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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: Southeastern Regional Vocational Technical

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 08/26/2016.

**Mandatory One-Year Compliance Date:** **08/26/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 21 | School day and school year requirements | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 7 | Information to be translated into languages other than English | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 14 | Counseling and counseling materials free from bias and stereotypes | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Not Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 26A | Confidentiality and student records | Partially Implemented |
| ELE 3 | Initial Identification | Not Implemented |
| ELE 4 | Waiver Procedures | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 11 | Equal Access to Academic Programs and Services | Partially Implemented |
| ELE 12 | Equal Access to Nonacademic and Extracurricular Programs | Partially Implemented |
| ELE 13 | Follow-up Support | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and staff interviews indicated that IEP Teams do not consistently determine whether students approaching graduation are likely to require continuing services from adult human service agencies; specifically, the Chapter 688 referral is not consistently addressed in the Additional Information section of the IEP. Additionally, records indicated that Transition Planning Forms (TPFs) are not always reviewed and updated annually. | | |
| **Description of Corrective Action:**  Professional Development on transitional services, the 688 referral process and an overview of state agencies and their functionality relative to adult services. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Informational materials, department attendance sheet, record review. | | |
| **Description of Internal Monitoring Procedures:**  IEPs are being reviewed by two individuals to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, provide a descriptive summary of the internal monitoring process for ensuring compliance with consideration of Chapter 688 referrals and completion of TPFs. Include the role(s) of the two staff members responsible for ensuring compliance and provide a timeline for record monitoring.  By January 13, 2017, submit evidence of special education staff training that occurred on transitional services, Chapter 688 referrals, and the overview of the available adult state service agencies. Evidence should include dated meetings agendas, attendance sheets, and training materials.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and staff interviews indicated that required IEP Team members, including special education and general education teachers, are not consistently excused in writing by the parent, and absent Team members do not provide written input into the development of the IEP to the parent and the Team prior to the meeting. Staff interviews and record review also indicated that the district does not invite a representative of any public agency who may be responsible for providing or paying for transition services to Team meetings in which transition services will be discussed, nor has the district taken other steps to obtain the participation of these agencies. | | |
| **Description of Corrective Action:**  Professional development for special education staff regarding team meeting attendance, the team member excusal process and outside agency attendance. Electronic Educational Assessment forms emailed to all team members with a new return date of 5 days prior to the meeting date. A process to follow up on those not returned by the due date has also been implemented. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  Professional Development materials, department attendance sheet, record review. | | |
| **Description of Internal Monitoring Procedures:**  All meeting invitations and Educational Assessment forms are sent by one person, special education liaisons are following up and initiating a second request and in the event they are not returned by the 5 day deadline, Director of Special Education will pursue the form. Attendance sheets will also be reviewed to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit evidence of special education staff training on required Team member attendance, the requirements for written excusals of required Team members, requirements for provision of written input for IEP development, and inviting and obtaining participation of representatives of public agencies who may be responsible for providing or paying for transition services to Team meetings.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that the vocational school does not consistently conduct a re-evaluation every three years for eligible students, and records did not contain documentation that the parent and district agreed that the re-evaluation was unnecessary. | | |
| **Description of Corrective Action:**  A tracking sheet has been established to monitor reevaluations and their timelines. The tracking sheet includes date(s) consent was sent, the date consent was returned, 30 day assessment date, 45 day meeting date and the date of the team meeting. Those reevaluation dates that do not align with the IEP end dates are being moved up to avoid IEPs extending past their end date. Waiver forms are also being completed when families do not want their student to participate in the reevaluation process. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  01/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Revaluation tracking spreadsheet, record review. | | |
| **Description of Internal Monitoring Procedures:**  The spreadsheet is maintained by the school psychologist and reviewed by the Director of Special Education as well as the administrative assistant to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/04/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that it has developed a tracking sheet for adhering to 45 day timelines for re-evaluations; however, it did not indicate any staff training on the use of the tracking sheets and internal monitoring process for ensuring that re-evaluations would be conducted every three years as well as adherence to 45 day timelines. | | |
| **Department Order of Corrective Action:**  Train special education staff on three year re-evaluation requirements, the district's internal monitoring process to include three year re-evaluation and 45 day timeline adherence tracking sheets, and use of the waiver form when necessary. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit evidence of special education staff training on three year re-evaluation requirements, the district's internal monitoring process to include three year re-evaluation and 45 day timeline adherence tracking sheets, and use of the waiver form, when necessary. Evidence should include dated meetings agendas, attendance sheets, and training materials.  By March 24, 2017, submit a report of the results of an internal review of records in which re-evaluations were conducted subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that progress reports do not consistently contain information on the student's progress towards reaching the annual goals in the IEP, and the Current Performance Level and Measurable Annual Goal sections of the progress report are sometimes left blank. Record review also demonstrated that the goals identified on progress reports do not always match the goals set forth in the current IEP. | | |
| **Description of Corrective Action:**  Professional development on writing measurable annual goals and reporting on student progress. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  Professional development materials, department attendance sheet, record review. | | |
| **Description of Internal Monitoring Procedures:**  Progress report review process will be implemented to ensure the progress narrative is addressing the correct current annual goals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that it would provide staff training on writing measurable annual goals and progress report writing; however, it did not detail how it will internally monitor appropriate progress report completion and which staff members will oversee compliance. | | |
| **Department Order of Corrective Action:**  Develop a detailed plan for internally monitoring progress report completion and indicate which staff members will oversee compliance. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, provide a descriptive summary for the district's internal monitoring process for ensuring progress report completion, including the names and roles of staff members overseeing the process.  By January 13, 2017, submit evidence of special education staff training on writing measurable goals and progress report writing. Evidence should include dated meetings agendas, attendance sheets, and training materials.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that IEP Team meetings are not always held on or before the anniversary date of the previous IEP. In addition, IEPs are not always revised annually and updated to reflect each student's enrollment at the vocational school, as some IEPs have the student's previous school listed in the Assigned School Information section of the current IEP. | | |
| **Description of Corrective Action:**  A transfer IEP will be developed for all incoming 9th grade students reflecting comparable services to their current IEP as well a change of placement (PL1) to Southeastern Regional Vocational Technical School. A tracking spreadsheet has been established with a meeting due date column creating a due date 30 days prior to the active IEPs end date. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Tracking spreadsheet, record review. | | |
| **Description of Internal Monitoring Procedures:**  Tracking spreadsheet maintained and reviewed by the Director of Special Education and the administrative assistant. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that it will now develop transfer IEPs for all ninth grade students in order to ensure correct placement and it has developed a tracking spreadsheet for ensuring that meetings are held prior to one year anniversaries. The district however, did not indicate any staff training regarding these new developments. | | |
| **Department Order of Corrective Action:**  Train special education staff for ensuring that correct placements are listed, one year anniversary adherence requirements are met, and that the use tracking spreadsheet is being utilized.  Reconvene the IEP Team for the student who was previously identified by the Department and update the IEP as necessary to reflect current services and placement. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit evidence of special education staff training, ensuring that correct placements are listed, one year anniversary requirements are met and that the tracking spreadsheet is being utilized, Evidence should include dated meetings agendas, attendance sheets, and training materials.  By January 13, 2017, submit evidence of the reconvened IEP team, including the signed attendance sheet, Notice of Proposed School District Action (N1), and a copy of the updated IEP.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that IEP Teams do not consistently complete all required elements of the IEP. In particular, under the Measurable Annual Goal section, the district does not always indicate how the Team will know when the student has reached the goal. | | |
| **Description of Corrective Action:**  Staff training on writing measurable annual goals, more specifically the qualifying statement of how we will know when the goal has been met. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Department attendance sheet, record review | | |
| **Description of Internal Monitoring Procedures:**  IEPs are reviewed by two individuals prior to being signed and sent home. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that it will provide special education staff training on writing measurable annual goals and ensuring thorough completion of IEP components, and noted that it will provide follow-up evidence. The district; however, did not address the need to reconvene IEP Teams for three students previously identified by the Department in which IEPs were incomplete. The district did not identify the role of the individuals who will monitor for compliance. | | |
| **Department Order of Corrective Action:**  Reconvene IEP Teams for the three previously identified students and address all required IEP elements. Identify the role of the individuals who will be monitoring for compliance. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit evidence of the three reconvened IEP teams, including signed attendance sheets, Notices of Proposed School District Actions (N1s), and copies of the updated IEPs.  By January 13, 2017, submit evidence of special education staff training that occurred on writing measurable annual goals and ensuring thorough completion of IEP components. Evidence should include dated meetings agendas, attendance sheets, and training materials. Also, identify the role of the individuals who will monitor for compliance.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 21 School day and school year requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and staff interviews indicated that IEP Teams do not consistently document a student's need for an educational program that is shorter or longer than the regular school day/year. Specifically, the Schedule Modification section of IEPs is sometimes left blank. | | |
| **Description of Corrective Action:**  Professional development on schedule modification, the criteria and documenting in the IEP & N1. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  01/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Department attendance sheet, record review. | | |
| **Description of Internal Monitoring Procedures:**  Review of IEPs by two individuals prior to being signed and sent home. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 21 School day and school year requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that it will provide professional development on the need for addressing and documenting schedule modification, and noted that it will provide follow-up evidence. The district however, did not identify the role of the individuals who will monitor for compliance. | | |
| **Department Order of Corrective Action:**  Develop a detailed plan for the internal monitoring process for ensuring compliance with addressing the IEP Schedule Modification sections. Include the names and roles of the two staff members responsible for ensuring compliance. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, provide a descriptive summary of the internal monitoring process for ensuring compliance with addressing the IEP Schedule Modification sections. Include the role of the individuals who will monitor for compliance.  By January 13, 2017, submit evidence of special education staff training that occurred on the need for addressing and documenting schedule modification. Evidence should include dated meetings agendas, attendance sheets, and training materials.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and staff interviews indicated that when the vocational school is unable to secure parental consent to proposed IEPs and placements, efforts to secure the consent through multiple attempts and using a variety of methods are not documented in the student record. | | |
| **Description of Corrective Action:**  Communication logs will be maintained by special education liaisons. Meeting tracking sheet is maintained by the administrative assistant. Formal letters have been created to remind families of their responsibility to respond within a reasonable time frame. When several attempts of obtaining signatures have failed, IEPs will be forwarded to the BESE and be considered rejected per the regulations. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  01/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Communication logs, tracking spreadsheet, formal letter templates | | |
| **Description of Internal Monitoring Procedures:**  Unsigned consent and IEP reports will be reviewed monthly by the Director of Special Education, school psychologist and administrative assistant. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated a specific plan for documenting its attempts to secure parental consent and noted that it would create formal templates for letters to be sent to families and BSEA as necessary; however, the district did not indicate that it would provide any staff training on the newly developed procedures. In addition, the district did not address the need to address an issue with documenting outreach efforts for a specific student who was previously identified by the Department. | | |
| **Department Order of Corrective Action:**  Provide special education staff training on the procedures for securing parental consent for proposed IEPs and placements, documenting attempts to secure consent, and the need for contacting BSEA when necessary.  For the student previously identified by the Department, gather evidence of follow-up outreach efforts made by the district to obtain parental consent for the IEP proposal sent in December 2015. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit copies of the special education liaison communication log, meeting tracking sheet maintained by the administrative assistant, and letter templates to be sent to families when consent has not been obtained.  By January 13, 2017, submit evidence of special education staff training that occurred on the procedures for securing parental consent for proposed IEPs and placements, documenting attempts to secure consent, and the need for contacting BSEA when necessary. Evidence should include dated meetings agendas, attendance sheets, and training materials.  By January 13, 2017, submit evidence of outreach efforts made by the district in order to obtain parental consent for the previously identified student.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were issued subsequent to implementation of all corrective actions and include the following: the number of student records reviewed; the number of records in compliance; 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.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and staff interviews indicated that the vocational school does not consistently provide translated IEPs and progress reports for families whose primary language of the home is other than English and who have indicated that the home language is the preferred language for communication. In addition, the school does not consistently provide interpreters who are familiar with special education programs and services for IEP Team meetings. See also CR 7. | | |
| **Description of Corrective Action:**  A district wide procedure for translation services for verbally presented information (meetings, phone calls, etc.) has been established and will be distributed to staff within the upcoming weeks. The district has identified several options for translation services for written information and continues to work on developing a process and procedure for such correspondences. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  08/26/2017 |
| **Evidence of Completion of the Corrective Action:**  Copy of the policies, record review | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education and the administrative assistant will continually monitor the process to ensure documents are translated as necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Disapproved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not provide a specific plan for the provision of translated IEPs and progress reports for families whose primary language of the home is other than English and who have indicated that the home language is the preferred language for communication; it simply noted that procedures have been established and will be distributed to staff. No information was provided for the district's plan for future provision of translations or interpreters. In addition, the district did not address how it would provide the required IEP and progress report translations for the two students who were previously identified. | | |
| **Department Order of Corrective Action:**  Develop a specific plan for the provision of translated IEPs and progress reports for families whose primary language of the home is other than English and who have indicated that the home language is the preferred language for communication, as well as how the district will provide interpreters and other translations as necessary. Also, include details as to how staff would be notified or trained on the translation policies and procedures.  Provide the families of the two identified students with translated copies of the students' current IEPs and progress reports into the home languages of the students. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, provide a copy of the district's translation policy and procedures for the provision of special education documents to families who have specified a home language preference and how the district will provide interpreters and other translations as necessary. In addition, submit evidence of special education staff notification/training on the translation policy and procedures and requirements for special education documents.  By January 13, 2017, submit translated copies of the two students' current IEPs and progress reports.  By March 24, 2017, submit a report of the results of an internal review of records in which IEPs were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Parent and staff interviews indicated that members of the parent advisory council (PAC) for special education do not meet regularly with school officials to participate in the planning, development, and evaluation of the vocational school's special education programs. | | |
| **Description of Corrective Action:**  SEPAC recruiting will begin immediately and include the annual Parents' Rights presentation, mailings and updated contact information on the district website. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  Documentation demonstrating SEPAC membership, attendance, operational procedures, by-laws and meeting agenda. Presentation materials and attendance from annual Parents' Rights presentation. | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will oversee all communication attempts and foster parent involvement in the PAC. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a descriptive summary of the district's plan and efforts to regularly meet with SEPAC members that allows for parent participation in the planning, development, and evaluation of the vocational school's special education programs. The plan should include a timeline for meetings along with agenda items.  By March 24, 2017, submit evidence of meetings with school officials and SEPAC members. Evidence may include meeting agendas, attendance sheets, and any additional activities that involved planning, development, and evaluation of special education programming. | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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

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| **Criterion & Topic:**  SE 41 Age span requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the ages of the youngest and oldest student exceed 48 months in one special education math resource class. A written request for approval of a wider age range was not submitted to the Department of Elementary and Secondary Education. | | |
| **Description of Corrective Action:**  Will review class rosters to ensure they are no age discrepancies that warrant a written request for approval of a wider age range. In the event there is a need, the written request for approval will be submitted to DESE immediately. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Roster review, written request (if applicable) | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will oversee the implementation of age span requirement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that the Director of Special Education would oversee adherence to the 48 month age span requirement; however, the district did not address how it would continue to work to prevent age spans of more than 48 months in special education classes. Also, the district did not indicate any training for staff members responsible for scheduling students on this requirement and if necessary, the need for requesting a wider age span to the Department. | | |
| **Department Order of Corrective Action:**  Develop a detailed plan for the procedures for prevention of age spans of more than 48 months in special education classes. The plan should include training of staff members, such as guidance counselors, administrators, and special educators responsible for scheduling students on this requirement and if necessary, requesting a wider age span to the Department. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a detailed plan for the district's procedures for prevention of age spans of more than 48 months in special education classes. Submit copies of all special education class rosters for the 2016-2017 school year. Each class roster should include all students' initials and dates of birth. If necessary, submit a copy of the age span waiver request as well. Submit evidence of staff training on the 48 months age span requirement for all staff members responsible for scheduling students' courses. Evidence should include dated meetings agendas, attendance sheets, and training materials. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that one special education teacher is not appropriately licensed. | | |
| **Description of Corrective Action:**  All Special Education teachers are licensed in the appropriate field. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Record review | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will monitor licensure and renewal of licensure of current department staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not specify how the Director of Special Education will ensure appropriate licensure for all special education teachers and did not provide current licensure information for the special education teacher whose name was previously provided to the district. | | |
| **Department Order of Corrective Action:**  Develop a detailed internal monitoring process for ensuring appropriate licensure for all special education teachers.  Prepare current licensure information for the special education teacher whose name was previously provided to the district. If the teacher is no longer employed in the district, compose a statement of assurance indicating this. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, develop a detailed internal monitoring process for ensuring appropriate licensure for all special education teachers. Prepare current licensure information for the special education teacher whose name was previously provided to the district. If the teacher is no longer employed in the district, compose a statement of assurance indicating this. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that not all special education and general education staff are trained on analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. | | |
| **Description of Corrective Action:**  District based, online and off site professional development opportunities will be provided to both general and special education staff around meeting the needs of diverse learners in an inclusive setting. Professional Learning Communities (PLC) will provide an opportunity for staff members to collaborate on proven strategies of success. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  Presentation materials, attendance sheet, registration forms, agendas, and other supplemental materials. Shared resource folder accessible to all service providers. | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education, Director of Academics and Director of Vocational Programming will work collaboratively to provide professional development opportunities among staff. Through observations and informal meetings, inclusive practices will be monitored. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a detailed plan for the district's 2016-2017 professional development activities to include a timeline for implementation with meeting dates, topics to be covered, staff included, etc. If any professional development activities have occurred this school year around inclusion, submit evidence of staff training. Evidence should include dated meetings agendas, attendance sheets, and training materials. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations and staff interviews indicated that the instructional space used for the provision of speech services does not allow for the confidentiality of students receiving such services. An observation revealed that the space is situated between two classrooms and can only be accessed by walking through the classes, thereby creating distractions and not allowing for student confidentiality. | | |
| **Description of Corrective Action:**  Speech and Language services are taking place in a room accessible by a single door that directly exits into a hallway thereby creating a distraction free space that ensures confidentiality. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Map of school, site visit. | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education reviews room allocations prior to the start of each school year to ensure functionality of the spaces. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a building map highlighting the instructional space used for the provision of speech services and indicate the uses of the surrounding instructional spaces.  A follow-up site visit will be arranged by DESE prior to March 24, 2017. | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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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:**  Document review and staff interviews indicated that special education programs and services are not regularly evaluated. | | |
| **Description of Corrective Action:**  Create and administer a survey to general education, vocational and special education staff to identify program strengths and areas in need of improvement. Using the results, create an action plan based on data driven decisions to improve upon the identified high need areas. Involve all stakeholders in each phase of the program evaluation and improvement plan. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer D'Angelo, Director of Special Education | | **Expected Date of Completion:**  08/27/2017 |
| **Evidence of Completion of the Corrective Action:**  Copy of the survey, survey results, action plan, and evidence of implementation. | | |
| **Description of Internal Monitoring Procedures:**  Director of Special Education will oversee the process with direct support from staff around survey results, action plan items and implementing the plan. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a copy of the staff survey on special education programming along with plans for distribution of the survey.  By March 24, 2017, submit survey results and a detailed action plan as to how the survey results will be used for improving the district's special education programming. Also, submit evidence of action plan implementation to include dated meeting agendas, meeting notes, etc. | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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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:**  Not Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that important information and documents distributed to parents, such as handbooks and codes of conduct, are not translated into the major languages spoken by parents or guardians with limited English skills. In addition, district recruitment and promotional materials disseminated to residents in the area served by the district are not translated into the major languages spoken by residents with limited English skills. The vocational school also does not have an established system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages. | | |
| **Description of Corrective Action:**  Translation Services | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  11/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Recruitment Materials have all been translated into our primary languages. The physical copies were not in at the time of the review. The administrative team met in the summer to develop a translation and interpretation plan for students and their families. All faculty will be aware of the new procedures by November 1, 2016. A memo was developed outlining the plan. | | |
| **Description of Internal Monitoring Procedures:**  Memo will be sent by November 1st to all staff and it will be discussed on an inservice day for staff as well by then. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that recruitment materials have already been translated into the major languages spoken by residents and noted that the administrative team developed a translation and interpretation plan for students and their families, and staff would receive a memo notification for the plan. The district; however, did not describe the translation and interpretation plan for translating important forms such as handbooks and codes of conduct and did not indicate an established system of oral interpretation to assist parents/guardians with limited English skills. | | |
| **Department Order of Corrective Action:**  Develop a detailed summary of the district's translation and interpretation plan for translating important forms such as handbooks and codes of conduct. The plan summary should also include an established system of oral interpretation to assist parents/guardians with limited English skills. (Please note that the district should not notify staff of the translation and interpretation plan until the plan is approved by the Department.) | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a detailed summary of the district's translation and interpretation plan for translating important forms such as handbooks and codes of conduct. The plan should also include an established system of oral interpretation to assist parents/guardians with limited English skills.  In addition, submit copies of translated recruitment materials into the major languages of residents. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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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:**  See CR 7. | | |
| **Description of Corrective Action:**  Translation of Handbook | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  11/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The handbook can be accessed through our website. The Southeastern home webpage can be translated into our primary languages to access the handbook. We will have it reviewed for accuracy by November 1, 2016. We will also use the translation services outlined in CR 7 for all students and families. | | |
| **Description of Internal Monitoring Procedures:**  Memo to faculty and inservice discussion by November 1, 2016. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  See CR 7. | | |
| **Department Order of Corrective Action:**  See CR 7. | | |
| **Required Elements of Progress Report(s):**  See CR 7. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 14 Counseling and counseling materials free from bias and stereotypes | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the vocational school does not ensure that English language learners (ELLs) have the opportunity to receive academic guidance and counseling in a language that the student understands. In addition, the school does not provide information in notices such as activities, responsibilities, and academic standards to ELL students in a language and mode of communication that they understand. | | | |
| **Description of Corrective Action:**  Counseling Materials free from bias and stereotypes. | | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  06/20/2017 | |
| **Evidence of Completion of the Corrective Action:**  By the spring, we will have a plan to provide services to ELL students and their families during College and Career Planning meetings. We will plan to use internal faculty and the Cape Verdean Association for these meetings. We will have our What to Expect at each Grade Level Check-list with terms translated by June of this year. This is sent to every family at each grade level to help them keep track of where their child should be in planning for during and after high school. We will invite the ELL teacher(s) to join us in parent meetings where language assistance is needed. I will request flyers from our outside counseling agencies in languages other than English by October 1, 2016. We have a bi-lingual counselor who can do home visits for families when needed to support students and to support students when they are at-risk. | | | |
| **Description of Internal Monitoring Procedures:**  I will work with DCF, Health Imperatives, and BAMSI to have counseling materials translated and available in the office. We hired a new counselor that is supporting the department that is bi-lingual.  We will keep meeting minutes discussing the need for translation services during College and Career Planning meetings and ask them to log when they have done so. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 14 Counseling and counseling materials free from bias and stereotypes | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a descriptive summary of the developments/progress with corrective actions to include meetings with the Guidance and ELL Departments. Also, submit evidence of planning meetings along with a timeline for implementation and any newly created documents. | | | |
| **Progress Report Due Date(s):**  01/13/2017 | | | |

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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:**  Document review and staff interviews indicated that the vocational school's annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school informs students of MCAS testing opportunities only. | | |
| **Description of Corrective Action:**  Annual Notice | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  I will develop a letter by October to be sent at the end of each school year for any student that has left high school and did not transfer with all our local post high school options. This notice will be sent to the Guidance team, the Administrative Assistant to the Academic and Special Education Director, and the Administrative team to make them aware of the procedure. | | |
| **Description of Internal Monitoring Procedures:**  The letter will be written by October 1, 2016 and sent in June at the close of school. This will be part of the Guidance Department's administrative support teams procedure for closing out the school year. | | |
| 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:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a copy of the notice to be sent to students age 16 or over who have left school without a high school diploma, certificate of attainment, or certificate of completion, and their parents or guardians, ensuring that they are informed of alternative educational options. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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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:**  Not Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the vocational school 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. Additionally, the school has not identified program staff to serve as school-wide resources for the administration of restraint, provided school-wide resources with in-depth training on the use of physical restraint, 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:**  New Physical Restraint Policy | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  11/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The Administrative team will identify team members throughout the building to be part of the core Emergency Response Team for physical restraint. The Assistant principal will review the on-line training module available on the DESE website and decide how to best use that information with the faculty as well as develop the internal procedures as it relates to our school. That information will be communicated to all current faculty by the years end. Faculty will get a refresher training each year. New faculty will be get the full training. | | |
| **Description of Internal Monitoring Procedures:**  By June of 2017, faculty will be identified to be on the support team and an intervention plan will be in place for all staff and then reviewed with new faculty members upon hire. Staff will get a refresher as part of the mandated trainings at the start of the school year. Attendance sheets will be recorded or on-line tools will be developed to ensure that all faculty participated in the on-line training. | | |
| 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:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a copy of the 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. Submit a detailed plan for the provision of in-depth trainings for staff members serving on the core Emergency Response Team for physical restraint. Provide a list of staff names for those serving as resources and include evidence of trainings having commenced. Submit evidence of all staff training on the restraint prevention and behavior support policy and procedures. Evidence should include dated meetings agendas, attendance sheets, and training materials. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews indicated that the vocational school's curriculum accommodation plan, known as the Tiered System of Support, is not implemented across grade levels. Staff members are not always aware of the plan or the supports in place to meet the needs of diverse learners in the general education classroom, such as using the Tiered System Team to help teachers implement intervention strategies in math and reading or behavior support for students, and most staff members are only aware of the freshmen intervention team for "at-risk" students. | | |
| **Description of Corrective Action:**  SCRUM Process for Student Support | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  In the spring of last year, Dave Wheeler trained the Guidance staff, a regular education teacher, a special education teacher, and the school psychologist in using the SCRUM process for students at risk of not learning. This year, two Guidance staff will attend a two day training on the SCRUM process and continue the implementation. The process is as follows:  The team has one team chair or SCRUM leader, as we call it.  A referral comes from any faculty member.  The team decides the type of support the student needs with the desired outcome.  The faculty members that will be best at implementing that support come to the next meeting to discuss the level of support needed and the action steps to provide the support.  They attend the next meeting to report out on the interventions used and expected outcomes.  The team has a board that keeps track of the stories that follow each student.  The team meets every morning for 15 minutes for a two week period of time to discuss the progress of students. In most instances more than one intervention is necessary for each student.  For example the student may have low grades, an attendance issue, and a language barrier to communicate with the primary caregiver. The team may choose to work on each of these items individually with tutoring being implemented first. In that instance the head of the tutoring initiative contacts all teachers and asks about the student. That person reports out to the team the next day and an intervention strategy gets put in place. The next person invited to the meeting is the Attendance Monitor. They will look into the attendance issues and report out to the team with a new monitoring system for this student. The third is translation, so we decide which faculty member or agency would be the most helpful in communicating with the family.  It is a great process. We found that we accomplished more in a few weeks than we may have all year using this process of getting students back on track. They are able to remain for as long as it takes for the intervention to take hold. | | |
| **Description of Internal Monitoring Procedures:**  We will keep notes throughout the year on our new SCRUM process for student support.  We will communicate this process to faculty.  We will show evidence of training on this method of support. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit evidence of all staff training on the district's tiered system of support process known as SCRUM. Evidence should include dated meeting agendas, attendance sheets, and training materials.  Submit a copy of the SCRUM referral form and evidence of meetings to include support monitoring forms and SCRUM team meeting notes. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 26A Confidentiality and student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that the vocational school does not maintain logs of access in special education or English learner education student records. | | |
| **Description of Corrective Action:**  Record Review Log | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  I will develop and begin to use a log recording when faculty are accessing physical records in paper form. School Brains has the capability to check-in and check-out records in an electronic form. I will explain the procedure to the administrative staff to ensure the log is being kept. | | |
| **Description of Internal Monitoring Procedures:**  We will try the School Brains check-in system to ensure it is working and will maintain a physical log in Special Education and Guidance for anyone that has reviewed student records. I will check log access occasionally to ensure it is being used and remind administrative staff of its function and purpose. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 26A Confidentiality and student records | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated that it will begin to utilize an electronic log of access for special education and English learner education student records, and the log will be maintained by the Guidance Director with a physical log also being maintained in the Special Education and Guidance Department. Per CMR 603 23.07, a log shall be kept as part of each student's record, and the district did not indicate that each record would have a log of access. Also, the district did not indicate how it would review individual records to ensure compliance and did not indicate any sort of training/notification for all staff members. | | |
| **Department Order of Corrective Action:**  Develop and implement a plan for creating logs of access for each special education or English learner education student record. Note that unless student record information is to be deleted or released, this log requirement shall not apply to authorized school personnel who inspect the student record; administrative office staff and clerical personnel who add information to or obtain access to the student record; and school nurses who inspect the student health record.  Develop a monitoring plan for ensuring each student record contains a log of access.  Train all staff on the use of student record access logs. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a detailed plan for the use of student record access logs in each student's record and include a monitoring plan. Also, submit a copy of the student record access log.  By January 13, 2017, submit evidence of staff training/notification.  By March 24, 2017, submit a report of the results of an internal review of records to ensure logs of access are evidenced in student records and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 3 Initial Identification | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Staff interviews and document review revealed that the vocational school first conducts an interview with any student whose Home Language Survey (HLS) indicates that a language other than English is spoken at home, and then relies on the interview results to determine whether the student should be administered a WIDA screening test. These procedures to identify potential ELLs are not in accordance with the Department's guidelines that require the districts to screen all students who have a language other than English for any of the questions on the HLS. Please see the Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners at http://www.doe.mass.edu/ell/guidance/guidance.pdf. | | |
| **Description of Corrective Action:**  Using the Home Language Surveys, the ELL staff will screen all students who indicate a home language other than English. The district will use the W-APT screening test and conduct an interview with the students. The ELL program teacher will also continue to communicate with the students sending school district to acquire the records and test results (WIDA & MCAS) for the incoming 9th graders. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Home Language Survey, W-APT Test results. Student record files. | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal will continually monitor the process to ensure Initial Identification is conducted within the scope of the state guidelines. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **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; and  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.  This progress report is due January 13, 2017 | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 4 Waiver Procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that the vocational school does not consistently inform parents of their right to apply for a waiver. | | |
| **Description of Corrective Action:**  Program Waiver Notification in the parents primary language are now included in the notification mailing. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Record Review, Copies of program Waiver | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal the administrative assistant will continually monitor the process to ensure program waivers are mailed to the parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 4 Waiver Procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a copy of the ELE Program Waiver Notification.  By March 24, 2017, submit the results of an internal review of records to ensure that parents are informed of their right to apply for a waiver and indicate the number of records reviewed; the number of records in compliance; root cause for any non-compliance found; and any corrective actions taken to remedy each individual file.  \*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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 7 Parent Involvement | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and staff interviews indicated that the vocational school does not consistently translate documents or provide interpreters in parents' primary languages to enable parent-teacher communication and encourage parent involvement in matters pertaining to their students' education and ELE programs. | | |
| **Description of Corrective Action:**  A district wide procedure for translation services for verbally presented information (meetings, phone calls, etc.) has been established and will be distributed to staff within the upcoming weeks. The district has identified several options for translation services for written information and continues to work on developing a process and procedure for such correspondences. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Copy of Policies, record Review | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal and the administrative assistant will continually monitor the process to ensure documents are translated as necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 7 Parent Involvement | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  See CR 7 in regard to the provision of translated documents and interpreters. | | |
| **Department Order of Corrective Action:**  See CR 7 in regard to the provision of translated documents and interpreters. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a detailed summary of the district's translation and interpretation plan for translating important forms such as handbooks and codes of conduct. The plan should also include an established system of oral interpretation to assist parents/guardians with limited English skills.  In addition, submit copies of translated documents that enable parent-teacher communication and encourage parent involvement in matters pertaining to their students' education and ELE programs. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that the vocational school's initial and annual parent notices are not sent in the primary/home language as well as in English and do not consistently inform parents of the following: 1) how the program will meet the educational strengths and needs of the student; 2) how the program will specifically help the child learn English; 3) the specific exit requirements; 4) the parents' right to apply for a waiver, or to decline to enroll their child in the program; and 5) 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). Parent notices also do not always accurately reflect the student's current placement status in the ELE program. Specifically, annual parent notices do not consistently indicate that some students have been re-designated as Former Limited English Proficient (FLEP). Additionally, the district does not consistently provide parents with English proficiency progress reports in the same manner and with the same frequency as general education reporting, and progress reports are not always translated as per parental request. | | |
| **Description of Corrective Action:**  Initial and annual parent notices will be sent in the primary/home language as well as in English and will inform parents of the following: 1) how the program will meet the educational strengths and needs of the student; 2) how the program will specifically help the child learn English; 3) the specific exit requirements; 4) the parents' right to apply for a waiver, or to decline to enroll their child in the program; and 5) if the student has additional education needs that require Special Education Services.  When a student is re-designated as Former Limited English Proficient (FLEP) notice will also be sent indicating this.  The ELE program teacher will also provide parents with English proficiency progress reports in the same manner and with the same frequency as general education reporting in the appropriate language. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Parent Notification Letters, Progress reports | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal will oversee the process of parental notification. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit copies of updated initial and annual parent notification letters, including translated notices. Also, submit evidence of staff notification on the parental notification requirement.  By January 13, 2017, submit a timeline for the distribution of ELE Progress Reports. If progress reports have already been sent, submit sample copies. Also, submit evidence of staff notification on the progress report requirement.  By March 24, 2017, submit the results of an internal review of records to ensure compliance with parent notification and progress report requirements and indicate the number of records reviewed; the number of records in compliance; root cause for any non-compliance found; corrective actions taken to remedy each individual file.  \*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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 11 Equal Access to Academic Programs and Services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See CR 14. | | |
| **Description of Corrective Action:**  see CR 14  By the spring, we will have a plan to provide services to ELL students and their families during College and Career Planning meetings. We will plan to use internal faculty and the Cape Verdean Association for these meetings. We will have our What to Expect at each Grade Level Check-list with terms translated by June of this year. This is sent to every family at each grade level to help them keep track of where their child should be in planning for during and after high school. We will invite the ELL teacher(s) to join us in parent meetings where language assistance is needed. I will request flyers from our outside counseling agencies in languages other than English by October 1, 2016. We have a bi-lingual counselor who can do home visits for families when needed to support students and to support students when they are at-risk. | | |
| **Title/Role(s) of Responsible Persons:**  Christina Guarini Director of Guidance  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  06/20/2017 |
| **Evidence of Completion of the Corrective Action:**  See CR 14 | | |
| **Description of Internal Monitoring Procedures:**  See CR 14  I will work with DCF, Health Imperatives, and BAMSI to have counseling materials translated and available in the office. We hired a new counselor that is supporting the department that is bi-lingual.  We will keep meeting minutes discussing the need for translation services during College and Career Planning meetings and ask them to log when they have done so. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 11 Equal Access to Academic Programs and Services | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See CR 14. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 12 Equal Access to Nonacademic and Extracurricular Programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the vocational school does not provide information to ELL students about extracurricular activities and school events in a language they understand. | | |
| **Description of Corrective Action:**  The school brochure which lists programs and activities has been translated for student and family use. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire | | **Expected Date of Completion:**  09/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Translated Brochure | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal and the administrative assistant will continually monitor the process to ensure documents are translated as necessary | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 12 Equal Access to Nonacademic and Extracurricular Programs | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit copies of translated school brochures. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 13 Follow-up Support | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that the vocational school does not consistently monitor students who have exited an ELE program for two years. Although FLEP monitoring forms were documented in student records, some of the forms were blank. | | |
| **Description of Corrective Action:**  Using the file review checklist, the Vice Principal will perform quarterly reviews of selected files. The teacher of the ELL program as well as the program aids will use the checklist form for each student file to ensure that all reports are carefully filled out and accounted for in the students file. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  File Review Checklist | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal and the administrative assistant will continually monitor the process to ensure documents are in the files as required. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 13 Follow-up Support | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a copy of the file review checklist and sample copies of completed FLEP monitoring forms. (Please note that as of the 2016-2017 school year, FLEP monitoring must now occur for four years.) Also, submit evidence of staff notification of the FLEP monitoring requirement.  By March 24, 2017, submit the results of an internal review of records to ensure that FLEP students are appropriately monitored and indicate the number of records reviewed; the number of records in compliance; root cause for any non-compliance found; corrective actions taken to remedy each individual file.  \*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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review demonstrated that the vocational school does not have a comprehensive process to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the educational program. Please see http://www.doe.mass.edu/ell/guidance/guidance.pdf. | | | |
| **Description of Corrective Action:**  A committee has been established to evaluate the ELE Program using the DESE Program Evaluation Tool. The Committee will meet in January and again in June to perform the program evaluation. From the evaluation meetings, an action plan will be developed and implemented that addresses the needs of the ELE Program. | | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire, Vice Principal | | **Expected Date of Completion:**  06/15/2017 | |
| **Evidence of Completion of the Corrective Action:**  Meeting Minutes, Program Review Report, Copy of Action Plan, List of Committee members. | | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal will oversee the process of the program evaluation and implementation of the action plan items. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By May 29, 2017, please complete the following:  1. Complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/resources/ProgramEvaluation.pdf considering a variety of data to evaluate the effectiveness of the district’s ELE program in developing students? English language skills and increasing their ability to participate meaningfully in the district’s educational program.  2. Provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  3. Provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the program at promoting and supporting the rapid acquisition of English language proficiency by ELs as is required in G.L. c. 71A .. | | | |
| **Progress Report Due Date(s):**  05/29/2017 | | | |

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

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| **Criterion & Topic:**  ELE 18 Records of ELL students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review indicated that ELL records do not consistently include ACCESS test results, English proficiency progress reports, and general education progress reports and report cards in the native language, if necessary. | | |
| **Description of Corrective Action:**  Using the file review checklist, the Vice Principal will perform quarterly reviews of selected files. The teacher of the ELL program as well as the program aids will use the checklist form for each student file. Any needed documentation will be produced by the Vice Principal's Administrative Assistant. | | |
| **Title/Role(s) of Responsible Persons:**  Karen Maguire | | **Expected Date of Completion:**  01/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Record Review Checklist. | | |
| **Description of Internal Monitoring Procedures:**  The Vice Principal and the administrative assistant will continually monitor the process to ensure documents are on file as necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 11/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January13, 2017, submit a copy of the file review checklist. Also, submit evidence of staff notification of the ELL student record contents requirements.  By March 24, 2017, submit the results of an internal review of records to ensure that FLEP students are appropriately monitored and indicate the number of records reviewed; the number of records in compliance; root cause for any non-compliance found; and any corrective actions taken to remedy each individual file.  \*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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/24/2017 | | |