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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: Stoughton

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 06/06/2017.

**Mandatory One-Year Compliance Date:** **06/06/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 10 | Parental Notification | Partially 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 11 School district response to parental request for independent educational evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that when a parent requests an independent educational evaluation (IEE) in an area not assessed by the school district, the district does not respond in accordance with the requirements of federal law. Specifically, the school district does not either agree to pay for the IEE or proceed to the Bureau of Special Education Appeals (BSEA) to show that its evaluation was comprehensive and appropriate. | | |
| **Description of Corrective Action:**  The language in the procedures for SE 11 Independent Education Evaluations has been revised. | | |
| **Title/Role(s) of Responsible Persons:**  Heather Tucker Administrator of Special Education | | **Expected Date of Completion:**  06/19/2017 |
| **Evidence of Completion of the Corrective Action:**  Documents of the process for revision, the language, and where corrected has been documented. | | |
| **Description of Internal Monitoring Procedures:**  The special education department received an email to notify of the change. The language will also be reviewed at the annual special education training conducted on the first day of school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district submitted the revised policy and procedure for responding to parent requests for independent educational evaluation. The statement is located in the special education procedure manual and has been communicated to district special education staff. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student handbooks, staff handbooks, and school district policies indicated that staff members are not consistently included in the district's definition of "aggressor" as it pertains to bullying. | | |
| **Description of Corrective Action:**  Student handbooks, staff handbooks, and school district policies have been updated to consistently included staff members in the district's definition of "aggressor" as it pertains to bullying. Updated document have been distributed and uploaded to district and school websites. | | |
| **Title/Role(s) of Responsible Persons:**  Jonathan Ford  Deputy Superintendent | | **Expected Date of Completion:**  06/13/2017 |
| **Evidence of Completion of the Corrective Action:**  Student handbooks, staff handbooks, and school district policies have been submitted. | | |
| **Description of Internal Monitoring Procedures:**  NA | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 06/22/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district submitted revised copies of all student-family handbooks, the employee handbooks, and evidence on the district website that all examples of the district Bullying Intervention & Prevention plan have been corrected to reflect the inclusion of staff as aggressor consistent with the amendments to the Massachusetts anti-bullying law, which became effective July 1, 2013 | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district, at times, has reclassified students as Former ELs before they have met the minimum exit criteria. The district's reclassification practices are not in compliance with 603 CMR 14.02(1) that requires districts to establish procedures in accordance with the Department's guidelines. Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners" at HYPERLINK "http://www.doe.mass.edu/ell/guidance/default.html" http://www.doe.mass.edu/ell/guidance/default.html . | | |
| **Description of Corrective Action:**  Some records that were reviewed were older when the exit requirements were different and therefore not in compliance with the current guidelines. | | |
| **Title/Role(s) of Responsible Persons:**  ELE Coordinator | | **Expected Date of Completion:**  06/27/2017 |
| **Evidence of Completion of the Corrective Action:**  The district has Exit Criteria forms that detail the minimum exit criteria following the OELLA guidance. See attached documents. | | |
| **Description of Internal Monitoring Procedures:**  No EL student will be exited without a careful review of their records and exit criteria. The ELE Coordinator will be responsible to collaborate in these decisions and sign off on the exit form. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 06/28/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1-Submit the district's reclassification policies and procedures. 2- Provide training to all staff members involved in the reclassification process to ensure that they are all knowledgeable about the changes and submit the training materials, sign-in sheets and agendas. 3-Please use FEL Roster available in the Document Library to provide information for all the ELs in your district who have been reclassified based on ACCESS 2017 results. | | |
| **Progress Report Due Date(s):**  11/10/2017 | | |

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the district's parent notification letter sent to the parents of ELs indicated that not all required information is included. | | |
| **Description of Corrective Action:**  Some of the records reviewed were several years old and therefore used out-of-date parental notification letters. | | |
| **Title/Role(s) of Responsible Persons:**  ELE Coordinator | | **Expected Date of Completion:**  06/27/2017 |
| **Evidence of Completion of the Corrective Action:**  The Parent Notification letter has been reviewed and revised, in order to include all required information. A status letter will be sent out yearly in lieu of the Initial notification letter. See attached documents | | |
| **Description of Internal Monitoring Procedures:**  During the twice yearly review of records by the ELE Coordinator, the check will ensure that the correct forms and letters are being sent out. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 06/28/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit samples of the parent notification letters sent to students' parent or guardian in the SY 2017-18. | | |
| **Progress Report Due Date(s):**  11/10/2017 | | |

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| **Criterion & Topic:**  ELE 18 Records of ELL students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of EL student records indicated that Home Language Surveys (HLS) are not consistently present. Furthermore, document review indicated the following issues with the HLS: the form does not ask if the parent requires translation of documents into a language other than English; and does not ask if the parent requires the assistance of an interpreter. | | |
| **Description of Corrective Action:**  Many of the records that were reviewed were older and used out-of-date forms which resulted in lack of compliance in the area of the HLS. SPS is now using the HLSs provided by OELLA on the website. | | |
| **Title/Role(s) of Responsible Persons:**  ELE Coordinator | | **Expected Date of Completion:**  06/27/2017 |
| **Evidence of Completion of the Corrective Action:**  Going forward a reminder will be given to all registration personnel to use the correct form and make sure it is complete, including the translation/Interpretation question. There is a checklist to be used when setting up the ELE folders, which includes the HLS. See the document under additional documents. | | |
| **Description of Internal Monitoring Procedures:**  The ELE Coordinator will do 2x yearly checks of records randomly selected from all grades. A spreadsheet will keep track of which records have been checked and when. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/23/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district has provided a spreadsheet that will assist in the record monitoring process to ensure that all records contain required documents including a Home Language Survey. For records not containing a current HLS, the district needs to indicate how a need for translation/interpretation is documented. | | |
| **Department Order of Corrective Action:**  Conduct a review of records from across grade levels to determine that records contain all required documents including a Home Language Survey. For records where the HLS is not the current format, indicate how the need for translation/interpretation is identified and communicated to staff. | | |
| **Required Elements of Progress Report(s):**  Submit a report of a review of records indicating that records contain a Home Language Survey that identifies that need for translation/interpreter support. For older records, indicate how the need for translation/interpreter is requested and documented in the file by November 10, 2017.  \*Please note when conducting internal monitoring that the district must maintain the following documentation and make it available to the Department upon request: a) List of the 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):**  11/10/2017 | | |