|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Belchertown

CPR Onsite Year: 2015-2016

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 05/19/2016.

**Mandatory One-Year Compliance Date:** **05/19/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 43 | Behavioral interventions | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Not Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Implementation In Progress |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 3 Special requirements for determination of specific learning disability | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicate that when a Team determines that a student has a specific learning disability (SLD), the Team completes three of the required SLD forms: Historical Review and Educational Assessment (SLD1); Area of Concern and Evaluation Method (SLD2) and Exclusionary Factors (SLD3). The fourth required SLD form, Observation (SLD4), is not consistently completed by the district. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is seemingly a lack of transferring a hard copy of the fourth required SLD form, Observation (SLD4), from esped to the student's file (PreK-6) and the lack of knowledge surrounding the importance of completing classroom observations in this process (7-12). The Team Leader Coordinators and school psychologists will be re-trained in the protocols for documenting a student with a specific learning disability, with an emphasis on understanding the role of a classroom and the importance of student records. Team Leader Coordinators will ensure that student classroom observations are conducted consistently and are placed in the student's file. School psychologists and other Team members will receive training on conducting classroom observations and maintaining student files. |
| **Title/Role(s) of Responsible Persons:**Director of Student Support ServicesTeam Leader CoordinatorsSchool Psychologists | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Records of training: Agenda, sign-in sheet, memo, district forms used to document meeting attendance, composition, and/or determination. |
| **Description of Internal Monitoring Procedures:** Assistant Superintendent/Director of Student Support Services will periodically review student files with SLD determinations to ensure all 4 SLD forms/components are completed, including the observation. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training (agenda, materials used and a dated attendance list with staff signature/role) provided to Team Leader Coordinators and school psychologists and other Team members on the district protocols requiring the completion of the four required SLD forms, particularly Observation (SLD4) and their documentation in the student record by October 17, 2016.Conduct a review of a sample of records for students with SLD across all grade levels whose initial evaluation or re-evaluation occurs subsequent to implementation of all corrective actions, for evidence of the completion of the four required SLD forms, particularly Observation (SLD4). Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 3A Special requirements for students on the autism spectrum | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review indicates that when a student has a disability on the autism spectrum, the IEP Team does not specifically address and document in the IEP the specific needs of a student with a diagnosis on the autism spectrum, including: the verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from the autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is due to a lack of awareness of a need to document that all areas have been addressed. Team Leader Coordinators will be trained in the usage of the district's newly formed Autism spectrum guidance document as a conversation tool during Team meetings to address student needs. Team Leader Coordinators will sign-off on the guidance form once the Team has reviewed. The form will be placed in the student's file. Team Leader Coordinators, school psychologists, and building administration will also be trained on how to specifically address and document in the IEP all seven requirements for students on the autism spectrum.In regards to Student Record Issues regarding SE3A, JJ has graduated as of 6/3/2016. AB's Team will reconvene in September of 2016 to address and document in the student's IEP all seven special requirements for students on the autism spectrum. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSTeam Leader CoordinatorsSchool PsychologistsBuilding Administration | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**District created Autism guidance document, records of training: agenda, sign-in sheet, memo/emailsEvidence of reconvene for AB: meeting invitation(N3), Team attendance sheet (N3A), summary of the discussion regarding the seven special requirements, a revised or amended IEP |
| **Description of Internal Monitoring Procedures:** Assistant Superintendent/Director of Student Support Services will implement internal reviews of students' files who have been diagnosed on the autism spectrum disorder to ensure proper documentation of all seven special requirements for students on the autism spectrum. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Review the Department's guidance: Technical Assistance Advisory SPED 2007-1:Autism Spectrum Disorder at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.Submit evidence of training (agenda, materials used to include the Autism guidance document and dated attendance list with staff signature/role) provided to Team Leader Coordinators, school psychologists, and building administration on the district procedures to specifically address and document in the IEP all seven special requirements for students on the autism spectrum by October 17, 2016.For the student record identified by the Department, reconvene the IEP Team to specifically address and document in the IEP all seven special requirements for students on the autism spectrum. Submit a copy of the Team Meeting Invitation (N3), the Team Meeting Attendance Sheet (N3A) and a revised or amended IEP by October 17, 2016. Conduct a review of records for students with a disability on the autism spectrum who have Team meetings subsequent to implementation of all corrective actions, for evidence that the IEP Teams specifically address and document in the student's IEP all seven special requirements for students on the autism spectrum. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause (s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017.\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 8 IEP Team composition and attendance | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicate that when one purpose of the Team meeting is to discuss transition services, a representative of a public agency who may be responsible for providing or paying for transition services is not consistently invited to the Team meeting. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is a time management/oversight in inviting a representative of a public agency who may be responsible for providing or paying for transition services. The Asst. Supt./Director of SSS will meet with the assigned Team Leader Coordinator to explain the importance of inviting a representative from a public agency who may be responsible for providing or paying for transition services. District internal forms (Annual Review Procedure Checklist and Evaluation Action Cover sheet) will be revised to include public agencies (transition services). |
| **Title/Role(s) of Responsible Persons:**Asst. Supt./Director of SSSTeam Leader Coordinator | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Revised internal forms, Team meeting invitations, meeting notes with Team Leader Coordinator |
| **Description of Internal Monitoring Procedures:** Asst.Supt/Director of SSS will implement internal review of Team meeting invitations and meeting notes to ensure that a representative of a public agency who may be responsible for providing or paying for transition services was invited. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training (dated meeting notes, the revised internal forms to include Annual Review Procedures Checklist and Evaluation Action Cover sheet) provided to the assigned Team Leader Coordinator at the high school level to ensure a representative of a public agency who may be responsible for providing or paying for transition services is consistently invited to the Team meeting by October 17, 2016.Conduct a review of student records at the high school level whose IEP meetings are conducted subsequent to implementation of all corrective actions, for evidence that a representative of a public agency who may be responsible for providing or paying for transition services is consistently invited to the Team meeting. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicate that the IEP Team does not consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, when the IEP Team's 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. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is a lack of consistent oversight of documentation on specifically addressing and documenting the skills and proficiencies needed to avoid and respond to bullying. The Asst.Supt/Director of SSS will work directly with Team Leader Coordinators to consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, when the IEP Team's 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. Training will include examples of how this would be shown in IEPs. In addition, the Asst.Supt/Director of SSS will train building administration in reviewing IEPs to ensure compliance of CR#18A. Upon proposing the IEP, the Asst.Supt./Director of SSS will review IEPs to ensure bullying statement is completed in IEP before signing.In regards to Student Record Issues regarding SE18A, CG and JP's Team will reconvene in September 2016 to consider, specifically address and document in the IEP the skills and proficiencies needed to avoid and respond to bullying. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSTeam Leader CoordinatorsBuilding Administration | **Expected Date of Completion:**10/03/2016 |
| **Evidence of Completion of the Corrective Action:**Agenda, sign-in sheet, handoutsEvidence of reconvene for CG and JP: Meeting invitation (N3A), Team attendance sheet (N3A), a summary of the discussion regarding bullying and a revised or amended IEP if applicable. |
| **Description of Internal Monitoring Procedures:** Upon proposing the IEP, the Asst.Supt./Director of SSS will review IEPs to ensure bullying statement is completed in IEP before signing. The Asst.Supt./Director of SSS will randomly review files to ensure compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Review the Department's guidance: Technical Assistance Advisory SPED 2011-2:Bullying Prevention and Intervention at http://www.doe.mass.edu/bullying/considerations-bully.html.Submit evidence of training (agenda, materials used to include any handouts and the dated attendance list with staff signature/role) provided to Team Leader Coordinators and building administration on the district procedures to ensure that the IEP Team consistently considers and specifically addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, an evaluation indicates the student's disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing by October 17, 2016.For the two student records identified by the Department, reconvene the IEP Teams to specifically address in the IEP the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. Submit copies of the Team Meeting Invitation (N3), the Team Meeting Attendance Sheet (N3A) and a revised or amended IEP by October 17, 2016. Conduct a review of a sample of records for students across all grade levels with Team meetings held subsequent to implementation of all corrective actions, for evidence that the IEP Team consistently and specifically addressed in the IEP, the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student is identified with a disability on the autism spectrum, when the student's disability affects social skills development or makes him or vulnerable to bullying harassment or teasing. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 20 Least restrictive program selected | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicate that the Non-participation Justification statement in the IEP is not specific to each student. In addition, the Non-participation Justification statement does not consistently state why the removal is considered critical to the student's 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. |
| **Description of Corrective Action:** The root causes of the district's failure of insufficient justification for removal the from general education are generic in nature, rather than sufficiently specific to needs of individual student and his/her program. The Asst.Supt/Director of SSS will instruct/train the Team Leader Coordinators to include more specific language regarding the reason(s)that removal from the general education classroom is critical, as well as the basis for the Team's conclusion that the student is not able to be educated in a less restrictive environment with the use of supplementary aids and services. All IEPs and amendments are reviewed by building administration and/or Asst.Supt./Director of SSS prior to being sent home. Administrators will ensure specific Non-participation Justification statements before signing each IEP. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSTeam Leader CoordinatorsBuilding Administration | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Memo/email to Team Leader CoordinatorsRecords of training: Agenda, sign-in sheet |
| **Description of Internal Monitoring Procedures:** Asst.Supt./Director of Student Support Services, along with Team Leader Coordinators, will conduct random internal reviews of signed IEPs to ensure the Non-Participation Justification statements are appropriately developed post training. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training (agenda, materials used and the dated attendance list with staff signature/role) provided to Team Leader Coordinators and building administration on the district procedures to ensure that the Non-participation Justification statement in the IEP is specific to each student, states why the removal is considered critical to the student's 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 by October 17, 2016.Conduct a review of records for students across all grade levels whose IEP meetings are conducted subsequent to implementation of all corrective actions, for evidence that the Non-participation Justification statement is specific to each student, states why the removal is considered critical to the student's 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. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause (s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 25 Parental consent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the Learning Support Program at Jabish Middle School and the Learning Skills Program at Belchertown High School, both special education resource rooms, are comprised of special education and general education students who receive instruction solely from a special education teacher. The general education students are placed in a special education class without parental consent to receive special education services. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation was building administrators' lack of understanding of the regulatory requirement and the importance of obtaining parental consent. Building principals at both Jabish Middle School and Belchertown High School will receive training from the Asst.Supt./Director of SSS on the importance of obtaining parental consent. In addition, beginning in September, 2016, the Learning Support Programs will NOT be comprised of special education and general education students who receive instruction solely from a special education teacher. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding principals (Jabish and Belchertown High) | **Expected Date of Completion:**08/31/2016 |
| **Evidence of Completion of the Corrective Action:**Records of training: Agenda, sign-in sheet, district memo to building principals at Jabish Middle School and Belchertown High |
| **Description of Internal Monitoring Procedures:** Asst.Supt./Director of Student Support Services will conduct a review of the Learning Support Program roster twice per the 2016-2017 school year to ensure that general education students are not placed in a special education class without parental consent to receive special education services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 25 Parental consent | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training (agenda, materials used, district memo, attendance list with staff signature/role) provided to building principals at Jabish Middle School and Belchertown High School to ensure general education students are not placed in a special education classroom without parental consent to receive special education services by October 17, 2016.Provide the student rosters for the Learning Support Program at Jabish Middle School and the Learning Skills Program at Belchertown High School that include each student's IEP beginning and end dates by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 40 Instructional grouping requirements for students aged five and older | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicates that the Learning Support Program, period 3, at Jabish Middle School includes 13 students with a certified special educator and one aide. This instructional grouping exceeds the instructional grouping requirements for eligible students placed outside of the general education classroom for sixty percent or less of the student's school schedule. |
| **Description of Corrective Action:** The root cause of the district's failure to fully to comply with exceeding the instructional grouping requirements for eligible student placed outside of the general education classroom was an oversight. This oversight occurred in one school (JBMS), for one period. The Asst.Supt./Director of SSS will provided training to Team Leader Coordinators and Building Administrators on the requirements for instructional groupings of students aged five and older outside the general education classroom. Building administrators and Team Leader Coordinators will receive a hard copy of the regulation. Should the instructional grouping exceed the instructional grouping requirements a waiver request will be submitted to the Department or additional staff will be added to meet the instructional grouping requirements. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding AdministratorsTeam Leader Coordinators | **Expected Date of Completion:**08/31/2016 |
| **Evidence of Completion of the Corrective Action:**Records of training: Agenda, sign-in sheet, memo, updated class lists with age spansIf needed, copy of wavier submitted to DESE. |
| **Description of Internal Monitoring Procedures:** The Asst.Supt/Director of SSS will periodically check the size and composition of instructional groupings of students age five and older across all grade levels in the district. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide the schedules of special educational groups (by period) at Jabish Middle School for the 2016-2017 school year that include the names of students, teacher(s) and paraprofessionals by October 17, 2016. Please use the Special Education Instructional Grouping and Age Span Template found in the WBMS Document Library.Submit evidence of training (agenda, dated attendance list with staff signature/role) provided to Team Leader Coordinators and building administrators on the instructional grouping requirements by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 41 Age span requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the age span of the youngest and oldest student in the Learning Skills Program (LSP), period 5, at Belchertown High School differs by more than 48 months. A written request for approval of a wider age range has not been submitted to the Department. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with the age span requirements was an oversight. This oversight occurred in one school (BHS), for one period. The Asst.Supt./Director of SSS will provide training to Team Leader Coordinators, building administration at Belchertown High School, and the guidance staff at BHS in the importance of age span requirements. Building administrators and Team Leader Coordinators will receive a hard copy of the regulation. Should an age span be warranted by more than 48 months, a waiver request will be submitted to the Department. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding Administrators Team Leader CoordinatorsGuidance Counselors | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Records of training: Agenda, sign-in sheet, updated class list with age spans, memoIf needed, copy of wavier submitted to DESE. |
| **Description of Internal Monitoring Procedures:** The Asst.Supt./Director of SSS will periodically check the age span of instructional groupings across all grade level in the district. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 41 Age span requirements | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide the schedules of all special educational groups (by period) at Belchertown High School for the 2016-2017 year that include the names of students, and dates of birth by October 17, 2016. Please use the Special Education Instructional Grouping and Age Span Template found in the WBMS Document Library.Submit evidence of training (agenda, dated attendance list with staff signature/role) provided to Team Leader Coordinators, building administrators and guidance staff at Belchertown High School on the regulations regarding age span requirements by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 43 Behavioral interventions | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicate that functional behavioral assessments are not always conducted and positive behavioral interventions or IEP goals to address behavior are not always found in the record when the IEP and related documents show the student's behavior impedes their learning or the learning of others. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is a lack of internal procedures. The Asst.Supt/Director of SSS will work directly with the Team Leader Coordinators and the district's BCBA to create a procedure for completing FBAs and documenting them within a student's file. Team Leader coordinators will ensure that the proper procedure is followed. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt/Director of SSSTeam LeadersDistrict-wide BCBA | **Expected Date of Completion:**10/31/2016 |
| **Evidence of Completion of the Corrective Action:**Agendas, sign-in sheets, copy of new procedures |
| **Description of Internal Monitoring Procedures:** Conduct an administrative review of student records for students with identified behavioral needs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 43 Behavioral interventions | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's description does not address that the newly developed procedures will include identifying the need for positive behavioral interventions or IEP goals to address behavior when the IEP and related documents show a student's behavior impedes their learning or the learning of others. |
| **Department Order of Corrective Action:**The district must develop procedures that also address identifying the need for positive behavioral interventions or IEP goals to address behavior when the IEP and related documents show a student's behavior impedes their learning or the learning of others. |
| **Required Elements of Progress Report(s):** Provide a copy of the procedures developed to ensure the completion of functional behavioral assessments and identifying the need for positive behavioral interventions or IEP goals to address behavior when the IEP and related documents show a student's behavior impedes their learning or the learning of others by October 17, 2016.Submit evidence of training (agenda, dated attendance list with staff name/role) provided to the district's BCBA, Special Education staff and Team Leader Coordinators on the new procedures by October 17, 2016.Conduct a review of a sample of records for students across all grade levels whose behaviors interferes with learning, and whose IEP meeting occurs subsequent to implementation of all corrective actions, for evidence of functional behavioral assessments, positive behavioral interventions or IEP goals to address behavior when the IEP and related documents show a student's behavior impedes their learning or the learning of others. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 54 Professional development | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the district does not regularly provide training to all special education and general education staff on: 1) state and federal special education requirements and related local special education policies and procedures; 2) analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and 3) methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. In addition, document review and interviews indicate that paraprofessionals are not provided with a variety of training opportunities, including those training opportunities provided to special education and general education staff. |
| **Description of Corrective Action:** The district has determined that the root cause of this partial implementation is lack of awareness of the necessity of this training. The district is in the process of: 1) Providing annual trainings on state and federal special education requirements and related local special education policies and procedures;2) Developing an annual training on analyzing and accommodating diverse learning styles of all students to achieve the objective of inclusion in the general education classroom; and 3) providing methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students. |
| **Title/Role(s) of Responsible Persons:**Supt. of SchoolsAsst.Supt./Director of SSSDirector of Teaching/LearningBuilding Administration | **Expected Date of Completion:**05/01/2017 |
| **Evidence of Completion of the Corrective Action:**Records of trainings: Agendas, sign-in sheets, memos, materials/hand-outs from trainings, professional development calendar |
| **Description of Internal Monitoring Procedures:** Trainings will be incorporated into our annual professional development days, faculty meetings, and after school workshops/trainings. The Asst.Supt./Director of SSS will work directly with the Director of Teaching and Learning to ensure annual trainings. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide the professional development calendar for the 2016-2017 school year that includes training for all general and special education staff and paraprofessionals on: 1) state and federal requirements and related local special education policies; 2) analyzing and accommodating diverse learning styles of all students; and 3) methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 55 Special education facilities and classrooms | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Classroom observations and interviews at Chestnut Hill Elementary School indicate that two classrooms, the SAILS substantially separate program (room 202) and room 204, where special education and ELE services are provided, are located next to the room where band class is held. The loud noise from the band class presents with auditory distractions for students. In addition, room 204 serves different purposes within the school. In addition to being utilized as an instructional space for pull-out of both English language learners and special education students, it also contains a copy machine and other office equipment frequently used by teachers. This instructional space compromises the confidentiality of students and also leads to visual distractions. Classroom observations at Jabish Middle School indicate that the SAILS Program, the Language Learning Program, and two resource rooms are clustered at one end of a hallway on the first floor of the school building. These classroom locations do not maximize the inclusion of special education students into the life of the school. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is lack of building administration's understanding in room placement and building space. The Asst.Supt/Director of SSS and the Superintendent met with the Director of Building and Grounds to devise a plan to address the loud noise from the band class. Modifications will be made to room 202, 204 and the band room (including but not limited to: sound absorbing panels and ceiling tiles, and specialized weather stripping). Beginning August 31, 2016, room 204 will no longer be used by the ESL Teacher, and no longer contain a copy machine and other office equipment frequently used by teachers. These items have been relocated within the building. In addition, the SAILS Program, the Language Learning Program, and the two resource rooms that are clustered at one end of the hallway on the first floor will be relocated within the building (JBMS) to maximize the inclusion of special education students into the life of the school. |
| **Title/Role(s) of Responsible Persons:**Superintendent Dir. of Building/GroundsAsst. Supt./Director of SSSBuilding Admin. (CHCS/JBMS) | **Expected Date of Completion:**08/31/2016 |
| **Evidence of Completion of the Corrective Action:**Report from Director of Building and Grounds stating newly installed modifications, Letter of assurance from CHCS administration regarding the removal of the copying machine and frequently used equipment from room 2014,Revised floor plan of Chestnut Hill Community School and Jabish Brook Middle School. |
| **Description of Internal Monitoring Procedures:** The Asst.Supt/Director of SSS, Director of Teaching and Learning, and the Director of Building and Grounds will review classroom space to ensure compliance yearly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Please schedule a date with the Department to conduct an onsite visit prior to the October 17, 2016, progress report due date to verify 1) modifications have been made to room 202, 204 and the band room at Chestnut Hill Community School; and 2) the SAILS program, the Language Learning Program and the two resource rooms have been relocated at Jabish Middle School. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the district does not regularly evaluate its special education programs and services. It has not conducted an evaluation in over two years. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was a change in leadership with regards to the Asst.Supt/Director of SSS and the Superintendence. The Asst.Supt./Director of SSS will work directly with the Director of Teaching and Learning and building administration to research and implement regular assessment tools/feedback to evaluate its special education programs and services. During the 2015-2016 SY, the district hired an outside consultant who evaluated the current inclusion practices and worked directly with the Asst.Supt./Director of SSS, building administration, and staff to increase inclusion services throughout the district. This consultation will continue for the 2016-2017 SY as well as additional evaluative systems. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt/Director of SSSDir. of Teaching/LearningBuilding Administration | **Expected Date of Completion:**05/01/2017 |
| **Evidence of Completion of the Corrective Action:**survey results, purchase orders/contracts for outside evaluators, data analysis, written reports, other appropriate documentation. |
| **Description of Internal Monitoring Procedures:** The Asst.Supt./ Director of SSS will work directly with the Director of Teaching and Learning to create a template/calendar illustrating an annual schedule of program evaluations for the District. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a description of the district's proposed evaluation plan, the timeline for implementation, and the staff responsible by October 17, 2016. Submit a copy of the special education program evaluation that includes an analysis of the survey data, a summary of the results, and an action plan for any recommendations based on the results by April 17, 2017. |
| **Progress Report Due Date(s):** 10/17/201604/17/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicates that the procedures submitted by the district for the discipline of students with special needs, and those not yet determined to be eligible for special education, include all required information. However, these procedures have not been included in the student handbooks or codes of conduct. The procedures in the student handbooks and codes of conduct for the discipline of students with disabilities do not address placing students in an Interim Alternative Educational Setting (IAES) on the authority of a hearing officer when the student is "substantially likely" to injure him/herself or others, or notifying the parent of the decision to take disciplinary action. In addition, the handbooks and codes of conduct do not include the procedures for the discipline of students with Section 504 Accommodation Plans. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation was timing. The district revised the suspension policy (JKD), approved by School Committee on 11/10/2015, after the publication of student handbooks. All parents/guardians received a copy of the revised policy after approval from the School Committee in November 2015. Student handbooks will be updated with the new policies which include the discipline of students with disabilities in an Interim Alternative Educational Setting (IAES) on the authority of a hearing officer when the student is "substantially likely" to injure him/herself or others, or notifying the parent of the decision to take disciplinary action. In addition, the handbook and codes of conduct will include procedures for the discipline of students with Section 504 Accommodation Plans. |
| **Title/Role(s) of Responsible Persons:**Supt. Of SchoolsAsst.Supt./Director of SSSDir. of Teaching/LearningBuilding Administration | **Expected Date of Completion:**08/31/2016 |
| **Evidence of Completion of the Corrective Action:**Copies of student handbooks from all schools with updated policies. |
| **Description of Internal Monitoring Procedures:** The Supt. of Schools, Asst. Supt./Director of SSS, Director of SSS, and the administration team will ensure that documents and procedures are reviewed annually and updated as needed. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's description does not address that the procedures for the discipline of students not yet determined to be eligible for special education will be included in the revisions for the student handbooks or codes of conduct. |
| **Department Order of Corrective Action:**The district must include the procedures for the discipline of students not yet determined to be eligible for special education with all required content in the student handbooks or codes of conduct. |
| **Required Elements of Progress Report(s):** Submit a copy of the section of the student handbook and code of conduct for each district school that includes the 1) procedures for the discipline of students with special needs; 2) the procedures for the discipline of students not yet determined to be eligible for special education; and 3) the procedures for the discipline of students with Section 504 Accommodation Plans that each include all required content by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the district's Bullying Prevention and Intervention Plan extends protections to students who are bullied by a member of the school staff. However, the student handbooks for all of the district schools and the faculty handbook do not contain the relevant provisions addressing the bullying of students by a school staff member and do not clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is an oversight on transferring updated information from the Bullying and Intervention Plan to student handbooks. The updated information extending protection to students who are bullied by a member of the school staff will be provided in the revised student handbooks for SY 2016-2017. In addition, the district will clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bulling report. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding Administration | **Expected Date of Completion:**08/31/2016 |
| **Evidence of Completion of the Corrective Action:**Copies of student handbooks containing updated information |
| **Description of Internal Monitoring Procedures:** Yearly review of handbooks, receive updated regulations as part of the district's partnership with MASC and districts' attorney |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's description does not address that the relevant provisions addressing the bullying of students by a school staff member will be included in faculty handbooks. |
| **Department Order of Corrective Action:**The district must include the relevant provisions addressing the bullying of students by a school staff member in faculty handbooks. |
| **Required Elements of Progress Report(s):** Submit a copy of the section of the student handbook for each district school and the faculty handbook that clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report and include the relevant provisions addressing the bullying of students by a school staff member by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicates that the district's student discipline policies and procedures do not include all required content. Specifically, the written notice of hearing and suspension does not include the right of the student and parent to appeal to the superintendent or evidence that the notice is provided to the student, as well as to the parent. The policy for the principal hearing for long-term suspension does not include the requirement for the principal to send written determination of out-of-school suspensions and the reason for such suspensions in pre-K through grade 3 to the Superintendent. Additionally, the policy does not include a system for periodic review of discipline data by special populations. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is The district revised the suspension policy (JKD) approved by the School Committee on 11/10/2015. The new policy addresses the requirements of the written notice of hearing and suspension. This information will be transferred to a newly created written notice of hearing and suspension which will include the right of the student and parent to appeal to the superintendent or evidence that the notice is provided to the student, as well as to the parent. The revised policy includes the requirement for the principal to send written determination of out-of-school suspensions and the reason for such suspensions in pre-K through grade 3 to the Superintendent. District/Building Administration will work with the district's data administrator to periodically review discipline data by special populations. |
| **Title/Role(s) of Responsible Persons:**Supt. of SchoolsAsst.Supt./Director of SSSBuilding Administration | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Revised policy and procedure documents, updated written notice of hearing and suspension, meeting agenda and sign-in sheet. |
| **Description of Internal Monitoring Procedures:** Yearly review of handbooks, receive updated regulations as part of the district's partnership with MASC and districts' attorney |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the revised written notice of hearing and suspension that includes the right of the student and parent to appeal to the superintendent, and evidence that the notice is provided to the student, as well as to the parent by October 17, 2016.Submit a copy of the district's revised policy for the principal hearing for long-term suspension that includes the requirement for the principal to send written determination of out-of-school suspensions, and the reason for such suspensions, in pre-K through grade 3 to the Superintendent by October 17, 2016. Submit the description of the system for periodic review of discipline data by special populations by October 17, 2016. Submit evidence of training (agenda and dated attendance list with staff signature/role) provided to district staff on the new procedures by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 14 Counseling and counseling materials free from bias and stereotypes | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicate that English language learners are not always provided the opportunity to receive guidance and counseling in a language they understand. |
| **Description of Corrective Action:** The district has determined that the root cause for the partial implementation is the lack of procedures indicating that English language learners have the opportunity to receive guidance and counseling in a language they understand. The Belchertown Public School Committee's subcommittee, Personnel and Policy, will review current policies JLD and JLD-E and make recommendations to the full Committee if needed. Developing and implementing a training in the revised policies and/or procedures for all building administration and related staff. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding administration | **Expected Date of Completion:**12/22/2016 |
| **Evidence of Completion of the Corrective Action:**Update policies/procedures, memo, agenda, sign-in sheet |
| **Description of Internal Monitoring Procedures:** Revised policies and procedures will be published in all appropriate venues including the district website. The Asst.Supt./Director of SSS will periodically review home language surveys for ELs and monitor services and materials for families that have identified a need for translation services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide procedures developed to ensure that English language learners are provided the opportunity to receive guidance and counseling in a language they understand by October 17, 2016.Submit evidence of training (agenda, dated attendance list with staff signature/role) provided to building administration and related staff on the new procedures by January 18, 2017. |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **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:** Not Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the district has not developed a written notice to provide to students and their parents within five days of the student's tenth consecutive absence that offers at least two dates and times for an exit interview with the superintendent before the student permanently leaves school. This notice to schedule the exit interview must also: Be provided to the student and the parent/guardian of the student in English and the primary language of the parent or guardian (to the extent practicable);Include contact information for scheduling the exit interview;Indicate that all parties shall agree to the date and time;Explain that the exit interview will occur within 10 days of the notice; andIndicate that the date and time of the exit interview may be extended an additional 14 days at the request of the parent or guardian.Additionally, the annual written notice sent to former students who have not yet earned their competency determination and have not transferred to another school is not sent to the last known address of each such student who attended the high school in the district within the past two years. |
| **Description of Corrective Action:** The root cause analysis of the feedback regarding non-compliance with this regulation revealed that BHS has experienced a low incidence of students failing to receive a diploma. As a result, a written notice to students and their parents within five days of the student's tenth consecutive absence that offers at least two dates and times for an exit interview with the superintendent before the student permanently leaves school has not been implemented properly. In addition, annual written notices were not sent to former students who have not yet earned their competency determination and have not transferred to another school is not sent to the last known address of each such student who attended the high school in the district within the past two years. The low incidence of this issue has caused us to respond with exit interviews with the BHS principal and focus was not given to the requirements of notice as specified in CR16. It is understood that a formal process must be established. The high school principal, guidance counselors, and the Asst.Supt./Director of SSS will meet to establish a clear process. It is clear that the notice to schedule the exit interview must also: Be provided to the student and the parent/guardian of the student in English and the primary language of the parent or guardian (to the extent practicable); Include contact information for scheduling the exit interview; Indicate that all parties shall agree to the date and time; Explain that the exit interview will occur within 10 days of the notice; and Indicate that the date and time of the exit interview may be extended an additional 14 days at the request of the parent or guardian. Additionally, the annual written notice sent to former students who have not yet earned their competency determination and have not transferred to another school is not sent to the last known address of each such student who attended the high school in the district within the past two years. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding Administration, BHSBHS Guidance Counselors | **Expected Date of Completion:**05/01/2017 |
| **Evidence of Completion of the Corrective Action:**Established procedures, revised notice, meeting notes, Student Handbook (BHS), attendance sheet, agenda |
| **Description of Internal Monitoring Procedures:** Internal review of records of students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion by the Superintendent of Schools. Review will be conducted by BHS administration or guidance and overseen by the Asst.Supt/Director of SSS. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Review the following documents: High School Exit Intervention Model Protocol at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf, andInformation for School Districts about Required Notices Regarding Students who Leave High School Without Graduating at http://www.doe.mass.edu/news/news.aspx?id=3051 Submit a copy of the procedures developed to ensure 1) a written notice is provided to students and their parents within five days of the student's tenth consecutive absence; and 2) a notice is sent annually to former students who have not yet earned their competency determination and have not transferred to another school by October 17, 2016.Submit a copy of the notice sent by the district to students and their parents within five days of the student's tenth consecutive absence that includes all required elements; and a copy of the notice used by the district to annually inform former students who have not yet earned their competency determination by October 17, 2016.Submit evidence of training (agenda and dated attendance list with staff name/role) provided to the high school principal and guidance counselors on the new procedures by January 18, 2017. |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **CPR Rating:** Implementation In Progress |
| **Department CPR Findings:** Document review and interviews indicate that the district meets all current requirements for the use of physical restraint. Interviews demonstrate that the district has begun the revision of its written policies and procedures and has identified and provided in-depth training to program staff to serve as school-wide resources for both de-escalation and the administration of restraint. Training was provided in October 2015, for all staff on the new regulations. Interviews indicate that the district will offer additional training for all staff on the district's revised restraint prevention and behavior support policy and procedures upon approval from the School Committee. |
| **Description of Corrective Action:** The district has updated all written policies and procedures with regards to CR Criterion #17A and will begin the first of two trainings for both de-escalation and the administration of restraint in July 2016 for paraprofessionals and teachers. A second restraint training will occur in Sept./Oct. 2016 for paraprofessionals, teachers, and administrators. All teachers, administration, and paraprofessionals received training on 10/27/2015 regarding the regulations on physical restraints. Since January 1, 2016, the district has updated policy JKAA Physical Restraint of Students ,developed and implemented written restraint prevention and behavior support procedures, and building administration has followed the reporting requirements within 603 CMR 46.00 (contents of report, weekly reviews of restraint data for students who have been restrained multiple times during the week, and monthly review of school-wide restraint data). The district reports all restraint-related injuries to the Department and all physical restraints are reported to the Department annually. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSBuilding Administration | **Expected Date of Completion:**10/31/2016 |
| **Evidence of Completion of the Corrective Action:**Copy of policy and procedures, meeting notes from weekly and monthly reviews, redacted excel sheet of restraints reported to the Department annually. |
| **Description of Internal Monitoring Procedures:** The Asst.Supt./Director of SSS in conjunction with the building administration will ensure that restraint training occurs annually for restraint team members, intensive needs paraprofessionals and all staff receive an overview of physical restraint requirements annually. |
| 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:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit the updated written restraint prevention and behavior support policy and procedures consistent with new regulations under 603 CMR 46.00 by October 17, 2016.Submit evidence of training (attendance list with staff signature/role) provided within the first month of the school year for all staff on the revised restraint prevention and behavior support policy and procedures by October 17, 2016. |
| **Progress Report Due Date(s):** 10/17/2016 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 18 Responsibilities of the school principal | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the district does not consistently promote instructional practices responsive to student needs and ensure that adequate instructional support is available for students and teachers. At the middle and high school levels, staff describe a Student Support Team (SST) process, however, student record review and interviews indicate there is not a tiered level of support or response to intervention (RTI) designed to provide instructional support that includes remedial instruction for students, consultative services for teachers, appropriate services for linguistic minority students, and other services consistent with effective educational practices. Additionally, the district curriculum accommodation plan (DCAP) does not include procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program including, but not limited to, direct and systematic instruction in reading and provision of services to address the needs of children whose behavior may interfere with learning.As a result, at Jabish Middle School and Belchertown High School, general education students who are experiencing difficulties with academics are removed from the general education classroom and placed in a separate learning environment. Specifically, they are placed in the special education Learning Support Program or Learning Skills Program taught by special education teachers.See SE 25. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was a lack of understanding on the importance of the SST process. The Asst.Supt./Director of SSS will re-train the administration at Jabish Middle School and Belchertown High School in the pre-referral process (SST) to identify a tiered level of support designed to provide instructional support. During the training, procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program will be documented for future guidance. In addition, the Team Leader Coordinator for grades 7-12 and building administration at Jabish and Belchertown High, will met to discuss the procedure for placing a student in a separate learning environment. The training will include the regulations around the least restrictive program selected. |
| **Title/Role(s) of Responsible Persons:**Asst.Supt./Director of SSSDir.of Teaching/LearningTeam Leader CoordinatorAdmin.(JBMS/BHS) | **Expected Date of Completion:**01/04/2017 |
| **Evidence of Completion of the Corrective Action:**records of training: agenda, sign-in sheetUpdated proceduresSST information |
| **Description of Internal Monitoring Procedures:** The Asst./Supt. of SSS and building administration will review SST packet before singing to ensure that that is a tiered level of support designed to provide instructional support. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's description does not address revising the district curriculum accommodation plan (DCAP) to ensure it includes procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program including, but not limited to direct and systematic instruction in reading and provision of services to address the needs of children whose behavior may interfere with learning. |
| **Department Order of Corrective Action:**The district must revise the DCAP to ensure it includes procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program including, but not limited to direct and systematic instruction in reading and provision of services to address the needs of children whose behavior may interfere with learning. |
| **Required Elements of Progress Report(s):** Provide the updated pre-referral process (SST) at Jabish Middle School and Belchertown High School that includes a tiered level of support designed to provide instructional support that includes remedial instruction for students, consultative services for teachers, appropriate services for linguistic minority students, and other services consistent with effective educational practices by October 17, 2016.Provide the updated DCAP that includes procedures to assist the regular classroom teacher in analyzing and accommodating diverse learning styles of all children in the regular classroom and in providing appropriate services and support within the general education program including, but not limited to, direct and systematic instruction in reading and providing of services to address the needs of children whose behavior may interfere with learning by October 17, 2016.Submit evidence of training (agenda, dated attendance sheet with staff name/role) provided to building administration at Jabish Middle School and Belchertown High School in these new procedures and to ensure principals consistently promote instructional practices that are responsive to student needs and that adequate instructional support is available to students and teachers by January 18, 2017.Conduct a review of student records across all grade levels whose initial evaluation occurs subsequent to implementation of all corrective actions, for evidence of instructional supports provided for the student prior to the referral for an evaluation to determine eligibility for special education. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 18, 2017. \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/17/201601/18/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Document review and interviews indicate that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is the lack of procedure to ensure that all aspects of its K-12 program are evaluated 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. The district will: 1) Develop a procedure to ensure that all aspects of its K-12 program are evaluated annually ensuring 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, 2)Develop a process to document that all aspects of its K-12 program are evaluated 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, and 3)Trainings for teachers and building administration in the procedure and documentation process. |
| **Title/Role(s) of Responsible Persons:**Supt. of SchoolsAsst.Supt./Director of SSSDir. of Teaching/LearningBuilding Administration | **Expected Date of Completion:**05/01/2017 |
| **Evidence of Completion of the Corrective Action:**Copy of developed procedure and process, copies of agendas, materials and attendance sheets for all trainings |
| **Description of Internal Monitoring Procedures:** Supt. of Schools, Asst.Supt./Director of SSS, and the Director of Teaching and Learning will review procedure and process maintained at the building and district level. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 07/27/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide a copy of the procedures developed to ensure all aspects of the district's K-12 program are evaluated annually and that all students have equal access to all programs, including athletics and other extracurricular activities by October 17, 2016.Submit a copy of the institutional self-evaluation, conclusions reached, and resolution of any identified issues by April 17, 2017. |
| **Progress Report Due Date(s):** 10/17/201604/17/2017 |