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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: Somerset Berkley Regional School District

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** |
| --- | --- | --- |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 32 | Parent advisory council for special education | Not Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicates that in some student records progress reports were repeated verbatim over several marking periods or were written on the previous IEP, despite changes to goals and benchmarks in the current IEP. | | |
| **Description of Corrective Action:**  Professional Development (4 sessions)-outlining progress report expectations, and how the reports should reflect current levels of performance, especially in direct relation to the benchmarks and goals. | | |
| **Title/Role(s) of Responsible Persons:**  Kathleen E. Curry Beaulieu  Special Education Administrator  Somerset Berkley Regional High School | | **Expected Date of Completion:**  11/25/2015 |
| **Evidence of Completion of the Corrective Action:**  Sign in sheets, power point slides of training, actual products, agenda | | |
| **Description of Internal Monitoring Procedures:**  We will utilize the progress reports from the last quarter of the 2014/2015 SY as baseline pre-training data. We will then utilize the 1st quarter progress reports from the 2015/2016 SY to measure effective change. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the updated procedures and evidence of staff training, which will including training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department by October 15, 2015.  Following the implementation of the district's corrective actions, please submit the results of an internal review of student records. Indicate the number of records reviewed, the number found to be in compliance, 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 24, 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):**  10/15/2015  02/24/2016 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Interviews indicate that the district does not have a special education parent advisory council (PAC) with officers and by-laws. The district, in conjunction with the PAC, does not conduct at least one workshop annually on the rights of students and their parents/guardians under state and federal special education laws. | | |
| **Description of Corrective Action:**  We have scheduled and advertised a Parent interest meeting to be held at SBRHS June 9 from 6-7. A draft of PAC by-laws is ready to be approved by the School Committee, and we have an active PAC website for parents. | | |
| **Title/Role(s) of Responsible Persons:**  Melissa Deyo-Silvia, Director of Special Education | | **Expected Date of Completion:**  10/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Flyer of Event that was disseminated to all parents in the district. Evidence on district website advertising the event and the website. Evidence of the website's existence at sbregionalpac.org. | | |
| **Description of Internal Monitoring Procedures:**  After informational meeting, structure of the group will be identified, and by-laws edited or adopted. The board will then manage the information on the website, and schedule and post regular meetings. Responsible persons will monitor and help facilitate the minimum amount of meetings required by law. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of SEPAC development including by-laws, officers, schedule for providing the annual workshop on the rights of students and their parents/guardians under state and federal special education laws by October 15, 2015.  Submit evidence that the district, in conjunction with the SEPAC, has provided a workshop on the rights of students and their parents and guardians under the state and federal special education laws by February 24, 2016. | | |
| **Progress Report Due Date(s):**  10/15/2015  02/24/2016 | | |

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

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Interviews and documentation indicate that the district does not regularly evaluate its special education programs and services, as it has not conducted an evaluation in more than two years. | | |
| **Description of Corrective Action:**  The district will seek out and hire a consultant to review all programs and provide a report by May 2016. | | |
| **Title/Role(s) of Responsible Persons:**  Melissa Deyo- Silvia  Director of Special Education | | **Expected Date of Completion:**  05/01/2016 |
| **Evidence of Completion of the Corrective Action:**  District has already contacted several parties and will begin the bidding process for fees by October 1, 2015. | | |
| **Description of Internal Monitoring Procedures:**  District to provide name of consultant/consulting firm, and copy of report by May, 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide an update of the evaluation process and submit an outline of the programs and services to be evaluated, including timeline for completion by October 15, 2015.  Submit a copy of the special education evaluation by February 24, 2016. | | |
| **Progress Report Due Date(s):**  10/15/2015  02/24/2016 | | |

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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:**  Review of documentation indicates that the non-discrimination policy, as set forth in the student handbook, does not include gender identity as a protected category. | | |
| **Description of Corrective Action:**  See revised school district policy, awaiting school committee approval. | | |
| **Title/Role(s) of Responsible Persons:**  Curriculum Coordinator, to start position 7/1/2015 | | **Expected Date of Completion:**  11/25/2015 |
| **Evidence of Completion of the Corrective Action:**  30 + hours of legal assistance on revising handbook, draft of new handbook awaiting school committee final approval by July 1, 2015. To be implemented prior to the 2015/2016 SY. | | |
| **Description of Internal Monitoring Procedures:**  See school committee minutes and final draft of handbook. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the final version of the student handbook and code of conduct by October 15, 2015. | | |
| **Progress Report Due Date(s):**  10/15/2015 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documentation indicates that written materials and other media used to publicize a school, including program brochures for the high school, lack a notice indicating that the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. In addition, the non-discrimination statement in the high school's course catalog does not include gender identity as a protected category. | | |
| **Description of Corrective Action:**  Disclaimer as presented by DESE has been added to all email footers, letterhead, and websites. | | |
| **Title/Role(s) of Responsible Persons:**  Melissa Deyo-Silvia-Director of Special Education | | **Expected Date of Completion:**  11/25/2015 |
| **Evidence of Completion of the Corrective Action:**  See letterhead, email footers and website, as well as draft of 2015/2016 handbook for evidence. | | |
| **Description of Internal Monitoring Procedures:**  See letterhead, email footers and website, as well as draft of 2015/2016 handbook for evidence. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit copies of the updated program brochures and course catalog by October 15, 2015. | | |
| **Progress Report Due Date(s):**  10/15/2015 | | |

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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:**  Review of documentation indicates that the notice for students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion is sent to the parent/guardian, but not to the student. The letter, which characterizes the meeting as an exit interview, does not indicate that the interview shall occur within ten days of the notice.  Interviews also indicate that the district does not send annual written notice to former students, who have not yet earned their competency determination and who have not transferred to another school, informing them of the availability of publicly funded post-high school academic support programs and encouraging them to participate in those programs. | | |
| **Description of Corrective Action:**  In draft of handbook awaiting final school committee approval. | | |
| **Title/Role(s) of Responsible Persons:**  Melissa Deyo-Silvia-Director of Special Education | | **Expected Date of Completion:**  11/25/2015 |
| **Evidence of Completion of the Corrective Action:**  Monitored quarterly by guidance. Evidence is a letter sent home to parents/guardians. In draft of handbook awaiting final school committee approval. | | |
| **Description of Internal Monitoring Procedures:**  Monitored quarterly by guidance. Evidence is a letter sent home to parents/guardians. In draft of handbook awaiting final school committee approval. | | |
| 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:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicates that evidence is a letter sent to the parent/guardian; however, the letter must also be sent to the student. The current letter must be revised to include the ten-day timeline. In addition, the district must document sending a letter to students who have not returned to school and have not transferred to another school informing them of options for post- high school academic support programs. | | |
| **Department Order of Corrective Action:**  Revise the letter sent to the parent/guardian and student leaving school without a high school diploma, certificate of attainment or certificate of completion. Develop the letter to be sent to former students who have not earned their competency determination or transferred to another school. | | |
| **Required Elements of Progress Report(s):**  By October 15, 2015, submit the following documentation:  1. Revised letter to parents/guardians and students who have left school without a high school diploma, certificate of attainment or certificate of completion.  2. Written notice to former students who have not yet earned their competency determination or transferred to another school. | | |
| **Progress Report Due Date(s):**  10/15/2015 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documentation indicates that while the district provided staff training regarding civil rights responsibilities, the prevention of discrimination and harassment on the basis of gender identity was not included in that training. | | |
| **Description of Corrective Action:**  In the fall, the annual Civil Rights presentation to the entire staff and student body will include in the gender identity piece. | | |
| **Title/Role(s) of Responsible Persons:**  Kathleen E. Curry Beaulieu  Administrator of Special Education, SBRHS | | **Expected Date of Completion:**  11/25/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of power point of presentation, attendance sheet, agenda. | | |
| **Description of Internal Monitoring Procedures:**  Copy of power point of presentation, attendance sheet, agenda. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of staff training, including training materials, agenda, and signed attendance sheets by October 15, 2015. | | |
| **Progress Report Due Date(s):**  10/15/2015 | | |

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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:**  Interviews indicate that the district does not evaluate all aspects of its program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  District will include in the upcoming consultant review, the evaluation all aspects of its program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Title/Role(s) of Responsible Persons:**  Melissa Deyo-Silvia  Director of Special Education | | **Expected Date of Completion:**  05/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Evidence will be consultant final report to district. | | |
| **Description of Internal Monitoring Procedures:**  Review of recommendations, and strategic plan to implement based on findings of consultant post program review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 06/01/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit examples of survey materials and description of methods to gather and analyze relevant information by October 15, 2015.  Submit the report of the institutional self-evaluation by May 1, 2016. | | |
| **Progress Report Due Date(s):**  10/15/2015  05/01/2016 | | |

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

Charter School or District: Somerset Berkley Regional High School

Corrective Action Plan Forms

Program Area: Career/Vocational Technical Education

Prepared by: Name of School/District Staff Member

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

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

**Mandatory One-Year Compliance Date: May 7, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 1 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documentation and interviews indicate that although students participate in career decision- making activities, the district did not have any completed student career plans. (Chapter 74 regulations 603 CMR 4.03(4)(d))* | | | |
| **Narrative Description of Corrective Action:** Somerset Berkley Regional High School will create a policy/system that allows CVTE students to be identified and receive career guidance and review of a career plan on a yearly basis. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** CVTE Counselor for the Guidance Department | | **Expected Date of Completion for Each Corrective Action Activity:** January 2016 | |
| **Evidence of Completion of the Corrective Action:** An approved plan will be in place in the guidance department that will identify and track & record CVTE students. Career plans will be developed for these students and yearly monitoring will take place to foster these students through graduation. | | | |
| **Description of Internal Monitoring Procedures:** An annual review of compliance will be made by the Somerset Berkley Regional High School Administration | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 1 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):** By October 15, 2015, submitsample career plans, with student names or other identifiers redacted, as evidence that career plans have been implemented locally. | | | |
| **Progress Report Due Date(s): 10/15/2015** | | | |

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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:** *See CR 12 A*. | | | |
| **Narrative Description of Corrective Action:** Somerset Berkley Regional District will review all written materials and other media used to publicize the school, including program brochures to insure that all include notice indicating that the school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Principal | | **Expected Date of Completion for Each Corrective Action Activity:** Jan 2016 | |
| **Evidence of Completion of the Corrective Action:** Materials will be reviewed, corrected and approved by the Somerset Berkley Regional School District and available upon request | | | |
| **Description of Internal Monitoring Procedures:** An annual review of published materials will be reviewed for compliance by Somerset Berkley Regional School Administration | | | |
| 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:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):** By October 15, 2015, submit samples of the revised documents including program brochures and course catalog for the high school as evidence that the corrective action has been implemented. | | | |
| **Progress Report Due Date(s): 10/15/2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** CVTE 6 | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *Review of documentation and interviews indicate that the district lacks an admission policy approved by the Department and an application reviewed by the Department. (Chapter 74 regulations 603 CMR 4.03(6)).* | | | |
| **Narrative Description of Corrective Action:** Somerset Berkley Regional High School will create an admissions policy consistent with Chapter 74 regulations 603CMR 4.03(6) | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Principal | | **Expected Date of Completion for Each Corrective Action Activity:** Jan 2016 | |
| **Evidence of Completion of the Corrective Action:** An admissions policy will be created by the District and included in the course catalog stating the policy as: ‘open enrollment’ on a ‘first come, first serve’ basis | | | |
| **Description of Internal Monitoring Procedures:** An Annual review of the admissions policy will be made by the Somerset Berkley Regional High School administration | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** CVTE 6 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):** By October 15, 2105,submit the admissions policy and application for review and approval by the Department as evidence that the corrective action has been implemented. | | | |
| **Progress Report Due Date(s): 10/15/2015** | | | |

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

Charter School or District: Somerset Berkley Regional High School

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Name of School/District Staff Member

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

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

**Mandatory One-Year Compliance Date: September 7, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 5 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of the district documentation indicates that the district does not provide ESL instruction to promote and support the rapid acquisition of English language proficiency by ELL students as is required in G.L. c. 71A. Furthermore, the district does not have an ESL curriculum to use for ESL instruction or a plan to develop one that is aligned to the Massachusetts Curriculum Frameworks and integrates components of the WIDA ELD standards frameworks. Please see* [*http://www.doe.mass.edu/ell/wida.html*](http://www.doe.mass.edu/ell/wida.html)*.* | | | |
| **Narrative Description of Corrective Action:** The district is currently working with the Director of Curriculum and Instruction, Elizabeth Haskell in conjunction with the ESL teacher at the K-8 level to investigate research based ELL Curriculum for the district to purchase. Once the Curriculum is purchased, the district will provide professional development opportunities to implement this curriculum to ELL students in the district. The identified ESL teacher, who is in the process of completing the requirements for the ESL certificate from DESE will insure that all changes to the ELL guidelines are properly considered, and that all students, when they reach Level 6 on the ACCESS testing (or high Level 5 with participation) will receive the recommended service delivery times as outlined in accordance with the regulations as set forth by DESE. The identified ESL teacher will work with General Education staff to develop WIDA aligned standards for ELL curriculum. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Melissa Silvia | | **Expected Date of Completion for Each Corrective Action Activity:** 04/30/2016 | |
| **Evidence of Completion of the Corrective Action:** MA DESE Certificate as an ESL teacher for Edward Doucette, Curriculum Materials purchased, Curriculum written to align to WIDA standards by ESL teacher | | | |
| **Description of Internal Monitoring Procedures:** District will monitor certification of ESL identified teacher, district will provide invoices and funding for the purchase of a research based ELL curriculum, District will provide ample planning time for the identified ESL teacher to consult with staff, and will expect the end product to be a curriculum aligned to the WIDA standards to be presented as a final product. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 5 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:**  The Department appreciates the district’s efforts to purchase ESL curriculum resources and support one of the teachers in his endeavor to earn his ESL license. However, the priority should be given to defining the educational approach that will be used in the district to meet the academic and language needs of its ELL population by providing ELLs with English language development and meaningful participation in the district’s general education program. Then the district needs to determine necessary resources to implement the program including qualified instructional and support staff, ESL and content curricula, instructional equipment and materials and instructional space. | | | |
| **Department Order of Corrective Action:** Please see above. | | | |
| **Required Elements of Progress Report(s):**  Please complete the attached Integration of *Castañeda’s Three-pronged Test into ELE Program Review Process* document by the progress report due date. Please see *Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners* found at <http://www.doe.mass.edu/ell/guidance/guidance.pdf> to learn more about the Department’s guidance on ELE programs. The Department will use the attached rubric to review the information submitted. | | | |
| **Progress Report Due Date(s): February 24, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 6 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of the documentation reveals that students may be exempt from meeting exit criteria if they have learning disabilities that impact their scores on standardized assessments. Therefore, there is no indication that students with disabilities can participate meaningfully in all aspects of the district’s general education program without the use of adapted or simplified English materials. Current practice of reclassification of ELLs as Former Limited English Proficient (FLEP) in the district is not consistent with the Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance/*](http://www.doe.mass.edu/ell/guidance/) *.* | | | |
| **Narrative Description of Corrective Action:** | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Melissa Silvia, Director of Special Education | | **Expected Date of Completion for Each Corrective Action Activity:** 12/2015 | |
| **Evidence of Completion of the Corrective Action:** Addition of the following changes to District ELL Handbook per state guidelines to read as follows: addition to the ELL Handbook in order to address that the district will insure that all changes to the ELL guidelines are properly considered, and that all students, when they reach Level 6 on the ACCESS testing (or high Level 5 with participation) will receive the recommended service delivery times as outlined in accordance with the regulations as set forth by DESE. | | | |
| **Description of Internal Monitoring Procedures:** supported document provided to DESE by the expected date of completion demonstrating the changes. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 6 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** There is no recommended service delivery for the students who are at the WIDA proficiency level 6. Please see the minimum exit criteria provided on the Department’s *Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners* found at <http://www.doe.mass.edu/ell/guidance/guidance.pdf>. | | | |
| **Department Order of Corrective Action:** See above. | | | |
| **Required Elements of Progress Report(s):**  Please submit a description of the district’s reclassification procedures, other supporting documents such as annual review forms and the district’s program exit criteria showing that:   1. The district does not reclassify ELL students as Former Limited English Proficient (FLEP) until he or she is deemed English proficient and can participate meaningfully in all aspects of the district’s general education program without the use of adopted or simplified English materials; and 2. The district does not limit or cap the amount of time in which an ELL student can remain in a language support program. | | | |
| **Progress Report Due Date(s): February 24, 2016** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 14 | | | **Rating:** Partially Implemented |
| **Department CPR Finding:** *District documentation indicated that the district does not have at least one teacher who has an English as a Second Language or Transitional Bilingual Education, or ELL license under G.L. c.71, § 38G and 603 CMR 7.04(3).* | | | |
| **Narrative Description of Corrective Action:** Dr. Edward Doucette is currently SEI endorsed, and is in the process of getting certified as an ESL teacher. He is awaiting the next MTEL, which is the last component of getting his certificate from the state of MA. Dr. Doucette’s license number is MA #165390. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Melissa Silvia, Director of Special Education | | **Expected Date of Completion for Each Corrective Action Activity:** 4/2016 | |
| **Evidence of Completion of the Corrective Action:** Issuance of MA DESE Certificate as a teacher of ESL to Dr. Edward Doucette | | | |
| **Description of Internal Monitoring Procedures:** N/A | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 14 | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**   * Provide a report of the program director’s monitoring of the educator’s progress towards certification throughout 2015-2016 school year until licensure is secured, and a copy of any job posting and application information that may remain on file in the event the currently uncertified educator(s) fails to acquire proper certification by Summer 2016. The due date for this submission is **February 24, 2016**. * Provide evidence of the licensure of the current ESL teacher(s) by the progress report due date by **June 17, 2016**. | | | |
| **Progress Report Due Date(s): February 24, 2016, June 17, 2016** | | | |