Curriculum and Professional Development | | **Expected Date of Completion:**  01/15/2016 |
| **Evidence of Completion of the Corrective Action:**  List as an expectation for curriculum materials review; Curriculum Management Team meeting minutes, and annual notification to all staff a process for flagging inappropriate materials found during the course of everyday teaching. These materials will be reviewed by members of the appropriate departmental curriculum committee. | | |
| **Description of Internal Monitoring Procedures:**  The Leadership team at Framingham High School (which is chaired by the Principal and comprised of department heads, program directors, and administrators) will review the policy semi-annually to ensure its effectiveness. They will be responsible for providing training for teachers on an annual basis and for modifying the policy if necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposal does not include all grade levels in its policy; this criterion applies to individual teachers at all levels of a district. | | |
| **Department Order of Corrective Action:**  Develop a process for individual teachers at all levels to review educational and supplementary materials for simplistic and demeaning generalizations, lacking intellectual merit on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. Please note that a summary statement such as "All materials are reviewed for ..." is not sufficient to demonstrate the individual teacher review process for bias. | | |
| **Required Elements of Progress Report(s):**  Submit the process that individual teachers from all levels use to review educational materials and include a copy of forms or training materials, agenda and signed attendance for the review of educational materials by November 30, 2015. | | |
| **Progress Report Due Date(s):**  11/30/2015 | | |

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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:**  A review of documents and staff interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs. | | |
| **Description of Corrective Action:**  Institutional self-evaluation in beginning stages | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Edward Gotgart, Chief Operating Officer | | **Expected Date of Completion:**  05/01/2016 |
| **Evidence of Completion of the Corrective Action:**  A district-wide program review committee will be created to internally evaluate the effectiveness of each program, what student populations are served with what resources, and what student populations are being missed. The committee will consist of representatives from both the central offices and school buildings to create consistency with program evaluation and support offerings.  The School Committee is reviewing its policies to establish policies and procedures, and implement monitoring and evaluation practices to insure that all obstacles to equal access to school programs for all students regardless of race, color, sex, gender identity, religion, national origin, limited English-speaking ability or sexual orientation, are removed. The policy should include a requirement for an annual evaluation of all aspects of the kindergarten through 12 school program to ensure that all students regardless of race, color, sex, gender identity, religion, national origin or sexual orientation are given an opportunity to participate in all programs offered by the school including athletics and other extra-curricular activities. In addition, the Superintendent will promote and direct effective procedures for full implementation of 603 CMR 26.00, through the efforts of the district-wide program review committee, and make any necessary recommendations to the School Committee. | | |
| **Description of Internal Monitoring Procedures:**  Establishment of district-wide program review committee to meet monthly to review all matters described in CR25. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit the district's policy and plan to evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, along with evidence of training on this plan to relevant staff.  Documentation of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials by November 30, 2015.  Submit evidence of implementation of the self-evaluation; this documentation can include meeting minutes, data analysis, memoranda, and reports, along with documentation of changes made to programming based on the self-evaluation by February 5, 2016. | | |
| **Progress Report Due Date(s):**  11/30/2015  02/05/2016 | | |

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

District: Framingham Public Schools

Corrective Action Plan Forms

Program Area: Career/Vocational Technical Education

Prepared by: Peter Erbland, Framingham High School, Framingham

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 actions 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: May 6, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 3 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents, student records, and interviews indicated that the district does not assess the acquisition of safety & health, technical skills that include embedded academic, employability, management & entrepreneurship, and technological knowledge and skills for all students enrolled in career/vocational technical education programs. (Legal Citation: Perkins Section 134)* | | | |
| **Narrative Description of Corrective Action:**  We have already developed “Acquisition of Skills” checklists for students to self-report their progress in the acquisition of these skills in the Foods (Family and Consumer Studies), Early Education and Care and Technology Engineering programs. We will modify these checklists to create individualized checklists for students in the Design and Visual Communications, Drafting, Graphic Communications, Programming and Web Development and Radio and TV Broadcasting programs. Initially these will be Google Docs shared with the students. This will allow students to have constant access to the documents (without the need for paper files that can be lost) and teachers will be able to monitor progress of each student individually.  In the next year, we will work to develop on-line training modules for students to work on and complete at their own pace as they progress through the classes. As part of the on-line modules, students will be tested on their knowledge and when they finish they will receive acknowledgement on the acquisition of each of the skills. The development of these modules could be made a part of the teacher’s Student Learning Goals as part of the Supervision and Evaluation system.  The use of these tools will be formally introduced to staff at the beginning of the school year at the first staff meetings and there will be ongoing communications of the need to provide ongoing status reports to the supervisors in each department. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Ellen Makynen, FCS Department Chair | | **Expected Date of Completion for Each Corrective Action Activity:** September 2015 for initial checklists and 2015-2016 school year for ongoing development of on-line training modules for all areas. | |
| **Evidence of Completion of the Corrective Action:**  Initially, evidence of completion will be the development of “Acquisition of Skills” checklists and their completion by students as the class progresses. As we move to on-line modules, the data collected from student participation will be more compelling evidence of skills acquisition. This will be shared between teachers, parents and students to show where there are gaps in learning. | | | |
| **Description of Internal Monitoring Procedures:**  This will require multiple levels of monitoring. Teachers must monitor students to ensure they are making adequate progress in the acquisition of skills as the class progresses and this acquisition must be part of the students’ grades. In addition, supervisors must monitor teachers on (initially) a quarterly basis to make sure they are holding the students responsible for these skills. Successful implementation of these checklists will be part of the Supervision and Evaluation process each year. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 3 | **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):**   1. Copies of the Acquisition of Skills Checklist created for theDesign and Visual Communications, Drafting, Graphic Communications, Programming and Web Development and Radio and TV Broadcasting programs. | | | |
| **Progress Report Due Date(s):** **November 30, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 5 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents, student records and interviews revealed that the district does not currently provide support for students with limited English proficiency in their career/vocational technical education program, where appropriate. Consequently, students with limited English proficiency do not have the same level of access to career/vocational technical education programs, services and activities as their peers. (Legal Citation: Perkins Sections 122 & 134, 603 CMR 26.00)* | | | |
| **Narrative Description of Corrective Action:**  The goal is not to provide CVTE programs to the ESL students, but to integrate the ESL students into the CVTE programs and help them stay in the programs until completion. We will work with staff to review and understand the data in the Career Vocational/Technical Education District Core Indicator Reports and how this reflects the demographics in their classroom  We are working with the District ESL department as well as the school’s ESL department and researching internal and external trainings for staff. This could include specific coursework or speakers who can come in to work with the Technology Engineering and Family and Consumer Science staff to provide strategies and advice for ESL students to have success in these classes. Already two Technology Engineering staff received 15 hours of WIDA training (in January 2015) and they then provided an overview of this training to the other Technology Engineering staff during a collaboration period in April.  In the Introduction to Technology/Engineering class students spend two five-day rotations with each of the five different subject-area teachers in Tech Ed to give them exposure to the classes that are taught. We are looking at bringing ESL students, along with ESL assistant teachers, to some of the rotations to give the ESL students exposure to and experience with the courses offered with the expectation of increasing their interest in taking these courses.  In Family and Consumer Studies, we are looking at bringing in new staff who are bilingual and utilizing the ESL assistant teachers in the classroom to help students more fully integrate into the classroom.  In addition, we have now twice (unsuccessfully) applied for grants to develop student-created Portuguese and Spanish-language programming for the Framingham Education Channel. In addition, we are researching ways to provide the English programming with Spanish and Portuguese translations for students and their families. We will continue to pursue these avenues to both expand the outreach to the communities we serve and also to include non-native English speakers in the curriculum.  We will continue to discuss this issue at both the departmental level and the administrative level to ensure all students have equal access to our programs. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Ellen Makynen, FCS Department Chair | | **Expected Date of Completion for Each Corrective Action Activity:**  During the 2015-2016 school year we will provide joint trainings for FCS and Tech Ed staff. We will also work with the ESL department to develop a cohort of ESL students to enroll in the Introduction to Technology Engineering class along with assistant teachers to provide support in the classes. | |
| **Evidence of Completion of the Corrective Action:**  In this area, we will never fully complete our work. It will need to be an ongoing process for the foreseeable future. Specific evidence of success in this area will be an increase in enrollment of ESL and FLEP students in CVTE courses as well as these students completing program in Design and Visual Communications, Drafting, Early Education and Care, Engineering Technology, Family and Consumer Studies, Graphic Communications, Programming and Web Development or Radio and TV Broadcasting. | | | |
| **Description of Internal Monitoring Procedures:**  We will proactively monitor class lists to determine enrollment and monitor grades to make sure that all students are actively benefitting from the CVTE classes. In addition, we will monitor the Career Vocational/Technical Education District Core Indicator Reports for other patterns. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 5 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The district’s description of corrective action centers on establishing procedures to ensure equal access to the career/vocational technical education programs for students with limited English proficiency. However, the district has not included a description of the identified system for supporting students with limited English proficiency once enrolled in career/vocational technical education programs. | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**   1. A narrative description of the system and procedures developed to ensure accommodations and/or support services are provided, when appropriate, for students with limited English proficiency enrolled in career/vocational technical education programs. 2. Evidence of the internal monitoring system in place. This may include memos, emails, or meeting notes where the monitoring system has been identified or discussed and where the steps taken have been noted. | | | |
| **Progress Report Due Date(s): November 30, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 8 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents and interviews indicated that not all programs in which students are enrolled fully meet the Perkins IV definition of career and technical education, due to the lack of advisory committees and lack of process to ensure the technical skills learned by students are documented and made available for students and/or their parents/guardians. ( Perkins Sections 3 & 134)* | | | |
| **Narrative Description of Corrective Action:**  As a result of the corrective action for CVTE 3, students and parents/guardians will be made aware of the students’ progress toward the acquisition of technical skills through the progress reports and other teacher communications.  In addition, as each student completes a class in a sequence, they will receive acknowledgement that they have completed a course in a sequence of courses leading the enrollment in and completion of one of the non-chapter 74 programs (Design and Visual Communications, Drafting, Early Education and Care, Engineering Technology, Family and Consumer Studies, Graphic Communications, Programming and Web Development or Radio and TV Broadcasting).  This acknowledgement would also list any relevant articulation agreements as well as additional courses the students can take in the subject area at the high school, college courses that are in a similar program and careers they can pursue as a result of this program.  This communication device will be developed over the summer to be utilized in the first part of the school year. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Ellen Makynen, FCS Department Chair | | **Expected Date of Completion for Each Corrective Action Activity:** October 1, 2015 | |
| **Evidence of Completion of the Corrective Action:**  For the October 1 SIMS report, all student records and transcripts are reviewed to determine which students have completed the coursework to enter or complete each of the non-chapter 74 programs at Framingham High School. At this time, we will generate letters for the students acknowledging the courses they have taken, the programs they are eligible for and the courses available in these sequences. These documents will serve as evidence of completion of this corrective action. | | | |
| **Description of Internal Monitoring Procedures:**  Once these letters have been generated once, the procedure to continue to create the letters acknowledging the coursework and future options will be straightforward. It is the initial creation of these letters that will be the challenge. Both the Family and Consumer Studies and the Technology Engineering department chairs will be responsible for the creation and distribution of these letters. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 8 | **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):**  *This criterion will be monitored through the corrective action activities in CVTE 3, CVTE 10 and CVTE 12. Therefore, a progress report is not required.* | | | |
| **Progress Report Due Date(s):** *Not Applicable* | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 10 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents and interviews confirmed that while some non-Chapter 74 career/vocational technical programs have industry connections and engage in discussions about programming, the district does not have advisory committees to verify that each such program has labor market demand and prepares students for employment, further education, and registered apprenticeships, as applicable. (Legal Citation: Perkins Section 134)* | | | |
| **Narrative Description of Corrective Action:**  We will develop advisory committees for each of the eight non-Chapter 74 programs at Framingham High School (Design and Visual Communications, Drafting, Early Education and Care, Engineering Technology, Family and Consumer Studies, Graphic Communications, Programming and Web Development and Radio and TV Broadcasting).  Already, through the Principal’s Weekly Flyer, we have asked for volunteers to participate in advisory program and each teacher has been tasked with recruiting members for the advisory committees.  We will also coordinate with the local colleges, businesses and unions to recruit other individuals willing to volunteer their time.  When the advisory committees meet (at least twice each year), they will, with the teachers, review curriculum, technology, software and textbooks for relevance in college and career readiness. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Ellen Makynen, FCS Department Chair | | **Expected Date of Completion for Each Corrective Action Activity: The end of the** 2015-2016 school year | |
| **Evidence of Completion of the Corrective Action:**  We will generate lists of members of the advisory committees for each of the eight programs, and we will submit agendas, minutes and recommendations from each meeting held. | | | |
| **Description of Internal Monitoring Procedures:**  As part of Standard III of the Massachusetts Model System for Educator Evaluation, teachers are required to promote “the learning and growth of all students through effective partnerships with families, caregivers, community members, and organizations.” Meeting this responsibility will be part of the teacher’s evaluation. If they are unwilling to fulfill this professional requirement, they will be “Needs Improvement” in this area.  In addition, any program without an advisory committee will become ineligible for funding through the Perkins Grant for that year until they develop the committees and produce a list of members and evidence that the group has met and discussed curriculum. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 10 | **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):**   1. Evidence (e.g., rosters, meeting minutes, meeting agendas, etc.) the district has established an advisory committee for each career/vocational technical education program the district the reports in the DESE Student Information Management System (SIMS). 2. A written description of the process the district has created to ensure each advisory committee is involved in the development, implementation, and review of the district’s career/vocational technical programs. | | | |
| **Progress Report Due Date(s): November 30, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 12 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents and interviews indicated that although the Early Education and Care (EEC) program has one current articulation agreement with Mass Bay Community College, the other career/vocational technical education programs have not established articulation agreements. Further, the district does not have a process in place to ensure articulation agreements are annually reviewed and approved. (Legal Citation: Perkins Section 134)* | | | |
| **Narrative Description of Corrective Action:**  At one point we had close to 30 active (or in process) articulation agreements with local and community colleges. Many of these have lapsed because there was no one person responsible for maintaining them and no procedure in place to keep the agreements up to date. We are looking at designating one person to coordinate with the local colleges to set up and maintain the articulation agreements. This person’s responsibilities would include yearly reviews of the agreements and as well as maintaining them.  To facilitate coordination of these agreements a list of active articulation agreements, proposed articulation agreements and those in process will be created in a shared Google document. This will include the date of implementation, the date of expiry, the specifics of the agreement and the contact person at the local college.  In the event that we are not able to appoint this person, it will continue to fall upon the department chairs to maintain this role.  The District is also moving toward a rolling six-year curriculum update process that would require the updating and revision of all curricula at least once every six years. As a result of this, any changes in curriculum would be on a fairly standard schedule and would facilitate the management of the articulation agreement with the local schools. | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Ellen Makynen, FCS Department Chair | | **Expected Date of Completion for Each Corrective Action Activity:** We will know if we have a position dedicated to maintaining the articulation agreements as of September 1, 2015. By then, we will have a list of active agreements and those that need to be re-activated. The goal will be to add at least one per week until we have replaced all of the older agreements. | |
| **Evidence of Completion of the Corrective Action:**  Evidence of success in this plan will be a list of active articulation agreements with local and community colleges. | | | |
| **Description of Internal Monitoring Procedures:**  We have created a shared spreadsheet of the various active and lapsed articulation agreements. This will be updated throughout the summer with current information of course names, contacts at different schools and the requirements of each college. As each agreement is created, it will be recorded here. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 12 | **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):**   1. A description of the process to be created and implemented to ensure that articulation agreements, once established, are reviewed and renewed annually by November 30, 2015. 2. A summary of how students will be notified of the availability of postsecondary articulation agreements by November 30, 2015. 3. A description of the process to be created and implemented to ensure students can access the articulated credits *once at* the postsecondary institution by March 12, 2016. | | | |
| **Progress Report Due Date(s): November 30, 2015 and March 12, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 14 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents and interviews revealed that while the district has written procedures and forms for the Career Development Education program (formerly Work Study), the program does not have written policies or procedures to ensure criminal offender record information (CORI) checks are completed prior to student placement at the worksite, where required. (Legal Citation: M.G.L. c. 71, § 38R)* | | | |
| **Narrative Description of Corrective Action:**  Over the summer a policy will be created requiring the submission of the names of those employees who will be working closely with students in the workplace for criminal offender record information checks prior to any placement. This will be submitted to the school council, the superintendent and the school committee for approval.  Students and staff will be notified of the policy with the expectation that they will work together to ensure compliance.  **Once in place,** no student will be placed with any outside employer until the appropriate staff have confirmed that any employee working closely with a student has passed the criminal offender record information check | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Elyse Torbert, Framingham High School Principal | | **Expected Date of Completion for Each Corrective Action Activity:** September 1, 2015 | |
| **Evidence of Completion of the Corrective Action:**  In each student’s folder, the program manager will include documentation that the names of those employees who will work with students have been submitted for criminal offender record information (CORI) checks. | | | |
| **Description of Internal Monitoring Procedures:**  In the first year, the program manager will need to provide a document showing which names were submitted for criminal offender record information checks *prior* to the placement of any student. The ongoing monitoring will be spot checks of random student files to ensure that the documentation is present. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 14 | **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):**   1. Evidence (e.g., policies and procedures) indicating the district’s non-cooperative education (unpaid) work-based learning complies with the Massachusetts criminal offender record information (CORI) requirements. | | | |
| **Progress Report Due Date(s): November 30, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | | |
| **Criterion & Topic:** CVTE 20 | | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A site visit by the Office of Career/Vocational/Technical Education safety specialist revealed that not all facilities used for career/vocational technical education meet current occupational standards. The Office for Career/Vocational Technical Education will send a Safety Survey Report, which will include details specific to each program, to Superintendent Scott under separate cover. (Legal Citation: Perkins Section 134)* | | | | |
| **Narrative Description of Corrective Action:**  As a result of the site visit, all of the facilities-related safety issues have been considered and solutions have been evaluated. Nearly all have been remedied and the remainders will be completed over the summer.  The only substantial outstanding issue is the repair of a darkroom door, which is scheduled for repair over the summer.  Teachers will receive more information about reporting and complying with occupational safety standards. | | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Donna Wresinski, Director of PreK-12 Fine and Performing Arts  Matthew Torti, Buildings and Grounds Director | | | **Expected Date of Completion for Each Corrective Action Activity:** September 1, 2015 | |
| **Evidence of Completion of the Corrective Action:**  There will be an examination of the facilities to make sure that we comply with occupational standards. | | | | |
| **Description of Internal Monitoring Procedures:**  Now that we know the areas of noncompliance**,** teachers and department chairs have been told that they must maintain the occupational safety standards for their areas. We will do periodic walk-throughs to make sure they are in compliance. | | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | | |
| **Criterion:** CVTE 20 | | **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):** Provide a brief status report on the district’s efforts to complete the requirements set forth in the official Safety Survey Report until all safety hazards have been mitigated. | | | | |
| **Progress Report Due Date(s): November 30, 2015** | | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | | |
| **Criterion & Topic:** CVTE 21 | | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A site visit by the Office of Career/Vocational/Technical Education safety specialist revealed that not all instructional equipment used for career/vocational technical education meet current occupational standards. The Office for Career/Vocational Technical Education will send a Safety Survey Report, which will include details specific to each program, to Superintendent Scott under separate cover. (Legal Citation: Perkins Section 134)* | | | | |
| **Narrative Description of Corrective Action:**  As a result of the site visit, all of the equipment-related safety issues have been considered and solutions have been evaluated. Defective equipment has been taken out of service (until repairs can be made) or disposed of. The remaining repairs will be completed by the end of summer.  The outstanding issues are repair and refurbishment of an abrasive sander and the creation of a guard for a lathe. | | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Matthew Torti, Buildings and Grounds Director | | | **Expected Date of Completion for Each Corrective Action Activity:** September 1, 2015 | |
| **Evidence of Completion of the Corrective Action:**  Based on the safety report, all action items will be resolved. | | | | |
| **Description of Internal Monitoring Procedures:**  Going forward, the policy is that when staff notice that any equipment that has drifted out of the range of safe usage, they will report it immediately to their supervisor. Until a solution can be found, equipment will be locked out and removed from use. | | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | | |
| **Criterion:** CVTE 21 | | **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):** Provide a brief status report on the district’s efforts to complete the requirements set forth in the official Safety Survey Report until all safety hazards have been mitigated. | | | | |
| **Progress Report Due Date(s): November 30, 2015** | | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 22 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents and interviews indicated that the teachers of career/vocational technical education programs are not aware of or provided with the Perkins Act Core Indicator of Performance outcomes. (Legal Citation: Perkins Section 113, Perkin 134 (b) (5), (7), (8))* | | | |
| **Narrative Description of Corrective Action:**  We will work with all CVTE program staff to review the data in the Career Vocational/Technical Education District Core Indicator Reports on an annual basis.  At the first staff meeting of the ear, we will review the data in the Career Vocational/Technical Education District Core Indicator Reports as well as the multi-year trends in the data. We will discuss ways of improving areas where there is a need for more action, especially in those areas where we are not meeting the 90% Local Actual Performance Level . | | | |
| **Title/Role of Person(s) Responsible for Implementation:**  Peter Erbland, Tech Ed Department Chair  Ellen Makynen, FCS Department Chair | | **Expected Date of Completion for Each Corrective Action Activity:** September 1, 2015 | |
| **Evidence of Completion of the Corrective Action:**  Minutes from staff meetings as well as PowerPoints created to display the information will act as evidence of compliance. | | | |
| **Description of Internal Monitoring Procedures:** This falls on the department chairs to make this a part of the beginning of the school year ritual. Once in place, we will continue to make it part of the routine structure of the first days of school. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 22 | **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):**   1. Evidence teachers of Perkins-funded programs are provided the Perkins Act Core Indicators of Performance outcomes. 2. A written description of the procedures the district has created to ensure teachers in Perkins-funded programs use thePerkins Act Core Indicator of Performance outcomes to improve programs and outcomes for students. | | | |
| **Progress Report Due Date(s): November 30, 2015** | | | |