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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: Nahant

CPR Onsite Year: 2016-2017

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 05/11/2017.

**Mandatory One-Year Compliance Date:** **05/11/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |

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

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when a student is suspected of having a specific learning disability (SLD), the district does not consistently complete all four components used to determine a specific learning disability: Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and Observation (SLD 4). | | | |
| **Description of Corrective Action:**  Within the first two weeks of school year 2017/18, the district special education administrator will convene a meeting with the Team Chairperson and all IEP service providers to review current practice, identify any obstacles (i.e. lack of processes and procedures) that currently prevent the documentation from being completed and develop a new set of guidelines/processes/procedures that will constitute a training module. The district administrator will then provide training to the staff that will ensure the use of all required documents and establish a protocol to monitor that documentation is complete and documented in student records. | | | |
| **Title/Role(s) of Responsible Persons:**  C. Deborah Connell/Director of Special Education | | **Expected Date of Completion:**  11/03/2017 | |
| **Evidence of Completion of the Corrective Action:**  Documentation of all four components used to determine a specific learning disability will be included in student records. The district will provide evidence of newly revised processes and procedures, as well as, evidence of training (including agendas, training materials and completed sign-in sheets) upon completion. | | | |
| **Description of Internal Monitoring Procedures:**  Monitoring will commence immediately following the staff training of revised processes and procedures. Monitoring will be done by the Director of Special Education through a file review of the first 5 evaluations of the new school year and subsequently, a monthly review of evaluations. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 06/29/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By October 13, 2017, submit evidence of staff training on the updated procedures for ensuring proper completion of the four components used to determine a specific learning disability. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By January 19, 2018, conduct an internal review of records for approximately 2-5 students with SLD eligibility determinations subsequent to implementation of all corrective actions, for evidence that all four SLD components are completed. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance. | | | |
| **Progress Report Due Date(s):**  10/13/2017  01/19/2018 | | | |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that within forty-five school working days after receipt of the parent's consent to an initial evaluation or re-evaluation, the district does not consistently determine whether the student is eligible for special education and provide to the parent either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility. | | | |
| **Description of Corrective Action:**  The district has reviewed the current processes and procedures for ensuring compliance with timelines related to evaluation and IEP development. Several factors appear to be obstacles to compliance including out-dated processes and procedures for ensuring that all staff adhere to requirements. In addition, the current IEP program is not sufficient to meet the needs of staff who are part-time and require a secure, remote access. The district is undergoing a search to find an improved IEP program. The district administrator designed and implemented a work flow document for IEP teams to use in order to identify specific responsibilities and dates-due clearly. Within the first two weeks of school year 2017-18, the special education administrator will convene all relevant special education staff to review current practices that are insufficient, solicit input and suggestions for improved processes, and establish a working team to revise all systems related to timeline compliance. The newly revised processes and procedures will then be provided to staff through a training module no later than October 1 2017. | | | |
| **Title/Role(s) of Responsible Persons:**  C. Deborah Connell/Director of Special Education | | **Expected Date of Completion:**  11/03/2017 | |
| **Evidence of Completion of the Corrective Action:**  Evidence will include provision of training agendas, materials, new processes/procedures and any revised documents that demonstrate that completion rates have become compliant. | | | |
| **Description of Internal Monitoring Procedures:**  A spreadsheet will be created by the special education administrator that will include all relevant compliance dates for all initial, reevaluation and annual review meetings. The first two months of the school year 2017-18 will be logged in and subsequently will be reviewed twice a month. The special education administrator will personally review each compliance-related Team meeting during September and October, will identify any staff or process issues and provide immediate intervention and retraining if necessary. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 06/29/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By October 13, 2017, submit evidence of staff training on the updated procedures for ensuring that a determination of eligibility and either a proposed IEP and proposed placement or a written explanation of a finding of no eligibility is made within 45 days. Evidence should include a dated meeting agenda, staff attendance sheet, and training materials.  By January 19, 2018, conduct an internal review of records for approximately 5 students with completed evaluations subsequent to implementation of all corrective actions, for evidence that parents are provided with a proposed IEP or notice of no finding of eligibility within 45 school days of receipt of consent. Submit a detailed analysis of this review, which will include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and the immediate steps that the district has taken to remedy the non-compliance. | | | |
| **Progress Report Due Date(s):**  10/13/2017  01/19/2018 | | | |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has not established a district-wide parent advisory council (PAC) on special education or sought a waiver from the Department to meet this requirement in an alternative manner. | | | |
| **Description of Corrective Action:**  The district is proposing to address the issue of a lack of active PAC through two actions. The district will submit a Waiver request to DESE. The district has already made successful outreach to Swampscott Public Schools that will allow parents of special education students enrolled in Nahant PS to join the Swampscott sped PAC as joint members. A parent from Swampscott has already met with the PAC Coordinator and has already attended a parent meeting during the spring of 2017. Since parents of Nahant students become Swampscott parents when students enter grade 7, Swampscott seems to be the perfect fit. | | | |
| **Title/Role(s) of Responsible Persons:**  C. Deborah Connell/Director of Special Education | | **Expected Date of Completion:**  11/03/2017 | |
| **Evidence of Completion of the Corrective Action:**  Written documentation from Swampscott PS that Nahant and Swampscott have joined together to form a PAC that will provide information and training to parents from Nahant. Copy of the waiver will be provided after it is approved by DESE. | | | |
| **Description of Internal Monitoring Procedures:**  The special education administrator will confer with the lead parent from Nahant on a monthly basis to determine whether additional efforts or follow through will be required. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 06/29/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By October 13, 2017, submit a copy of the DESE-approved waiver request.  By January 19, 2018, submit evidence that Swampscott SEPAC meetings are open to parents of students with disabilities from Nahant. Documentation may include copies of announcements and other outreach to Nahant parents informing them of upcoming Swampscott SEPAC meetings. | | | |
| **Progress Report Due Date(s):**  10/13/2017  01/19/2018 | | | |