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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: Nashoba Valley Regional Vocational Technical

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 05/27/2017.

**Mandatory One-Year Compliance Date:** **05/27/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 25A | Sending of copy of notice to Special Education Appeals | Not Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Not 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:** Record review and interviews indicated that when a student suspected of having a specific learning disability is evaluated, the Team does not consistently create a written determination as to whether or not he or she has a specific learning disability, which is signed by all members of the Team. |
| **Description of Corrective Action:** The District has determined that the root cause for not consistently creating a written determination as to whether or not he or she has a specific learning disability, which is signed by all members of the Team was due to a lack of formalized procedures and training of staff.During the 2016-2017 school year a formalized procedure manual, complete with required forms, was created which included the procedures for students suspected of having a specific learning disability. Forms were included in the manual which must be signed by all members of the Team. Additionally, the District determined that there was a need for greater oversight in the department and have recently hired a Director of Special Education who will work in conjunction with the existing Coordinator of Special Education. The Director began working with the District during the 2016-2017 school year and was instrumental in the creation of the procedure manual. The Director has begun training staff on the implementation of the required forms for students with specific learning disabilities and will continue to provide training to all special education staff. The Director will monitor the completion of all elements through a checklist system and will conduct spot checks by reviewing a random sampling of student files on a tri-annual basis. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Special Education Procedure Manual and FormsCompleted written SLD determination formsTraining agendas and materialsRequired elements checklistMonitoring spreadsheet |
| **Description of Internal Monitoring Procedures:** The Director of Special Education will conduct a tri-annual review and record the results of these checks in a spreadsheet to monitor progress. The spreadsheet will also act as a tool to identify specific employees who may require additional training on the SLD process and required forms. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the new procedures the district developed to ensure that when a student suspected of having a specific learning disability is evaluated, the Team creates a written determination as to whether or not he or she has an SLD, which is signed by all members of the Team, by September 29, 2017. Submit evidence (agenda, attendance sheet with name and role, materials) of staff training on the procedures developed to ensure that when a student suspected of having a specific learning disability is evaluated, the Team creates a written determination as to whether or not he or she has an SLD, which is signed by all members of the Team, by September 29, 2017.Submit the results of an internal review of student records where Team meetings were held after corrective action is complete, for students suspected of having an SLD to ensure the Team created a written determination of whether or not the student has an SLD that is signed by all members, by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/29/201701/26/2018 |

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| **Criterion & Topic:** SE 3A Special requirements for students on the autism spectrum | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Record review and interviews indicated that for a student with a disability on the autism spectrum, the Team does not consistently consider and specifically address in the IEP the required areas including: the verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. |
| **Description of Corrective Action:** The District has determined that the root cause of inconsistently considering and addressing all required areas in the IEP when a student is suspected of being on the autism spectrum is a result of informal procedures, an outdated form, and a lack of training/understanding of the new requirement.The District has developed a formalized procedure manual which includes revised forms to address the needs of students with disabilities on the autism spectrum. The Director of Special Education has provided training in addressing the required areas in Team meetings and in the IEP, and will continue to provide training over the summer and during the 2017-2018 school year. Consideration of the required areas and completion of documentation will be included in the IEP/Team meeting checklist to assist the Director of tracking compliance with this indicator. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Autism Spectrum ChecklistIEP/Team meeting checklistAgenda and training materialsProcedure manual |
| **Description of Internal Monitoring Procedures:** The Director will conduct a tri-annual, random sampling, records review to track compliance. Data from this review will be collected in a spreadsheet which will be used to monitor progress and compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district did not address the issues for those students identified during the record review. |
| **Department Order of Corrective Action:**The district must address the issues for those students identified during the record review. |
| **Required Elements of Progress Report(s):** Submit a copy of the procedures the district developed to ensure that when a student with a disability on the autism spectrum is evaluated, the Team considers and specifically addresses in the IEP the required areas including: the verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development, by September 29, 2017. Submit evidence (agenda, attendance sheet, materials) of staff training on the procedures developed to ensure that when a student with a disability on the autism spectrum is evaluated, the Team considers and specifically addresses in the IEP the required areas, by September 29, 2018.For those students whose records were identified by the Department, recall the IEP Team to address the special requirements for students on the autism spectrum and submit a copy of the N1 (notice of school district action), N3 (meeting invitation) and N3A (attendance) and copies of IEP pages where the special requirements are addressed, by September 29, 2017. Submit the results of an internal review of student records where Team meetings were held after corrective action is complete, for students with a disability on the autism spectrum, to determine if the Team considers and specifically addresses in the IEP the required areas by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/29/201701/26/2018 |

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| **Criterion & Topic:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Record review and interviews indicated that the school district does not consistently implement procedures to obtain consent from students who have reached the age of 18 to continue their special education program. |
| **Description of Corrective Action:** The District determined that the root cause of not consistently obtaining consent from the students who have reached the age of 18 to continue their special education program stems from a lack of formal procedures and training. Additionally, the Coordinator of Special Education has been functioning as the sole team chair, presiding over all special education meetings. As a result, details, such as obtaining consent and/or correctly filing the signed consent form, have been missed.The District has completed a new procedure manual for Special Education which includes specific procedures for obtaining consent. A checklist of required IEP/Team meeting elements will be developed and utilized to ensure all components are complete.Additionally, the District has hired a Director of Special Education and has reorganized the Special Education department providing a dedicated secretary to support the department. The Director will share the responsibility for chairing meetings, and both the Director and Coordinator will utilize the checklist to ensure all elements have been completed. The secretary will also ensure that all required documentation is properly filed.The Director will provide training to all staff on obtaining consent and will spot check random files on a tri-annual basis. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Procedure ManualSigned consent formsChecklistAgenda/Training materials |
| **Description of Internal Monitoring Procedures:** The Director will conduct a random spot check of files on a tri-annual basis and record data in a spreadsheet. The spreadsheet will assist the Director in monitoring progress and compliance, and identifying potential trouble areas. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district did not address the issues for the students whose records were identified. |
| **Department Order of Corrective Action:**The district must address the issues for the students whose records were identified. |
| **Required Elements of Progress Report(s):** Submit a copy of the procedures the district developed to ensure it consistently obtains consent from students who have reached the age of 18 to continue their special education program, by September 29, 2017. Submit evidence (agenda, attendance sheet, materials) of staff training on the procedures the district developed to ensure it consistently obtains consent from students who have reached the age of 18 to continue their special education program, by September 29, 2017. For those students whose records were identified by the Department, the district must have the student sign the IEP and submit a copy of the signed signature pages, by September 29, 2017.Submit the results of an internal review of records for students who have reached the age of 18, after corrective action is complete, to ensure the district consistently obtains consent to continue their special education program by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/29/201701/26/2018 |

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| **Criterion & Topic:** SE 8 IEP Team composition and attendance | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Record review and interviews indicated that Team members are frequently absent from Team meetings without being excused and without providing written input to the parent and the Team prior to the meeting. Additionally, when one purpose of the Team meeting is to discuss transition services, the district does not always invite a representative of a participating agency that is likely to be responsible for providing or paying for transition services. |
| **Description of Corrective Action:** The District found that Team members were frequently absent without being excused due to a lack of understanding of required procedures, and the absence of an official excusal form document. Additionally, the District found that representatives of a participating agency that is likely to be responsible for providing or paying for transition services were not consistently invited to meetings because confusion existed regarding the role of the District and participating agencies over the requirements, needs, and options for transition services.The District has created a procedure manual and hired a Director of Special Education. The Director has already implemented the required excusal form as well as the process of obtaining written Team consent if a member must leave early. New forms for providing feedback prior to the meeting have also been implemented. Additionally, the Director has begun training the staff on the requirements, needs, types and process for obtaining transition services, and has included representatives at transition meetings. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Attendance excusal formsMeeting attendance sheetsFeedback formsProcedure ManualAgenda/materials from training |
| **Description of Internal Monitoring Procedures:** The Director will oversee transition meetings and work with the Coordinator, secretary, and other personnel to ensure that all Team members and/or representatives from outside agencies have been invited to the meetings. The Director will conduct a tri-annual random record review to ensure compliance and will track data in a spreadsheet. The spreadsheet will be used to monitor progress and compliance, as well as to identify problem areas. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the procedures the district developed to ensure that when required Team members are absent from a Team meeting they are excused and provide written information to the parent and Team prior to the meeting, by September 29, 2017. Please include a copy of the new excusal form and form for providing feedback prior to the meeting.Submit a copy of the procedures the district developed to ensure that when one purpose of the Team meeting is to discuss transition services, the district invites a representative of a participating agency, with parent consent, that is likely to be responsible for providing or paying for transition services by September 29, 2017.Submit evidence (agenda, attendance sheet, materials) of staff training on the excusal procedures and the procedures to invite participating agencies to transition meetings, by September 29, 2018.Submit the results of an internal review of student records with Team meetings held after corrective action to determine if the excusal procedures and the procedures to invite participating agencies to transition meetings are being followed, by January 26, 2018. Please include: 1. The number of records reviewed;2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
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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:** Record review and interviews indicated that the school district does not always determine whether a student is eligible for special education and provide to the parent a proposed IEP and placement within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. |
| **Description of Corrective Action:** The District found the determination of eligibility and provision of a proposed IEP and placement was not provided within 45 working days after the receipt of the parent's written consent to an initial evaluation or re-evaluation is due to poor record and timeline management due to a high number (over 30%) of special education students with the bulk of the documentation and meeting chairing done solely by the Coordinator of Special Education who shared a secretary with the Guidance Department. The District has now hired a Director of Special Education and has dedicated a full time secretary to the Special Education department. The Director has developed a calendar and spreadsheet to track documents sent/received, scheduling of meetings, required personnel, and other pertinent dates. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special EducationSecretary for Special Education | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**CalendarSpreadsheetDated written determinations and/or proposed IEP in conjunction with written consent date of receipt |
| **Description of Internal Monitoring Procedures:** The Director of Special Education will oversee the calendar and spreadsheet as well as conducting spot check on a tri-annual basis. Data from this spot check will be tracked in a spreadsheet to ensure progress, compliance, and identify problem areas. |
| 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:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a sample of the spreadsheet developed to track the timelines for providing the parent a proposed IEP and placement within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation, by September 29, 2017.Submit evidence (agenda, attendance sheet, materials) that appropriate staff have been trained on the process to track the timelines for providing the parent a proposed IEP and placement within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation, by September 29, 2017. Submit the results of an internal review of student records where Team meetings were held after all corrective action, to determine if the school district is in compliance with timelines by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
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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 the district has not developed procedures for requesting an independent educational evaluation (IEE) to include: 1) the qualifications of persons who provide publicly funded IEEs and the provisions regarding the rates set by the state agency responsible for setting such rates; 2) justifying an individual assessment rate which is higher than that normally allowed; 3) options for parent participation in an income eligibility program for free or reduced costs; 4) the right to a publicly funded IEE for sixteen months, consistent with state law; 5) the requirement, within 5 school days, of paying for the IEE or proceeding to the BSEA when the parent requests an evaluation in an area not assessed by the district, the student does not meet income eligibility requirements, or the parent chooses not to share financial documentation regarding income eligibility; 6) the completion of the IEE into a report no later than 30 days from the date of the parent request, when possible; 7) the content of the IEE report to include a written summary of procedures, assessments, results, and diagnostic impressions as well as educationally relevant recommendations for meeting identified needs of the student; and 8) convening a Team to consider the results of the IEE within 10 school days of receiving the IEE report. |
| **Description of Corrective Action:** The District has determined that informal procedures were developed, but were not codified in a written, formal procedure manual. This was due in large part to the departure of our long time Director of Special Education three years ago. The former Director did not have a complete, formalized procedure manual and the Coordinator hired to replace the Director was quickly overwhelmed by the demands of the job therefore unable to write formal procedures.The District developed a written procedure manual during the 2016-2017 school year which included a formal procedure regarding independent educational evaluations (IEE). The newly hired Director of Special Education is familiar with the requirements and will provide training to all Special Education staff. The Director will also review all requests to ensure the appropriate procedures are followed. The Director will also track timelines in the master Special Education calendar and spreadsheet to ensure that all deadlines are met and documentation completed/filed. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**CalendarSpreadsheetProcedure ManualAgenda/Training MaterialsDated documents |
| **Description of Internal Monitoring Procedures:** The Director of Special Education will monitor compliance through the calendar and master Special Education spreadsheet. The Director will also conduct a tri-annual random record review to ensure compliance and monitor progress. Data from this review will be collected in a spreadsheet. |
| 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:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the district's procedures for addressing requests for independent educational evaluations, by September 29, 2017.Submit evidence (agenda, attendance sheet, materials) of staff training on the procedures for addressing requests for independent educational evaluations, by September 29, 2017.Submit the results of an review of all requests for independent educational evaluations that are made after all corrective action is completed, if any, to ensure that appropriate procedures are followed, deadlines are met and documentation is completed and filed and include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with 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:** Record review and interviews indicated that the district does not consistently conduct a Team meeting at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. |
| **Description of Corrective Action:** The District found that required dates for Team meetings were not consistently met due to the large number of students on an IEP, a shared secretary with the Guidance Department, and a single Coordinator/Team Chair who was responsible for chairing all meetings and tracking deadlines.To ensure compliance, the District has hired a Director of Special Education to oversee the Department, and has dedicated a full time secretary to the Special Education Department. The Director has created a calendar and spreadsheet to track required deadlines and documentation. Additionally, the District has completed a formal procedure manual which outlines required timelines, documentation, forms, and required personal related to the IEP process. The Director has begun to provide training in the review and revision of IEPs and the requirements/procedures of the annual meeting. The Special Education department was also moved to allow for additional space and the addition of a full time secretary. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Procedure ManualCalendarSpreadsheet to track deadlines and documentationAgenda/Training MaterialsDated Documentation |
| **Description of Internal Monitoring Procedures:** The Director of Special Education monitors the calendar and spreadsheet to track deadlines and ensure compliance. Additionally, the Director will conduct a random review of files to determine compliance and will track data in a spreadsheet. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the procedures developed and a sample of the spreadsheet developed to ensure that the school district conducts a Team meeting at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate, by September 29, 2017.Submit evidence (agenda, attendance sheets, materials) that appropriate staff have been trained on the procedures to ensure that annual timelines are met, by September 29, 2017.Submit the results of an internal review of student records where Team meetings were held after all corrective action is completed, to determine if the school district conducts a Team meeting at least annually, on or before the anniversary date of the IEP by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with 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:** Record review and interviews indicated that the IEP Team does not always address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students identified with a disability on the autism spectrum. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is a lack of consistent oversight of documentation on specifically addressing and documenting the skills and proficiencies needed to avoid and respond to bullying. The Director of Special Education will work directly with the Coordinator of Special Education/Team Chair to consistently consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing when the student is identified with a disability on the autism spectrum. Training will include examples of how this would be shown in an IEP. Upon proposing the IEP, the Director will review IEPs to ensure the bullying statement is completed in the IEP before signing. Additionally, the formal procedure manual contains specific instructions and procedures to provide clear guidance on this indicator. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Agenda/training materialsBullying statementProcedure Manual |
| **Description of Internal Monitoring Procedures:** Upon proposing the IEP, the Director will review IEPs to ensure bullying statement is completed in IEP before signing. The Director will randomly review files to ensure compliance and will document spot checks in a spreadsheet. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district did not address the issues for the students whose records were identified. |
| **Department Order of Corrective Action:**The district must address the issues for the students whose records were identified. |
| **Required Elements of Progress Report(s):** Submit a copy of the district's procedures to ensure that the IEP Team addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students identified with a disability on the autism spectrum, by September 29, 2017.  Submit evidence (agenda, attendance sheet, materials) that staff has been trained on the procedures to ensure that the IEP Team addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students identified with a disability on the autism spectrum, by September 29, 2017.For the students whose records were identified, recall the IEP Team to address the skills and proficiencies needed for the student to respond to bullying harassment, or teasing and submit the N1 (notice of school district action), N3 (meeting invitation) and N3A (attendance) and include a copy of the pages in the IEP where bullying is addressed, by September 29, 2017.Submit the results of an internal review of student records for students on the autism spectrum, where Team meetings were held after corrective action is complete, to determine if the Team addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
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| **Criterion & Topic:** SE 18B Determination of placement; provision of IEP to parent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Record review and interviews indicated that the district does not consistently provide the parent with two copies of the proposed IEP and proposed placement along with the required notice, immediately following the development of the IEP. |
| **Description of Corrective Action:** The Special Education Department will develop procedures to ensure provision of two copies of a proposed IEP and placement, with the required notice, to a parent within required timelines: within 3-5 days after the conclusion of the Team meeting, or alternatively, within two calendar weeks after the provision of Team summary notes at the conclusion of the Team meeting and conduct a training for all IEP liaisons regarding the required number of copies of the proposed IEP and proposed placement by the end of September 2017. Additionally, information regarding this requirement will be included on the meeting checklist form and the Director will conduct a tri-annual random review to ensure compliance. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Procedure ManualAgenda/Training Materials/Sign in Sheets |
| **Description of Internal Monitoring Procedures:** Information regarding this requirement will be included on the meeting checklist form and the Director will conduct a tri-annual random review to ensure compliance. Data from this review will be recorded in a spreadsheet to ensure compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the district's procedures to ensure that the district provides the parent with two copies of the proposed IEP and proposed placement along with the required notice, immediately following the development of the IEP, by September 29, 2017.  Submit evidence (agenda, attendance sheet, materials) that staff has been trained on the procedures to ensure that the district provides the parent with two copies of the proposed IEP and proposed placement along with the required notice, immediately following the development of the IEP by September 29, 2017.Submit the results of an internal review of student records where Team meetings were held after all corrective actions are completed, to determine if the district provides the parent with two copies of the proposed IEP and proposed placement along with the required notice, immediately following the development of the IEP by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/29/201701/26/2018 |

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

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| **Criterion & Topic:** SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicated that the Notice of Proposed School District Action (N1) the district sends to parents is not specific to the individual student and does not address the following elements: a description of the action proposed or refused by the agency; an explanation of why the agency proposed or refused to take the action; a description of any other options that the agency considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposal or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal. |
| **Description of Corrective Action:** The District has determined that the root cause for not consistently providing sufficient information that is reflective of the Team meeting within the Notice of Proposed School District Action is due to the need for updated training emphasizing the importance of crafting an individualized N1 that accurately describes the proposed action. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Agenda/Training Materials/Sign in sheetsCopies of Notice of Proposed School District Action (N1) letters |
| **Description of Internal Monitoring Procedures:** The Director of Special Education will regularly monitor N1 letters ensuring that comprehensive letters that are reflective of the Team meeting are being generated. This information will be logged on a spreadsheet as a means of keeping track of compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence (agenda, attendance sheet, materials) that staff has been trained on writing a Notice of Proposed School District Action (N1) that is specific to the individual student and addresses the following elements: a description of the action proposed or refused by the agency; an explanation of why the agency proposed or refused to take the action; a description of any other options that the agency considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposal or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal, by September 29, 2017.Submit the results of an internal review of a sample of IEPs, written after corrective action, to determine if the N1 that the district sends to parents is specific to the individual student and addresses all required elements, by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/29/201701/26/2018 |

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

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| **Criterion & Topic:** SE 25A Sending of copy of notice to Special Education Appeals | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Record review indicated that the district does not notify the BSEA within five (5) calendar days after a parent has rejected an IEP, proposed placement, or finding of no eligibility for special education. |
| **Description of Corrective Action:** The District has determined that the root cause for not notifying the BSEA within five (5) calendar days after a parent has rejected an IEP, proposed placement, or finding of no eligibility for special education is a result of a high case load of students, a shared secretary, and one Coordinator overseeing all aspects of the IEP process, as well as a lack of formalized procedures.The District has developed a clear, formal procedure manual which includes procedures relating to the notification of BSEA. A dedicated secretary for Special Education has been hired, as has a Director of Special Education, which will help with document tracking and oversight. All documents will be tracked in a spreadsheet by the secretary to monitor dates and the secretary will alert the Director when an IEP, proposed placement, or finding of no eligibility has been rejected by the parent. |
| **Title/Role(s) of Responsible Persons:**Director of Special EducationCoordinator of Special Education/Team Chair | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Letters to/from BSEASpreadsheet tracking dates and deadlines |
| **Description of Internal Monitoring Procedures:** All documents will be tracked in a spreadsheet by the secretary to monitor dates and the secretary will alert the Director when an IEP, proposed placement, or finding of no eligibility has been rejected by the parent. The Director will record when the BSEA was notified in the spreadsheet and will conduct random spot checks of files adding data to a spreadsheet to monitor compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 25A Sending of copy of notice to Special Education Appeals | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district did not address the issues for the students whose records were identified. |
| **Department Order of Corrective Action:**The district must address the issues for the students whose records were identified. |
| **Required Elements of Progress Report(s):** Submit a copy of the procedures the district has developed to ensure that it notifies the BSEA within five (5) calendar days after a parent has rejected an IEP, proposed placement, or finding of no eligibility for special education, and evidence that staff has been informed of the procedures, by September 29, 2017. For the students whose records were identified, please submit copies of the district's correspondence with the BSEA regarding the resolution of the rejected IEP, and a copy of the current signed IEP signature page and placement page, by September 29, 2017.Submit the results of a review of student records where a parent has rejected an IEP, proposed placement, or finding of no eligibility for special education, if any, after corrective action, to determine if the district notifies the BSEA within five days, by January 26, 2018. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken 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 with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/29/201701/26/2018 |

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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:** Document review indicated that the district has not updated its Bullying Prevention and Intervention Plan to identify staff as potential "aggressors" or "perpetrators" of bullying. |
| **Description of Corrective Action:** The root cause of the District's failure to comply is a lack of monitoring for consistency across all platforms. While, the handbook was updated in 2014, and approved at a meeting of the School Committee, the updated handbook was not posted on the school website, nor was the language updated in the in the student handbook consistent with the updated policy.The District will review the revised plan from July 2014 to ensure that it fully addresses the issue of identifying staff as potential "aggressors" or "perpetrators" of bullying. Once the review is complete, the School Committee will again vote on any proposed changes. Following the School Committee approval of any necessary revisions, the Principal will ensure that the corrected document is posted on the school's website and that the language in the Student Handbook is updated accordingly. Finally, the annual training on bullying will include information regarding staff as aggressors or perpetrators of bullying. |
| **Title/Role(s) of Responsible Persons:**Principal, Assistant to the Superintendent, Web Master | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**School Committee Agenda/MinutesRevised PlanLink to revised plan on websiteAgenda/training materials for staffRevised student handbook |
| **Description of Internal Monitoring Procedures:** The Principal's Office will create a spreadsheet of all documents which contain the bullying policy, as well as the dates/description of revisions. This spreadsheet will be used in the future to track changes and to ensure that the corrected version is posted in all pertinent areas. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide a link to the district website where the updated Bullying Prevention and Intervention Plan and the school handbook are located by September 29, 2017. Submit evidence (agenda, attendance sheet, materials) of the annual training provided to staff on the updated Bullying Prevention and Intervention Plan by September 29, 2017. |
| **Progress Report Due Date(s):** 09/29/2017 |

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

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| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the district's procedures for long-term suspension do not address all of the content required in the written determination, including the date of the hearing, the participants, and key facts and conclusions of the hearing. |
| **Description of Corrective Action:** The root cause of the district's failure to comply with this requirement is a lack of written procedures to assist the Principal's Office. Letter templates which contained all the required elements were submitted; however, there is not an actual written procedure. The Principal will monitor updates from MASC and the District's Attorney as well as attend legal training seminars to stay abreast of changes to the discipline regulations. |
| **Title/Role(s) of Responsible Persons:**Principal | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Updated procedure manualEvidence of attendance at legal trainingsOngoing revisions based on changes to legal regulations |
| **Description of Internal Monitoring Procedures:** The procedure manual will be updated on both an as needed (when regulations change) and an annual basis (to ensure continued compliance). The Principal will attend legal trainings at the annual summer Principal's conference, through our District Attorney's office, and through MAVA. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Partially Approved **Status Date:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district indicated that it did not have written procedures; however, the district did submit procedures contained in the student handbook. The issue is that the procedures did not address all required content. |
| **Department Order of Corrective Action:**The district must amend its procedures for long-term suspension to address all required content, including the date of the hearing, the participants, and key facts and conclusions of the hearing. |
| **Required Elements of Progress Report(s):** Submit a copy of the district's updated procedures for long-term suspension that address all of the content required in the written determination, including the date of the hearing, the participants, and key facts and conclusions of the hearing by September 29, 2017. |
| **Progress Report Due Date(s):** 09/29/2017 |

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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 indicated that the district's written physical restraint prevention and behavior support policy and procedures have not been updated consistent with the requirements for the implementation of 603 CMR 46.00, effective January 1, 2016. |
| **Description of Corrective Action:** The root cause of the failure to comply with this requirement is a change in District personnel. In January of 2016, the long-time Superintendent retired, the Principal was then promoted to Superintendent, and the District was without a sitting Principal for several months during the search for a new Principal. With the changes in personnel, the changes to the regulation regarding physical restraint prevention and behavior support policy and procedures was not updated.Annual review of all policy and procedure manuals is on the administrative calendar for July. The Principal will review and update the restraint policy at that time to be presented for approval during the August 2017 school committee meeting. The Principal's office will then review all documents and postings of the procedure to ensure the most current version is released/followed. Additionally, the changes to the procedure will be included in the annual staff training on physical restraint at the start of the school year. |
| **Title/Role(s) of Responsible Persons:**Principal | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**Revised policy documentSchool Committee AgendaStaff Training Agenda/Materials |
| **Description of Internal Monitoring Procedures:** The Principal's Office will conduct an annual review of policy documents each July to ensure compliance with changes to regulations. |
| 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:** 07/20/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit a copy of the district's written physical restraint prevention and behavior support policy and procedures consistent with the requirements for the implementation of 603 CMR 46.00, effective January 1, 2016, by September 29, 2017.Submit evidence (agenda, attendance sheet, materials) that staff has been trained on physical restraint, by September 29, 2017. |
| **Progress Report Due Date(s):** 09/29/2017 |