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

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Randolph

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 09/22/2016.

**Mandatory One-Year Compliance Date:** **09/22/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| CR 26A | Confidentiality and student records | Partially Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 4 | Waiver Procedures | Not Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 8 | Declining Entry to a Program | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 13 | Follow-up Support | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 2 Required and optional assessments | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicates that an assessment by a representative of the school district, including a history of the student's educational progress in the general curriculum, and an assessment by a teacher(s) with current knowledge regarding the student's specific abilities in relation to learning standards of the Massachusetts Curriculum Frameworks and the district's general education curriculum, as well as an assessment of the student's attention skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults are not consistently evident in records. |
| **Description of Corrective Action:** After careful review of thirty five records, it was determined that there is a level of inconsistent practice with the implementation and use of Ed Assessment A and B forms. |
| **Title/Role(s) of Responsible Persons:**Maria Lopes, Director of Special Education and Pupil Services | **Expected Date of Completion:**12/02/2016 |
| **Evidence of Completion of the Corrective Action:**Completed Ed Assessment B forms for every IEP meetings and evaluationProtocol for Completion and Implementation on Ed Assessment B portion.Attendance Sheet to Training of the Ed Assessment B portionInclusion of the Protocol to the SPED ManualIEP coversheet checklist will include Ed Assessment A and B under Annual in every meeting |
| **Description of Internal Monitoring Procedures:** Careful review by the SPED Administrator when a packet is sent to SPED Central Office that it should include Ed Assessment A & B forms in every IEP packet.Random file checks by Director of Special Education and Pupil Services annually.SPED Manual |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district did not identify training of staff as part of the corrective action and did not propose t rectify the student files that were identified during the CPR. |
| **Department Order of Corrective Action:**Conduct a training for general education and special education staff on the requirements for completing Educational Assessment A and B forms. Include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter.Complete the missing required assessments for those individual students identified by the Department. After receiving consent from the parents. If consent had not been previously received, reconvene the IEP Teams to review the results of the assessments and determine whether the individual student's current IEP is appropriate.Develop an internal oversight and tracking system to ensure that all Educational Assessment A & B forms are completed. The tracking system should include supervisory oversight and periodic reviews to ensure compliance.Conduct an internal review of records subsequent to the staff training to determine compliance. |
| **Required Elements of Progress Report(s):** Submit evidence of training to general education and special education staff on the requirements for completing Educational Assessment A and B forms. Include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter, by January 13, 2017. In addition, complete the missing educational assessments for those individual students identified by the Department. Reconvene the IEP teams to review the information and to determine whether the individual students current IEP is appropriate. Submit copies of the educational assessments completed for the individual students identified by the Department, as well as copies of the Team Meeting Invitation (N3) and Team Meeting Attendance sheet (N3A) as evidence that IEP Teams reconvened to r review the assessment results, by January 13, 2017. Submit a report of the results of an internal review of records conducted after the training to determine compliance. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance, by March 24, 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; and c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

|  |
| --- |
| 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:** Review of student records indicates that while IEP Teams address the needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development, the Teams do not consistently address all areas of concern for students identified with a disability on the autism spectrum, specifically: 1) the verbal and nonverbal communication needs of the student; 2) the need to develop social interaction skills and proficiencies; 3) the needs resulting from the student's unusual responses to sensory experiences; 4) the needs resulting from resistance to environmental change or change in daily routines; 5) the needs resulting from engagement in repetitive activities and stereotyped movements; and 6) the need for any positive behavioral interventions, strategies, and supports to  address any behavioral difficulties resulting from autism spectrum disorder. |
| **Description of Corrective Action:** After careful review of thirty five records, it was determined that there is a level of inconsistent practice with the implementation of the ASD procedural checklist. |
| **Title/Role(s) of Responsible Persons:**Maria Lopes, Director of Special Education and Pupil Services | **Expected Date of Completion:**12/02/2016 |
| **Evidence of Completion of the Corrective Action:**Copy of the ASD Procedural checklist IEP coversheet checklist will include ASD procedural checklistAttendance sheet from Training and Information Dissemination of ASD Procedural ChecklistProtocol of ASD Procedural Checklist |
| **Description of Internal Monitoring Procedures:** Careful review by the SPED Administrator when packet is sent to SPED Central Office that should include Ed Assessment A & B forms in every IEP packet.Random file checks by Director of Special Education and Pupil Services annually. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training to IEP Team chairpersons on the requirements for addressing the seven specific areas of need for students on the autism spectrum, including the needs arising from stereotypical movements and the need to develop social interaction skills and proficiencies. Include the agenda, training date, signed attendance sheets indicating the title/role of staff and the name and title of the presenter by January 13, 2017.Submit a description of the internal oversight and tracking system along with periodic reviews with the name and role of the designated person by January 13, 2017. For those student records identified by the Department, submit a copy of the Team Meeting Invitation (N3) and Team Meeting Attendance sheet (N3A), and the resultant IEP indicating that the IEP Teams have reconvened and addressed all areas of concern for students on the autism spectrum. Submit this information by January 13, 2017.Submit a report of the results of an internal review of records conducted after the training, ensuring that IEP Teams are addressing the special requirements for students on the autism spectrum. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance, by March 24, 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; and c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 25 Parental consent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records and interviews indicate that the district does not consistently document efforts to secure the parent's consent for evaluations or implementation of the IEP. Furthermore, the district does not document a variety of methods, such as email, phone calls, or certified mail, when the participation or consent of the parent is required and the parent fails or refuses to participate or provide consent. |
| **Description of Corrective Action:** After careful review of thirty five records and meetings with TEAM Facilitators, although there is a tracking system of securing parental consent for evaluations in a variety of methods, it was determined that there is a level of improvement needed on the implementation or consent documentation and in a variety of methods. |
| **Title/Role(s) of Responsible Persons:**Maria Lopes, Director of Special Education and Pupil Services | **Expected Date of Completion:**10/31/2016 |
| **Evidence of Completion of the Corrective Action:**Signed Consent to Evaluate forms and letters to parentsEvaluation summaries appropriately dated, IEP team meeting notesTracking System on ESPEDRefined electronic format Team Facilitators tracking system |
| **Description of Internal Monitoring Procedures:** Random Annual Monitoring Checks by the Special Ed and Pupil Services DirectorRecords ReviewESPED software date and records management |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 25 Parental consent | **Corrective Action Plan Status:** Approved **Status Date:** 10/26/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a description of the variety of methods which may be accessed to gain parental consent for evaluations or implementation of the IEP and the tracking system employed to monitor parent response. The tracking system should include oversight and periodic reviews by the Director of Student Support Services to ensure ongoing compliance. Indicate how outreach to parents is documented when multiple efforts are employed to gain consent by January 13, 2017. Submit a report of the results of an internal review of records conducted after the training, ensuring that IEP Teams are documenting all attempts to secure parental consent. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause(s) of the non-compliance and the district's plan to remedy the non-compliance, by March 24, 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; and c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 32 Parent advisory council for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Interviews indicate that the parent advisory council (PAC) for special education does not meet with school officials to participate in the planning, development, and evaluation of the school district's special education programs. Specifically, the PAC did not participate in the activities and process of the recent program evaluations. |
| **Description of Corrective Action:** After careful review of the indicated criterion and through information gathered from staff members, parent feedback survey, it was found that there is inconsistent practice with the SEPAC’s participation in the planning, development, and evaluation of the school district's special education programs. |
| **Title/Role(s) of Responsible Persons:**Maria Lopes, Director of Special Education and Pupil Services | **Expected Date of Completion:**10/31/2016 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion will be in the form of, at minimum, semi-annual meeting agendas and attendance sheets or other form of communication with the SEPAC that reflects their opportunities to advise the district in planning development and special education programs. |
| **Description of Internal Monitoring Procedures:** Internal monitoring of this process will be by the Director for Special Education and Pupil Services who will ensure compliance with SE32. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Develop and submit a plan for involving the SEPAC in the planning, development and evaluation of the special education programs and for advising the district on matters that pertain to the education and safety of students with disabilities. Submit a copy of the plan by January 13, 2017. Submit copies of agendas, minutes of meetings and sign-in sheets indicating that the SEPAC has met with school officials to participate in the planning, development and evaluation of the special education programs, and has been involved in advising the district on matters pertaining to the education and safety of students with disabilities. Submit this information by March 24, 2017. |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 3 Access to a full range of education programs | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents indicates that the district describes how it ensures equal access to a full range of education programs for all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, or disability; however, this description does not address the protected category of homelessness. |
| **Description of Corrective Action:** Failure to update/ review in a timely fashion. Turnover in staff at several levels including the Director of Human Resources position which occurred on August 10, 2016. |
| **Title/Role(s) of Responsible Persons:**Joe Mackey, Director of Human Resources | **Expected Date of Completion:**08/30/2016 |
| **Evidence of Completion of the Corrective Action:**We will forward this to the Superintendent of Schools to update and inform the School Committee as a policy update/change item. The following sites and specific exemplars will take place through the various schools and the PrincipalsRPS Website, Handbooks ( Student & Employee),Family and Student Guide to the Randolph Public Schools, Letterheads, Stationary, Newsletters, Employment Ads, Public Relations Campaigns or others. |
| **Description of Internal Monitoring Procedures:** Principals and IT department will be notified of necessary changes and hard copies sent to HR and Director of Civil Rights as provenance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of the updated non-discrimination policy statement, including examples from Principals RPS Website, Handbooks (Student & Employee), Family and Student Guide to the Randolph Public Schools, Letterheads, Stationary, Newsletters, Employment Ads, Public Relations Campaigns or others. Indicate how and when the revised policy statements were provided to parents/guardians by January 13, 2017. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 8 Accessibility of extracurricular activities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents indicates that the district describes how it ensures accessibility of extracurricular activities for all students, regardless of race, sex, color, religion, national origin, sexual orientation and disability; however, this description does not address the protected categories of gender identity and homelessness. |
| **Description of Corrective Action:** Again, a turnover in personnel at the Principal and Director level. Consistency of application across the various levels. |
| **Title/Role(s) of Responsible Persons:**Joe Mackey, Director of Human Resources | **Expected Date of Completion:**08/30/2016 |
| **Evidence of Completion of the Corrective Action:**The policy needed to be updated as above and also includes a needed reference to Title IX and other related activities. So the response is that the following applies :Updated Non-Discrimination Policy? rewritten as such - The Randolph Public Schools (RPS)do not discriminate on the basis of race, color, national origin, sex, gender identity, handicap, age, religion, homelessness or sexual orientation in admission to or participation in its? programs or activities. RPS does not tolerate any form of discrimination, intimidation, threat, coercion, and/or harassment that insults the dignity of others by interfering with their freedom to learn or work. |
| **Description of Internal Monitoring Procedures:** Handbooks and related materials at each level are under construction or in process as this work is unfolding. The following School Policies are in effect through the School Committee- FILE: JJ CO-CURRICULAR and EXTRACURRICULAR ACTIVITIES Legal Ref: 71:47, FILE: JJ- E CO-CURRICULAR and EXTRACURRICULAR ACTIVITIES Legal Ref: 71:47 603 CMR 26.06 and an updating opinion is recommended in the near future to insure full compliance. PLUS, page one and two of the Athletic Department notes the Mission Statement and under GENDER NONDISCRIMINATION IN ATHLETICS you will find the full extent of our current intent and policy. The School committee has resolved to commit to the spirit and letter of the law was enacted by the Congress of the United States and in concert with the Commonwealth of Massachusetts general laws. See Attached in E-mail to Director of Student Services /Civil Rights. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that handbooks and Athletic Department Mission Statement have been updated by January 13, 2017. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents, including student and employee handbooks, indicates that relevant sections of the amended Bullying Prevention and Intervention Plan relating to the duties of faculty and staff and relevant provisions addressing the bullying of students by a school staff member are not included in the handbooks. Documentation provided indicates that although the district has updated its policy to include language that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report, the district has not provided that information in written form to students or parents/guardians. |
| **Description of Corrective Action:** Updated policies have been in transition and the roles of specific leaders as well as training has been in process. The HR department has updated and revised the Mandatory Training PowerPoint delivery system within the district. That was set in motion and reviewed again during this year. |
| **Title/Role(s) of Responsible Persons:**Joe Mackey, Director of Human Resources | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Principals will forward these receipts regarding the training on/after that date to HR. Bullying is addressed in this power point as well as many other obligations to be noted as expectations for ALL staff members. Attached you will find the following: MANDATORY ? ALL STAFF TRAINING 2016-2017, RPS ADULT BULLYING/CYBERBULLYING, RPS ADULT and STUDENT BULLYING/CYBER BULLYING PROTOCOL, PROTOCOL #5 ? BULLYING /SPED /IEP, and the BULLY FLOW CHART resulting in an MOA ( Memorandum of Agreement). Also related to this topic in a broader sense is the Family and Student Guide to the Randolph Public Schools which can be accessed at www.randolph.k12.ma.us which summarizes laws, policies, regulations, and practices that are important to students, parents and guardians within our public schools. This report is available in English, Haitian, Creole, Portuguese, Spanish and Vietnamese. Attached as an addendum to this E-Mail response. |
| **Description of Internal Monitoring Procedures:** Each staff member is expected to sign off on the presentation and seek further clarification no later than October 31, 2016. All relevant documents will be forwarded to Maria Lopes, Director of Student Services, Civil RightsJoseph Mackey, Director of Human Resources. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that the updated Bullying Intervention & Prevention Plan includes language that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. Submit evidence that the revised Bullying Intervention & Prevention Plan has been provided in written form to students and parents/guardians. |
| **Progress Report Due Date(s):** 01/13/2017 |

|  |
| --- |
| 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:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that the district has not developed and implemented written restraint prevention and behavior support policy and procedures consistent with new regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. Although program staff have been identified to serve as school-wide resources for the administration of restraint and provided with in-depth training on the use of physical restraint, the district has not provided all staff with training on the new regulations, provided staff with a copy of the policy and procedures, or made the policy and procedures available to parents. |
| **Description of Corrective Action:** Training has occurred in the past with response teams available at each site but broader understanding and compliance knowledge needed to be improved. |
| **Title/Role(s) of Responsible Persons:**Joe Mackey, Director of Human Resources | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**PHYSICAL RESTRAINT at a minimum was covered during Mandatory Training and the following limited questions for understanding by staff was directly discussed.What is the Randolph Public School Policy on Physical Restraint? According to policy staff should understand that:Physical restraint shall be used only in emergency situations after other less intrusive alternatives have failed or been deemed inappropriate, and with extreme caution. School personnel shall use physical restraint with two goals in mind: to administer a physical restraint only when needed to protect a student and/or member of the school community from immediate, serious, physical harm; and to prevent or minimize any harm to the student as a result of the use of physical restraint.Physical restraint is PROHIBITED: As a means of punishment, and as a response to property destruction, disruption of school order, a student’s refusal to comply with a school rule or staff directive, or verbal threats that do not constitute a threat of imminent, serious, physical harm.When is a physical restraint appropriate?Physical restraint should be used only as a LAST RESORT when: non-physical interventions would not be effective and the student’s behavior poses a threat of imminent, serious, physical harm to self and/or others.What should I do if I need to use a physical restraint?For safety sake, consider the following: have an adult witness who does not participate in the restraint (and advise you to release the student if distressed); floor or prone restraints are prohibited; only use the amount of force necessary to protect the student or others from physical injury or harm; and discontinue the restraint as soon as possible.For follow-up procedures you should: report the incident to an administrator immediately; provide a written report to the administrator by the next day; the administrator will inform the parents by a written report; and a follow-up meeting with the student and the staff member will occur to review the incident.Are there any other precautions I should be aware of?Be sure that you administer physical restraint in accordance with known medical or psychological limitations. You should be aware of any known medical or psychological limitations and/or behavioral intervention plans regarding the use of physical restraint on an individual student. Restraints administered to a student with a disability must be done in accordance to an IEP or other plan which the school and parents have agreed upon.There is no safe restraint; use physical restraint only as a last resort. Bearing the above in mind, further training can and should continue. |
| **Description of Internal Monitoring Procedures:** Reporting mechanisms are in process and tracking guidelines will continue to evolve. Principals are required to report any such actions to the Superintendent, Security Director and the Director of Student Services / Civil Rights Officer. Some are in fuller context within the attached E-Mails sent to the Civil Rights Office of the system. |
| 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:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training of all staff on the regulations regarding the use of physical restraint, include meeting agendas and signed attendance sheets, and the written restraint prevention and behavior support policy and procedures. Provide evidence that parents/guardians have been informed of the regulations on the use of physical restraint by January 13, 2017. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and interviews indicate that the district has created a survey tool which has been distributed to administrators to use in the process of the institutional self-evaluation. However, at the time of the review, the district had not completed the process of gathering and analyzing information 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:** Again there has not been a constant with regard to this particular indicator and I have not found any new survey. |
| **Title/Role(s) of Responsible Persons:**Joe Mackey - Director of Human Resources | **Expected Date of Completion:**12/22/2016 |
| **Evidence of Completion of the Corrective Action:**Completed survey for Institutional Self Evaluation and report of findings. |
| **Description of Internal Monitoring Procedures:** Completed survey and documents collected by HR Director. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a description of the procedures and any protocols that the school develops to 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 by January 13, 2017.Submit a copy of the institutional self-evaluation by March 24, 2017. |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 26A Confidentiality and student records | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicates that cumulative files and English language learner files do not include logs of access. |
| **Description of Corrective Action:** Upon review of school records, it is determined that we have not had a formal documentation system to record who and why student's files are being reviewed. |
| **Title/Role(s) of Responsible Persons:**Joe Mackey, Director of Human Resources | **Expected Date of Completion:**09/30/2016 |
| **Evidence of Completion of the Corrective Action:**Every student file has a formal sign out sheet of record. |
| **Description of Internal Monitoring Procedures:** Quarterly review of student files within school based records |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 26A Confidentiality and student records | **Corrective Action Plan Status:** Approved **Status Date:** 10/26/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a report of an internal review of student records from ELE files and cumulative records, ensuring that all files contain a log of access. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found to be not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance. \*Please note when conducting internal monitoring, the district must maintain thefollowing documentation and make it available to the Department upon request: a) List ofstudent names and grade levels for the records reviewed; b) Date of the review; c) Nameof person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 3 Initial Identification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and staff interviews indicate that the district has a two-tiered initial identification process in which students who are able to answer the interview questions developed by the district are not administered the language proficiency test to determine whether the student is an English learner. The district's current initial identification practices are not consistent with Department guidelines as set forth in 603 CMR 14.02(1). Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013" as found at http://www.doe.mass.edu/ell/guidance/guidance.pdf. |
| **Description of Corrective Action:** In conversations with staff and administration from various departments it appears that in some cases, regardless of the language indicated on the Home Language Survey, placement decisions were made without conducting proper English screenings when a student/parent appeared to have stronger English. And, because a student’s level of English may determine which school he/she attends, decisions may have been made for logistical reasons. Additionally, there has been a level of unaccountability on the role of the language liaisons for ELLs, who in the past have been the only staff to conduct WAPT screenings. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**Staff WIDA training certificates on file District Administrator Meeting MinutesPeriodic review of registration and WAPT screening data on newly enrolled ELLsDistrict professional development time allotted for ELL staff to complete WIDA training. |
| **Description of Internal Monitoring Procedures:** The ELL Coordinator will make periodic reviews of registration?Ipass and Docushare.The ELL Coordinator will keep staff WIDA training certificates on file in the ELL Office. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 3 Initial Identification | **Corrective Action Plan Status:** Disapproved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district explained the issue regarding the identification of ELs, but did not provide a proposal to correct the noncompliance. |
| **Department Order of Corrective Action:**The district must establish procedures, in accordance with the Department of Elementary and Secondary Education (DESE) guidelines to identify the students who maybe English language learners and assess their level of proficiency upon their enrollment in the school district. |
| **Required Elements of Progress Report(s):** 1. Please complete "OELAAA Form 7: Initial Identification Procedures" located in the Document Library to provide a description of the district's initial identification procedures showing that: a- the district administers a HLS to all newly enrolling students; b- the district screens the English language proficiency of a student using a WIDA screener when the answer to any of the questions on the HLS is a language other than English; c- the district determines whether or not the student is an EL and makes initial placement decisions using screening test results and cut scores provided by the Department; d- the district notifies the parent/guardian of language assessment results and initial placement no later than 30 days after the beginning of the school year or within two weeks if the student enrolls in the school district during the school year; e- the district informs the parents of their right to opt out or to secure an SEI program waiver with the parent notification form sent to the parents upon initial placement of the student in the district's ELE program; f- the district codes the student determined to be EL in all future SIMS reports submitted to the Department. 2. Please provide information regarding the training opportunities provided to the staff involved in the initial identification process to keep them informed about the revised policy and procedures. Please include materials presented, meeting dates, minutes and sign-in sheets.3.Please complete the form "Initial Identification Testing Data" located in the Document Library to provide the names and scores of all the students who have been screened for the SY 2016-17 .This progress report is due January 13, 2017. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 4 Waiver Procedures | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Review of student records indicates that information about waiver procedures is not included in the parent notification letter. |
| **Description of Corrective Action:** In reviewing ELL student files, it appears that this information has not always been indicated on letters to parents. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**Copies of parent letters in students? ELL files |
| **Description of Internal Monitoring Procedures:** The ELL Coordinator will review of newly enrolled students? files and review files after end of year student meetings. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 4 Waiver Procedures | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that the current parent notification letter includes information about waiver procedures by January 13, 2017. Submit a report of an internal review of student records for newly enrolled students. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found to be not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting internal monitoring, the district must maintain thefollowing documentation and make it available to the Department upon request: a) List ofstudent names and grade levels for the records reviewed; b) Date of the review; c) Nameof person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 5 Program Placement and Structure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents and interviews indicate that at the time of the review, students at the transitional level of proficiency received English as a second language (ESL) instruction in a push-in setting. However, staff interviews revealed that the time scheduled for push-in is not always dedicated to English language development since the teacher is expected to teach content at that time. The Department concludes that the district's approach to providing ESL instruction to English language learners (ELLs) at transitional level of proficiency is sometimes limited with sheltered content instruction and overlooks the need of ELLs for instruction focused on English language development. |
| **Description of Corrective Action:** This appears to be caused by lack of a consistent message from the ELL Office as to the purpose of ELL staff in push-in situations in classrooms and the ELL departments alignment to curriculum and support across the district for ELLs. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**Notes and feedback from class observations and district walk-throughsPeriodic review of ELL teachers? schedulesELL school and district staff Common Planning Time (CPT) meeting minutesReview of ELL curriculum and discussion at district administrative meetings |
| **Description of Internal Monitoring Procedures:** The ELL Coordinator will discuss/review ELL staff schedules at district principal and assistant principal meetings.The ELL Coordinator will meet with ELL school staff during CPT meetings to review.The ELL Coordinator will make class observations and walk-throughs to monitor use of ELL staff in the classroomThe ELL Coordinator will review of ELL teachers? schedules. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** 1- Please submit evidence of systematic English language development occurring during the time dedicated to ESL such as an ESL Curriculum and ESL unit plans that ESL teachers use for ESL instruction. 2- Please determine the root cause of the discrepancy between the district's ELE program as described in the "OELAAA Form 2: Integration of Castañeda's Three-Pronged Test into ELE Program Review Process" submitted by the district and its current implementation. Please explain in detail what kind of changes in students' schedules will be required to ensure that ESL instruction will not be provided at the time of Tier Two interventions and the ESL teacher is not expected to teach content during the time dedicated to language instruction. Please provide the district's plan to remedy such scheduling conflicts..3- Please explain how the district will monitor the progress towards compliance and submit the district's monitoring system to ensure that English language development occurs during the time dedicated to ESL. 4- Please provide training to all staff members involved in the education of ELs to ensure that they are knowledgeable about the program goals described in the "OELAAA Form 2: Integration of Castañeda?s Three-Pronged Test into ELE Program Review Process" submitted by the district and the district's commitment to provide sheltered content instruction and ESL instruction to ELs at all proficiency levels. Submit the training materials, agendas and sign-in sheets by the due date of the progress report.This progress report is due January 13, 2017. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 6 Program Exit and Readiness | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents submitted by the district indicates that some students have been reclassified as Former Limited English Proficient (FLEP) at the WIDA proficiency level as low as 3.6. ELLs at this proficiency level require significant support to participate meaningfully in all aspects of the district's general education program and therefore should not be considered for reclassification. The district's current practice for reclassifying ELLs as FLEP is not consistent with Department guidelines set forth in 603 CMR 14.02(4). Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013" as found at http://www.doe.mass.edu/ell/guidance/guidance.pdf. |
| **Description of Corrective Action:** In discussions with staff and administration and review of cases of students being reclassification, decisions may have been made on a student-by-student basis, with schools within the district using different criteria to measure progress. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**LAT Team spreadsheet in comparison to ACCESS dataAnnual review of students identified as reclassified from ELL to FLEP |
| **Description of Internal Monitoring Procedures:** The ELL Coordinator will review of LAT Teams? spreadsheets in comparison to ACCESS score data and end of year recommendations.The ELL Coordinator will make periodic reviews of students? files at year’s end for evidence of proper record keeping. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district should note that in order for public schools to comply with their obligations under Title VI of the Civil Rights Act of 1964, they are obliged to provide ESL services until ELs demonstrate proficiency of English language and can effectively participate in grade level content instruction without assistance and the use of adopted or simplified English materials. Districts are expected to establish reclassification procedures, in accordance with the Department of Elementary and Secondary Education (DESE) guidelines. |
| **Department Order of Corrective Action:**Please establish reclassification procedures, in accordance with the Department of Elementary and Secondary Education (DESE) guidelines. |
| **Required Elements of Progress Report(s):** 1.Please submit a description of the district's reclassification procedures and other supporting documents such as annual review forms.2.Please submit a roster of the reclassified students with their most recent ACCESS scores and other relevant data the district considered for reclassification.3. Please provide information regarding the training opportunities provided to the staff involved in the reclassification process to keep them informed about the revised policy and procedures. Please include materials presented, meeting dates, minutes and sign-in sheets.This progress report is due January 13, 2017. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 8 Declining Entry to a Program | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicates that forms completed by parents choosing to decline participation in direct ESL instruction (opt out forms) are not consistently dated, and evidence of monitoring activities is not consistently documented and maintained in the student's ELE record. |
| **Description of Corrective Action:** This is due to variations in record keeping across the schools within the district and the forms being used different from school to school. As well, there appears to be no consistent procedure for monitoring these students. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**LAT team minutesLAT Teams and ELL staff at CPT to keep record of monitoring of these students |
| **Description of Internal Monitoring Procedures:** ELL Coordinator will meet with LAT teams and ELL staff during CPT The ELL Coordinator will make periodic reviews of meeting minutes |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 8 Declining Entry to a Program | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training of LAT team members and ELL staff on the requirements for documenting requests by parents choosing to decline participation in direct ESL instruction, and maintaining evidence of monitoring activities in the student's ELE record. Describe the tracking system and indicate the person(s) responsible for oversight by January 13, 2017. Submit the results of an internal review of the district's English language learner student records for students who have opted out of participation in direct ESL instruction to determine that Opt Out request forms are complete, and that monitoring activities have been implemented and documented in the record. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found to be not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting internal monitoring, the district must maintain thefollowing documentation and make it available to the Department upon request: a) List ofstudent names and grade levels for the records reviewed; b) Date of the review; c) Nameof person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 10 Parental Notification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicates that records do not contain a parent notification form that includes all components: (a) the reasons for identification of the student as ELL; (b) the child's level of English proficiency;(c) program placement and/or the method of instruction used in the program;(d) how the program will meet the educational strengths and needs of the student;(e) how the program will specifically help the child learn English; (f) the specific exit requirements;(g) the parents' right to apply for a waiver (see ELE 4), or to decline to enroll their child in the program (see ELE 8); and (h) if the student has additional education needs that require special education services, how the Title III program will meet the objectives of the Individualized Education Plan (IEP).In addition, ELE student records do not consistently contain evidence of progress reports detailing the student's progress in ELE instruction or report cards provided in the same manner and with the same frequency as general education reporting. |
| **Description of Corrective Action:** A review of parent letters on files and student records, it appears items from the above list are missing from the letter and/or a letter to this effect didn’t always go out to parents accordingly. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**Updated student files of newly enrolled ELLsCopies of parent letters in student files |
| **Description of Internal Monitoring Procedures:** The ELL Coordinator will make periodic review of ELL student files |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence that the Parent Notification letter has been updated to include all components: (a) the reasons for identification of the student as ELL; (b) the child's level of English proficiency; (c) program placement and/or the method of instruction used in the program; (d) how the program will meet the educational strengths and needs of the student; (e) how the program will specifically help the child learn English; (f) the specific exit requirements; (g) the parents' right to apply for a waiver (see ELE 4), or to decline to enroll their child in the program (see ELE 8); and (h) if the student has additional education needs that require special education services, how the Title III program will meet the objectives of the Individualized Education Plan (IEP) by January 13, 2017. Submit evidence, including agenda and attendance sheets, of staff training on requirements for documents to be included in the ELL student record, including a comprehensive parent notification letter, and evidence of follow-up monitoring (see ELE 13), and progress reports and report cards. Describe the tracking system and indicate the person(s) responsible for oversight by January 13, 2017. Submit a report of an internal review of student records to ensure that ELL student folders contain: updated parent notification letters, evidence of follow-up monitoring, and copies of report cards and progress reports, translated where appropriate. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found to be not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting internal monitoring, the district must maintain thefollowing documentation and make it available to the Department upon request: a) List ofstudent names and grade levels for the records reviewed; b) Date of the review; c) Nameof person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 13 Follow-up Support | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicates that evidence of monitoring activities over two years for students who have exited the ELE program is not consistently documented and maintained in the student record. |
| **Description of Corrective Action:** In review of the current system, each school seems to have handled this process and the documentation of it differently, without consistency across the district. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion will be in the form of LAT team spread sheet and meeting minutes |
| **Description of Internal Monitoring Procedures:** ELL Coordinator will attend periodic LAT Teams and review minutes. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 13 Follow-up Support | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training of LAT team members on the requirement to actively monitor students who have exited an ELE education program for two years and provides language support to those students, if needed; and, to maintain evidence of the monitoring process in the student record. Describe the tracking system and indicate the frequency of monitoring activities. Identify the person(s) responsible for oversight of the monitoring process and documentation of the monitoring activities by January 13, 2017. Submit the results of an internal review of the district's English language learner student records for students who have exited the ELE program to determine that monitoring activities have been implemented and documented in the record. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found to be not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting internal monitoring, the district must maintain thefollowing documentation and make it available to the Department upon request: a) List ofstudent names and grade levels for the records reviewed; b) Date of the review; c) Nameof person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 14 Licensure Requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of documents submitted by the district and a review of ELAR indicate that the district's ESL teachers who teach ELLs SEI Biology and SEI Math in self-contained classes are not licensed in the content area they teach nor hold a waiver issued by the Department. Every teacher or other educational staff member who teaches ELLs should hold an appropriate license for the subject matter they teach or a current waiver issued by the Massachusetts Department of Elementary and Secondary Education. |
| **Description of Corrective Action:** ESL teachers must hold appropriate license and content area teachers must have content licensing as well as SEI endorsement. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**12/16/2016 |
| **Evidence of Completion of the Corrective Action:**Review of ELL staff employment filesRecord keeping of all staffs? status on SEI endorsement |
| **Description of Internal Monitoring Procedures:** Review of ELL staff employment filesRecord keeping of teachers? status on SEI endorsement |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Disapproved **Status Date:** 10/31/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district does not offer any proposal to correct the noncompliance. |
| **Department Order of Corrective Action:**See below. |
| **Required Elements of Progress Report(s):** By January 13, 2017, provide the names and licensure information of the teachers who provide content instruction in self-contained newcomer classrooms by the progress report due date. |
| **Progress Report Due Date(s):** 01/13/2017 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 18 Records of ELL students | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Review of student records indicates that records do not consistently contain evidence ofACCESS for ELLs test or participation in MCAS or PARCC tests, information about students' previous school experiences, progress reports and report cards provided in the same manner and with the same frequency as general education reporting, or evidence of follow-up monitoring, if applicable. |
| **Description of Corrective Action:** Record keeping is the main cause of this issue and the inconsistency across the district, from school to school, to maintain up-to-date and accurate records according the above list. |
| **Title/Role(s) of Responsible Persons:**Sheila Caldwell, ELL Coordinator | **Expected Date of Completion:**10/28/2016 |
| **Evidence of Completion of the Corrective Action:**Review of student records |
| **Description of Internal Monitoring Procedures:** The ELL Coordinator will make periodic reviews of student records. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved **Status Date:** 10/28/2016 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence, including agenda and attendance sheets, of staff training on requirements for documents to be included in the ELL student record, including a comprehensive parent notification letter (see ELE 4, 8, 10), evidence of ACCESS for ELLs test, participation in MCAS or PARCC tests, information about students' previous school experiences, evidence of follow-up monitoring (see ELE 13), and progress reports and report cards by January 13, 2017.Submit a report of an internal review of student records to ensure that ELL student folders contain: updated parent notification letters with information about waiver procedures included, evidence of ACCESS for ELLs test, participation in MCAS or PARCC tests, information about students' previous school experiences, evidence of follow-up monitoring, and copies of report cards and progress reports, translated where appropriate. Indicate the number of records that were reviewed from each building, the number of records that were in full compliance, an explanation of the root cause for any records found to be not in compliance, and a description of the specific corrective action taken by the district to address any identified non-compliance by March 24, 2017. \*Please note when conducting internal monitoring, the district must maintain thefollowing documentation and make it available to the Department upon request: a) List ofstudent names and grade levels for the records reviewed; b) Date of the review; c) Nameof person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/13/201703/24/2017 |