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

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Winchester

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 09/29/2016.

**Mandatory One-Year Compliance Date:** **09/29/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 7A | School year schedules | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 7C | Early release of high school seniors | Partially 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 11A | Designation of coordinator(s); grievance procedures | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and staff interviews indicated that for students on the autism spectrum, IEP Teams do not consistently address the needs resulting from resistance to environmental change or change in daily routines and the needs resulting from engagement in repetitive activities and stereotyped movements. | | |
| **Description of Corrective Action:**  The district's inability to fully comply with this regulation is due to a lack of awareness of a need to document that all areas have been addressed. Special Education Supervisors will be trained in the usage of the district’s Autism Spectrum Guidance document/ checklist as a conversation tool during Team meetings to address student needs, including review of Technical assistance Advisory SPED 2007-1 Autism Spectrum Disorder. Special Education Supervisors will sign-off on the checklist once the Team has reviewed. The form will be placed in the student's file. Special Education Supervisors, 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. Additionally, the training will clarify the district's procedures for using an Autism discussion checklist at team meetings. This Autism discussion checklist will be completed by Special Education Liaisons at team meetings, referenced in the IEP, and submitted with the IEP packet to the Special Education Supervisors for review. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education and Special Education Supervisors, special education staff | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  District created Autism Spectrum Guidance document, records of training: agenda, sign-in sheet, memo/emails. An internal review of 20 student records will be conducted to ensure Special Education Liaisons are documenting the team's discussion of the seven specific areas of need when developing the IEP for a student with ASD.  Evidence of reconvene for EH and WG: meeting invitation(N3), Team attendance sheet (N3A), summary of the discussion regarding the seven special requirements, a revised or amended IEP as appropriate | | |
| **Description of Internal Monitoring Procedures:**  Administrator of Special Education will implement internal reviews of 10 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. file review will occur by March 1, 2017 and June 1, 2017. Checklists will be collected and submitted for review for students who present with ASD. Ongoing reviews will take ace in each school building. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not indicate the frequency of internal administrative review of records to ensure continued compliance beyond June 1, 2017, except for "ongoing" reviews in individual schools. | | |
| **Department Order of Corrective Action:**  Revise the district's internal oversight and tracking system to ensure that IEP Teams address and document consideration of the special requirements for students identified with a disability on the autism spectrum so that the frequency of periodic reviews by the Director of Special Education is at least approximate (e.g., once each quarter, twice yearly). | | |
| **Required Elements of Progress Report(s):**  Review the Department's guidance on IEP development for students with autism at http://www.doe.mass.edu/sped/advisories/07\_1ta.html.  By January 23, 2017, submit a description of the district's revised internal oversight and tracking system of periodic reviews to indicate the approximate frequency of administrative internal review, along with the name/role of the person responsible.  By January 23, 2017, submit the district's procedures for ensuring that IEP Teams consider and specifically address all seven areas of need in the IEP for all students on the autism spectrum, including any checklist or document used by the Team.  By January 23, 2017, submit evidence of special education staff training on the procedures for ensuring that for students with ASD, all seven areas of need are considered and specifically addressed by IEP Teams, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By January 23, 2017, for students whose records were identified by the Department, provide the signed Team meeting Attendance (N3A), the district's notice of proposed action (N1), and, if appropriate, relevant pages from the revised IEP or Amendment indicating the accommodations, goals, and/or services identified by the Team to address all 7 areas of need for ASD students.  By April 10, 2017 submit the results of an internal review of records of ASD students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number with evidence of all seven areas considered and specifically addressed in the student's IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and staff interviews indicated that upon the student reaching age 18, the district does not consistently obtain consent from the student with sole or shared decision-making authority to continue his or her special education program. | | |
| **Description of Corrective Action:**  Winchester Public Schools has determined the need for an internal monitoring system in order to confirm that the district communicates to students and parents that educational decision making rights transfer to students upon their 18th birthday. The Action Steps will be:  1. Annually, in September, Special Education Supervisors will put together a list of all students who are 17.  2. At the IEP meeting that takes place during the student's 17th year, the agenda will include an item called Transfer of Parental Rights so the process can be explained to parent and student.  3. One month prior to the student's 18th birthday, a letter from the Special Education Department will be sent to the student and his or her parents that reminds them of the upcoming transfer of parental rights.  4. Consent will be obtained from student upon his or her 18th birthday; date of consent will be entered into Aspen.  5. Upon turning 18, student will sign his or her IEP.  6. High School Special Educators will be presented with this information in September; training for all relevant high school Team staff members, and Special Education Supervisors on the requirement to obtain consent from the adult student with educational decision-making, including the agenda, signed attendance sheet, name and role of presenter and a sample of training materials.  The administrative staff will run a monthly report from the database to provide the Special Education Supervisor with those students who are reaching the age of majority in order for the Team to obtain consent more efficiently. The Special Education Supervisor, working the high school special educators, will populate a Google calendar with the birthdates of all students turning 18 and invite them to a meeting to sign their individual educational plans. Review Administrative Advisory SPED 2011-1 Age of Majority, with Special education Supervisors and at special education department meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education/Special Education Supervisors, secondary special education staff | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Monthly database report that is sent to the Team Chairperson, screen shots of the Special Education Supervisor's calendar, signed IEP by 18 year old student(s) as appropriate. | | |
| **Description of Internal Monitoring Procedures:**  The district will review student files of over 18 year olds to examine the documentation (signed IEP) from the Team. Additionally, file of students who are 18 year old will be reviewed internally in January and again in June to ensure for compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposal to identify students who are 17 in September of each school year and subsequently provide notification to the student and parent at their next IEP meeting does not meet the requirement to inform students and their parents at least one year prior to the student's 18th birthday of the transfer of educational decision-making rights that occurs once the student is 18. | | |
| **Department Order of Corrective Action:**  Develop procedures to ensure that notification of the transfer of decision-making rights is provided to students and their parents at least one year prior to the student's 18th birthday, and that the district obtains the consent of the student with sole or shared decision-making rights to continue their special education program when the student turns 18.  Please note that upon informing students and parents one year prior to the student attaining the age of majority, the district must document this notification in the Additional Information section of the IEP. | | |
| **Required Elements of Progress Report(s):**  Review the Department's guidance on Age of Majority at http://www.doe.mass.edu/sped/advisories/11\_1.html.  By January 23, 2017, for students whose records were identified by the Department, provide the student's IEP signature page and placement page, demonstrating that the student's consent has been obtained.  By January 23, 2017, submit the district's revised procedures to provide notification of the transfer of decision-making rights to students and their parents at least one year prior to the student's 18th birthday and the district's procedures to ensure that adult students with shared/sole decision-making sign the current IEP upon turning 18 years old.  By January 23, 2017, submit evidence of special education staff training on the district's Age of Majority procedures including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 10, 2017, submit the results of an internal review of a sample of students who turned 18 subsequent to the implementation of all corrective actions for evidence that the student has signed the current IEP when s/he has sole or shared educational decision-making. Provide a detailed narrative summary of the review including the number of records reviewed and the number with student consent as appropriate. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and staff interviews indicated that the district does not consistently hold a Team meeting to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate, on or before the one-year anniversary date of the IEP. | | |
| **Description of Corrective Action:**  The Administrator of Special Education will conduct training for the Special Education Supervisors and the Special education administrative assistants regarding timelines pertaining to annual review meetings. A meeting schedule and calendar for the year will be developed. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education and Special Education Supervisors, special education staff | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agendas, attendance sheets, and materials will be submitted.  Aspen mandated timelines reports will be reviewed each month by the Special education administrative team and will then be reviewed with special education staff monthly at special education department meetings  An internal review of the database to monitor compliance with SE 14 and submit documentation of these reviews to the DESE per the following schedule:  \* First internal review will be done and a report submitted to DESE by March 1, 2017  \* Second internal review will be done and a report submitted to DESE by June 1, 2017. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education and Special Education Supervisors will conduct file reviews for each building to monitor compliance in this area. Data will be collected and submitted. Ongoing, on-site reviews will take place in each school building. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not indicate the frequency of internal administrative review of records to ensure continued compliance beyond June 1, 2017, except for "ongoing" reviews in individual schools. | | |
| **Department Order of Corrective Action:**  Revise the district's internal oversight and tracking system to ensure that IEP Teams consistently hold a Team meeting to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate, on or before the one-year anniversary date of the IEP so that the frequency of periodic reviews by the Director of Special Education is at least approximate (e.g., once each quarter, twice yearly). | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit a description of the district's revised internal oversight and tracking system of periodic reviews to indicate the approximate frequency of administrative internal review, along with the name/role of the person responsible.  By January 23, 2017, submit evidence of special education staff training on reviewing IEPs annually and documenting student progress, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 10, 2017, submit the results of an internal review of 10 records of students with annual reviews conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number of IEPs that demonstrated documented student progress. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and staff interviews indicated that although parents leave with summary notes at the conclusion of the IEP Team meeting, which include a completed IEP service delivery grid describing the types and amounts of special education and related services proposed by the district and a statement of the major goal areas associated with these services, the district does not consistently provide parents with two copies of the proposed IEP and placement within two calendar weeks of the Team meeting. | | |
| **Description of Corrective Action:**  A review of student records indicated that although the district provides the parent with a Team meeting summary and two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are not always sent within ten (10) school working days following the IEP Team meeting. The district will provide training to all Special Education Supervisors and staff regarding the required timelines in accordance with state and federal regulations. The administrative staff will use the Mandated Timelines report to generate when meetings are held and the appropriate due dates. We will also create a spreadsheet of meeting dates, signature and sent dates to monitor compliance with timelines. Discussion will be held at each departmental special education staff meeting to review the timeline requirements as well as during opening day special education staff meeting at the beginning of the school year. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education and Special Education Supervisors, special education staff | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Records will be reviewed internally for timelines.  Spreadsheet of meeting dates and signature/sent dates  Aspen mandated timelines reports  Reviewed with special education staff at monthly special education department meetings  An internal review of the database to monitor compliance with SE 18B and submit documentation of these reviews to the DESE per the following schedule:  \* First internal review will be done and a report submitted to DESE by March 1, 2017  \* Second internal review will be done and a report submitted to DESE by June 1, 2017. | | |
| **Description of Internal Monitoring Procedures:**  Under the direction of the Administrator, building based support staff will utilize a shared Google Doc with their Special Education Supervisor to ensure compliance with meeting timelines and sending IEPs to parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated in its CAP description that 2 copies of the proposed IEP/placement are consistently provided to parents; please note that the Department's finding states otherwise, and this was not disputed by the district during its comment response phase of the CPR. | | |
| **Department Order of Corrective Action:**  Develop a training for special education staff to document in the district's accompanying Notice of Proposed School District Action (N1) that 2 copies of the proposed IEP & placement are being provided to the parent. | | |
| **Required Elements of Progress Report(s):**  Review the Department's guidance on immediate provision of the IEP at http://www.doe.mass.edu/news/news.aspx?id=3182.  By January 23, 2017, submit evidence of special education staff training on the requirement to provide 2 copies of the proposed IEP and proposed placement along with the required notice within two calendar weeks of the IEP Team meeting, including the agenda, signed attendance sheet, name and role of presenter, and training materials. Include in the training the documentation of 2 copies in the N1.  By April 10, 2017, submit the results of an internal review of 10 records for students whose IEP Team meetings were conducted subsequent to the implementation of all corrective actions. Provide a narrative summary of the review including the number of records reviewed, and the number with evidence that 2 copies of the proposed IEP and placement were provided within two calendar weeks of the Team meeting. If any non-compliance is identified report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records indicated that IEP Teams do not consistently state why the removal from the general education classroom is critical to the student's program and the basis for its 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:**  Administrator of Special Education will conduct training for the Special education Supervisors and the special education staff regarding the requirement to clearly state why the removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education and Special Education Supervisors, special education staff | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Administrator of Special Education will randomly select 10 students' IEPs whose services are provided outside of the general education classroom that have been completed following the training session to ensure compliance with regulation  The Administrator of Special Education will conduct two internal reviews of student records (10 student records per review with (4) at the PreK-5 level, (3) at the middle school level and (3) at the high school level) to monitor compliance with implementation of SE 20. The Administrator of Special Education will report to the DESE the results of the two internal review of records per the following schedule:  \* First internal review to be conducted and reported on to DESE by March 1, 2017.  \* Second internal review to be conducted and reported on to DESE by June 1, 2017.  Administrator of Special Education with Special Education Supervisors will review of instructional supports and service delivery grids, particularly B grid services and discussion with staff about LRE; survey staff to gather data about instruction models and LRE | | |
| **Description of Internal Monitoring Procedures:**  Train on the procedures for ensuring that students with full and partial inclusion designations are scheduled in classes that match their placements.  Develop an internal oversight and tracking system for ensuring that students with partial or full inclusion placements are enrolled in classes that reflect their placements.  Periodic record reviews will be conducted throughout the school year. Reminders of regulatory requirements will be reviewed at monthly department meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not indicate the frequency of internal administrative review of records to ensure continued compliance beyond June 1, 2017, except for periodic record reviews throughout the school year. | | |
| **Department Order of Corrective Action:**  Revise the district's internal oversight system to ensure that IEP Teams consistently state why the removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily so that the frequency of periodic reviews by the Director of Special Education is at least approximate (e.g., once each quarter, twice yearly). | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit a description of the district's revised internal oversight system of periodic reviews to indicate the approximate frequency of administrative internal review, along with the name/role of the person responsible.  By January 23, 2017, submit evidence of special education staff training on the development of non-participation justification statements that state why the removal from the general education classroom is critical to the student's program, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 10, 2017, submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number where IEP Teams appropriated justified why the student was removed from the general education classroom. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of records and staff interviews indicated that page two of the Notice of Proposed School District Action (N1) to propose an IEP or placement does not consistently include an explanation of the proposed action; a description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action; a description of any other options the IEP Team considered and the reasons why those options were rejected; and a description of any other factors relevant to the district's decision. | | |
| **Description of Corrective Action:**  Special Education Supervisors and special education staff will be trained on the completion of the N1 form, including discussion about the appropriate documentation of the conversations that occur in team meetings when considering FAPE in the LRE and addressing issues related to evaluations or other records used and rejected options and consideration of all relevant factors and considerations. A template of appropriate N1 narratives and an explanation of what types of data are important for consideration and discussion will be provided. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education and Special Education Supervisors, special education staff | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence of Training completion. Sign in attendance Sheets  Training PowerPoint  Develop and share templates for staff; models of exemplars shared with special education staff at department meetings. | | |
| **Description of Internal Monitoring Procedures:**  Bi-annually with the Special Education Supervisors, the Administrator will select and review 10 student records with (4) at the prek- 5 level, (3) at the middle school level and (3) at the high school level to monitor compliance that the Notice of Proposed District Action is being fully completed. Additionally, monthly record review of documents from every building for improved documentation-randomly select two IEPs from each building monthly and review N1 narratives. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review the Department's guidance on written notice at http://www.doe.mass.edu/sped/advisories/01\_4.html.  By January 23, 2017, submit evidence of special education staff training on the procedures to ensure that Notices of Proposed School District Action (N1) consistently include an explanation of the proposed action; a description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action; a description of any other options the IEP Team considered and the reasons why those options were rejected; and a description of any other factors relevant to the district's decision, along with the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 10, 2017, submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, the number with N1s that include a description of any other options that the Team considered and the reasons why those options were rejected and a description of each evaluation procedure, test, record, report, or other factors the Team used as a basis for the proposed or refused action. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district provides a variety of optional training opportunities on special education laws, regulations, and local policies and procedures, the district does not ensure that all staff, specifically general education teachers, receive this required training. In addition, document review and staff interviews indicated that special education and general education teachers, teaching assistants, and paraprofessionals do not always receive training on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom. | | |
| **Description of Corrective Action:**  Workshops will be developed for the district for all levels by Special Education and General Education staff. All professional development opportunities are open to all district staff. The audience will include general ed. and special ed. teachers and paraprofessionals; attendance at professional development opportunities will be required as appropriate. Attendance will be overseen by the administrative team. Topics will include methods of collaboration and supporting students with diverse learning styles in an inclusion setting. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education/ Assistant Superintendent, Special Education Supervisors | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agendas, attendance sheets, and training materials including memos, materials/hand-outs from trainings, professional development calendar will be submitted as evidence. | | |
| **Description of Internal Monitoring Procedures:**  The Administrator of Special Education and Assistant Superintendent will work closely with the special education staff in each building to monitor the development and implementation of the training. Trainings will be incorporated into our annual professional development days, faculty meetings, summer workshops/in district graduate classes and after school workshops/trainings. Regular and ongoing discussions with administrative team regarding training opportunities for all staff will be conducted throughout the school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please note that despite the district's open-to-all policy for professional development, the district must ensure that all staff, including both special education and general education staff, are appropriately trained to work with students with disabilities and students with diverse learning styles.  By January 23, 2017, submit evidence of general education teachers' participation in training on special education laws, regulations, and local policies and procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By January 23, 2017, submit evidence of training to special education and general education teachers, teaching assistants, and paraprofessionals on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom, including the agenda, signed attendance sheet, name and role of presenter, and training materials. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not regularly evaluate its special education programs and services. | | |
| **Description of Corrective Action:**  The district will contract with an outside provider to complete a comprehensive evaluation of all programs and services. The evaluation will be completed in phases over the next three years; phase one will focus on improving compliance, phase two will focus on programs and services at the secondary level and phase three will focus on preschool and Elementary programs and services. | | |
| **Title/Role(s) of Responsible Persons:**  Administrator of Special Education | | **Expected Date of Completion:**  09/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Action Plan developed by evaluator in consultation with Administrator of Special Education  Completion of Program Evaluation  Implementation of recommendations | | |
| **Description of Internal Monitoring Procedures:**  Meeting Agendas with Consultant  Periodic review of data gathered throughout the evaluation process | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the district's action plan as developed by the contracted evaluator, along with a specific timeline of implementation and evidence of meetings between the district & evaluator. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not consistently translate important information and documents, such as handbooks and codes of conduct, into its major languages of Chinese, Portuguese and Russian. The district website has an online translation option, but the translator is not functional for linked documents such as the Bullying Prevention and Intervention Plan and code of conduct. | | |
| **Description of Corrective Action:**  The district will convene a team of ELL administrators and teachers to review current student and family data to determine the current major languages and the translation needs of the families. The team will also research translation services currently used in other districts and make a recommendation for translation services to use in the future to better meet the needs of the families. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Elineema/Assistant Superintendent | | **Expected Date of Completion:**  04/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Translated documents such as student IEP's and school communications. | | |
| **Description of Internal Monitoring Procedures:**  Continual review of student/family needs and the major languages of the district. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Disapproved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposal to convene a team of ELL administrators and teachers to review current student and family data may not address the number of families whose first language is not English but whose children are not English Learners (ELs).  According to the district's SIMS data, approximately 643 individuals attending WPS identify a first language other than English (14%); however, only 180 students are identified as ELs (3.9%).  Additionally, the district's translated school documents must include the code of conduct, the high school handbook, and the Bullying Intervention and Prevention Plan. | | |
| **Department Order of Corrective Action:**  Determine the current major languages of the district based on the number of families with children attending school in that language group, excluding English. Submit the data used to determine the major languages (e.g., the number of families by language with children enrolled in the district).  Please note that individual parent preferences on Home Language Surveys does not relieve the district of its legal responsibility to translate important school documents as required by Title VI. | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit a list of the district's major languages, along with the data used to determine its determinations.  By April 10, 2017, submit web links to the district's translated code of conduct, high school handbook, and Bullying Prevention and Intervention Plan. | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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

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| **Criterion & Topic:**  CR 7A School year schedules | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that all students at Winchester High School are scheduled for 983 hours of structured learning time per year, rather than the required minimum of 990 hours. | | |
| **Description of Corrective Action:**  A high school scheduling committee has been established to review structured learning time. The committee will examine passing time, exam periods, length of classes, and length of day and make recommendations for modification that will ensure at least 990 hours of instruction. In addition, a recently-approved teacher contract provides for additional instructional minutes at the secondary level, beginning in the 2018-2019 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent Judith A. Evans | | **Expected Date of Completion:**  06/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Submission of revised structured learning time documentation including school calendar and bell schedule. | | |
| **Description of Internal Monitoring Procedures:**  The superintendent will meet annually with the principal to review planned structured learning time and ensure that the required 990 hours have been met. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7A School year schedules | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23,2017, submit evidence of the high school committee's meetings, including dated agendas and minutes from the meetings.  By April 10, 2017, submit a signed Principal's Student Learning Time Worksheet for Winchester High School, demonstrating the 990 hours of structured learning time per year. | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that non-directed study periods are included in the schedules for some high school students, providing them with fewer than 990 hours of structured learning time annually. | | |
| **Description of Corrective Action:**  The scheduling review committee will examine the use of study periods and will make a recommendation for changes to the schedule that will ensure that all students are provided with at least 990 hours of structured learning time annually. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent Judith A. Evans | | **Expected Date of Completion:**  06/01/2017 |
| **Evidence of Completion of the Corrective Action:**  The principal will review the student schedules and make corrective action as needed to ensure that all students have at least 990 hours of structured learning time and will provide a report of corrective actions made. | | |
| **Description of Internal Monitoring Procedures:**  Each year the principal will select at random 20 student schedules from each grade level for review and correction, as needed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23,2017, submit evidence of the scheduling review committee's meetings, including dated agendas and minutes from the meetings.  By April 10, 2017, submit the district's proposed changes to the high school schedule, specifically addressing the use of non-directed study periods for high school students, and any publication or communication to the school community (including parents, staff, and students) explaining the changes.  By April 10, 2017, indicate when the school committee will review the committee's proposal. | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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

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| **Criterion & Topic:**  CR 7C Early release of high school seniors | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that seniors are released more than 12 school days before the regular scheduled closing date of the high school. | | |
| **Description of Corrective Action:**  Students at Winchester High School typically graduate on the Sunday closest to June 4th. Because of an ongoing phased, occupied construction project, the district has started school later than usual and is scheduled to end on June 21st, which releases seniors one day earlier than the required 12 days. For the 2017-2018 school year, graduation and end of school will be adjusted to ensure that seniors are not released more than 12 school days before the regular scheduled closing date of the high school. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent Judith A. Evans | | **Expected Date of Completion:**  03/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Submission of planned 2017-2018 calendar. | | |
| **Description of Internal Monitoring Procedures:**  Each year, during calendar development, the high school principal will verify in writing to the superintendent that the planned graduation date complies with the required 12 school day rule. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit the district's proposed 2017-2018 school calendar, indicating the last day of school for high school seniors and the regular scheduled closing date of the high school. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that procedures for the discipline of students with disabilities and Section 504 Accommodation Plans in the high school code of conduct do not require a manifestation determination for students suspended more than ten (10) days or address the district's responsibility to provide services to enable the student, although in another setting, to continue to participate in the general education curriculum and to progress towards IEP goals. Document review also indicated that the elementary school code of conduct does not address gender identity and color as protected categories in its procedure for accepting, investigating and resolving complaints alleging discrimination or harassment. | | |
| **Description of Corrective Action:**  The district will convene a team of school and district administrators to review all student handbooks on an annual basis. Consultation with the district's attorney will be a part of this review. All mandated policies and procedures will be updated and the handbooks will be consistently posted on school websites and disseminated to families. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  04/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated student handbooks posted on all websites. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of handbooks by administration. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit a web link to 1) the district's updated high school student handbook, with revised disciplinary procedures including a manifestation determination after 10 days of suspension and educational services in another setting for students with disabilities and students on 504 plans and 2) the elementary schools' code of conduct with gender identity and color added to the required protected categories in the district's procedure for accepting, investigating and resolving complaints alleging discrimination or harassment. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that although the district's Bullying Prevention and Intervention Plan has been revised to extend protections to students who are bullied by a member of the school staff, consistent with the amendments to the Massachusetts anti-bullying law, the district's and individual schools' websites do not include this updated information. | | |
| **Description of Corrective Action:**  In the November & December of 2016 the district will reconvene the Bullying Prevention and Intervention team to review our current policies and procedures. The team will make any necessary policy change recommendations to the Superintendent and School Committee for approval. Once updated and approved, the revised Bullying Prevention and Intervention Plan will be consistently posted on all school and district websites. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  01/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated plans and policies on websites. | | |
| **Description of Internal Monitoring Procedures:**  The Bullying Prevention & Intervention Plan will be reviewed on an annual basis by school and district administrators. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit web links to the updated Bullying Prevention and Intervention Plan with protections for students who are bullied by a member of the school staff on the district's home web site and each of the district's school's web sites. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the discipline policy approved by the school committee conforms with current regulations; however, the policies disseminated to students and parents at different grade levels do not have all required components, including: 1) a School-Wide Education Service Plan for students on short- or long-term suspension; 2) a provision for notifying the superintendent before suspending a student in grades K-3; and 3) procedures allowing principals to address the impact of disciplinary action on selected student populations and to modify disciplinary practices as needed. | | |
| **Description of Corrective Action:**  The Superintendent of Schools will review School Committee policy JIC (Student Discipline), all corresponding DESE regulations, and the student handbooks with the school principals. Any necessary policy and/or procedure changes necessary will be made in the student handbooks. | | |
| **Title/Role(s) of Responsible Persons:**  Judy Evans/Superintendent | | **Expected Date of Completion:**  01/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated student handbooks. | | |
| **Description of Internal Monitoring Procedures:**  Annual review of student handbooks by school and district administrators. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit a web link to the following required components of the district's discipline policy: 1) a School-Wide Education Service Plan for students on short- or long-term suspension; 2) a provision for notifying the superintendent before suspending a student in grades K-3; and 3) procedures allowing principals to address the impact of disciplinary action on selected student populations and to modify disciplinary practices as needed, demonstrating that students and parents at different grade levels have access to the complete discipline policy approved by the school committee. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 11A Designation of coordinator(s); grievance procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district has designated a coordinator to address complaints from students and employees alleging discrimination based on sex or disability and has developed grievance procedures that are included in the school committee policy manual, the procedures have not been disseminated to staff. | | |
| **Description of Corrective Action:**  The annual training materials for staff will be reviewed for the inclusion of the grievance policies and procedures. The updated information will be added to the annual training materials and disseminated to staff in August 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  08/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated Annual Training Document | | |
| **Description of Internal Monitoring Procedures:**  Annual review of Annual Training Document by District and School administrators. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 11A Designation of coordinator(s); grievance procedures | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed corrective action does not clearly state that staff have been or will be immediately informed of the district's grievance procedures alleging discrimination based on sex or disability. | | |
| **Department Order of Corrective Action:**  If the district did not include this in its staff Annual Training Document in August 2016, provide access to the district's grievance procedures alleging discrimination based on sex or disability to all staff. | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit evidence of dissemination of the district's grievance procedures for employees that provide for prompt and equitable resolution of complaints alleging discrimination based on sex or disability to all district staff. This can take the form of an email to staff, along with a link to the grievance procedures for employees on the district's web site. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that at the high school level, the district's annual and continuous notification concerning nondiscrimination provides parents and students with the name but not the office address or phone number of the Title IX compliance coordinator. | | |
| **Description of Corrective Action:**  The High School handbook will be reviewed by the High School Principal with district administrators. The required information for the Title IX compliance coordinator will be added to the student handbook. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  04/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated Student Handbook | | |
| **Description of Internal Monitoring Procedures:**  Annual review of all student handbooks by school and district administrators. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit a web link to the district's updated high school student handbook with the name, office address and phone number of the Title IX compliance coordinator included. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the school committee has adopted a policy consistent with regulations outlined in the amended M.G.L. C. 76, s. 18, the district's written notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion and parents/guardians is not sent within five days of a student's tenth consecutive unexcused absence. In addition, the notice states that the purpose of the exit interview is to discuss the student's truancy, rather than the reasons for the student permanently leaving school and to consider alternative education programs and services available to the student.  A review of documents also indicated that the district has not developed a written notice for informing former students, who have not yet earned a competency determination or transferred to another school, of the availability of publicly funded post-high school academic support programs and encouraging them to participate in those programs. | | |
| **Description of Corrective Action:**  The district has a new position, the Administrator of Counseling, Health & Wellness. This administrator will review the requirements of this criterion with the High School Guidance Department and the High School Administration. Appropriate policies and procedures will be put into place, HS staff will be trained, and the appropriate letters will be implemented. Procedures will include the addition of exit interviews for students that include alternate pathways for students and a monthly report monitoring system and communication system regarding the availability of publicly funded post-high school academic support programs and encouraging them to participate in those programs. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  12/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Copies of letters sent to students and policies/procedures. | | |
| **Description of Internal Monitoring Procedures:**  Monthly report monitoring of students who have left the district. | | |
| 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:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017 submit the procedures the district will follow for monitoring the status of students 16 or older who left high school without a diploma within the previous two years.  By January 23, 2017, submit a sample notice to send to a student 16 or older and his/her parent within 5 days of the student's tenth consecutive absence. This notice should state that the purpose of the exit interview is to discuss the reasons for the student permanently leaving school and to consider alternative education programs and services available to the student.  By April 10, 2017, submit the results of an internal review of all students 16 or older who had 10 consecutive absences subsequent to issuance of the Corrective Action Plan for evidence the students were sent a notice within 5 days of the 10th consecutive absence inviting them to a meeting to discuss their enrollment at WHS and other public options for continuing their education.  By April 10, 2017, submit the results of an internal review of all students 16 or older who left WPS within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left the district without completing HS and whether they have transferred to another school or district. If the student has not transferred to another school, include the date WPS sent the student a notice with information on the availability of publicly funded post-high school academic support programs and encouraging them to participate in available programs. | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the school committee has approved a written restraint prevention and behavior support policy that is consistent with new regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention, the district has not developed procedures and training on appropriate responses to student behavior, prevention of violence and self-injurious behavior, receiving and investigating complaints, methods of physical restraint, or reporting requirements. Interviews indicated that the district has identified program staff to serve as school-wide resources for the administration of restraint and provided school-wide resource staff with in-depth training on the use of physical restraint. | | |
| **Description of Corrective Action:**  A district-wide team will convene to review current policies and develop procedures in order to bring the district into compliance. These documents will be incorporated into the District's Annual Mandated Training for staff. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  08/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated Annual Training Document | | |
| **Description of Internal Monitoring Procedures:**  District and school administrators will review this section of the Annual Training document on an annual basis. | | |
| 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:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review Department guidance at http://www.doe.mass.edu/lawsregs/603cmr46-UpdatedRequirements.pdf;  http://www.doe.mass.edu/sped/ta/restraint-training.pdf; and http://www.doe.mass.edu/sped/advisories/2016-1ta.html.  By January 23, 2017, submit the revised restraint policy and procedures consistent with amendments in 603 CMR 46.00 that took effect on January 1, 2016; procedures must include appropriate responses to student behavior, prevention of violence and self-injurious behavior, receiving and investigating complaints, methods of physical restraint, and reporting requirements.  By January 23, 2017, submit evidence that all staff have been trained on the updated restraint policy, including the agenda, training materials, signed attendance sheets, and name and role of presenter.  By January 23, 2017, submit evidence that the district's revised restraint procedures have been disseminated to families. The district may provide a web link in lieu of uploading a document. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although a district-wide curriculum review process is currently underway, the district does not ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation; and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  The Director of Personnel and Assistant Superintendent will meet and develop a procedure for all staff to use when they bring new materials into their classroom. This procedure will be shared with staff through the Annual Mandated Training document. | | |
| **Title/Role(s) of Responsible Persons:**  Sean Walsh/Director of Personnel | | **Expected Date of Completion:**  11/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Updated Annual Training document. | | |
| **Description of Internal Monitoring Procedures:**  District and school administrators will annually review and update the Annual Mandated Training document. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit the curriculum review procedure for teachers to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation.  By January 23, 2017, submit evidence of training or dissemination to teaching staff, including the agenda, signed attendance sheet, name and role of presenter, and training materials OR the method used to disseminate the process for teachers to use. | | |
| **Progress Report Due Date(s):**  01/23/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The district will develop a checklist form to be used to ensure that all aspects of the K-12 program are evaluated annually to ensure that all students have equal access to all programs. The checklist form will be completed by principals at each grade level and will include, at a minimum the following areas: review of athletic participation by gender, race, ELL, and disability status; review of course enrollment by gender, race, ELL, and disability status; review of extracurricular participation by gender, race, ELL, and disability status. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent Judith A. Evans | | **Expected Date of Completion:**  06/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Completed checklists will be submitted to the central office administrative team for review and feedback annually. | | |
| **Description of Internal Monitoring Procedures:**  Review of annual submission of institutional self-evaluation by the superintendent. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/16/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 23, 2017, submit the checklists used by principals to review participation of special populations in district activities, along with a timeline of implementation.  By April 10, 2017, submit a summary of data analysis and a date to release the information in publishable form to the district's constituents (school committee, staff, PTO, other parent groups, etc.). | | |
| **Progress Report Due Date(s):**  01/23/2017  04/10/2017 | | |