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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: Gardner

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 06/05/2017.

**Mandatory One-Year Compliance Date:** **06/05/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 4 | Reports of assessment results | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | 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 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 7A | School year schedules | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:**  SE 4 Reports of assessment results | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that related service providers and special education teachers conducting assessments do not consistently summarize in writing their diagnostic impressions or define in detail and in educationally relevant and common terms the explicit means of meeting the students' needs. | | |
| **Description of Corrective Action:**  The district has experienced turnover in special education positions including school psychologists, special education coordinators, speech/language pathologists, and special education teachers. District trainings have placed more emphasis on the use of the assessment tools versus writing reports. Root cause of the partial implementation is due to teacher turnover and lack of training. A working team will be put in place to develop a report template with all necessary components to be used to assist evaluators to ensure the reports detail appropriate diagnostic impressions, student needs, and recommendations. A training will be held within the first 30 days of the start of the school year to review regulations, GPS procedures, and all necessary components of reports using the template as a guide. The Director will use this template to monitor and assess district practices. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  04/01/2018 |
| **Evidence of Completion of the Corrective Action:**  The completed tracking tool and compliance findings. Copies of the training agenda and sign in sheet will be provided along with meeting minutes and supporting documentation. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Personnel Services and coordinators will use the template guide to conduct random record reviews for each building every 8 weeks. A tracking sheet will be created to indicate the accurate use of the template and adherence all required components. Results will be reviewed with the special education department. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 4 Reports of assessment results | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used and attendance list with staff signature/role) provided to special education teachers and related service providers on the district procedures to ensure completed assessments summarize in writing the evaluators' diagnostic impressions or define in detail and educationally relevant and common terms the explicit means of meeting the students' needs by October 13, 2017.  Conduct a review of records for students across all grade levels with initial and re-evaluation Team meetings held after training is provided, for evidence that assessments conducted by related service providers and special education teachers summarize in writing their diagnostic impressions and define in detail and in educationally relevant and common terms the explicit means of meeting the students' needs. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**    10/27/2017  01/19/2018 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that progress reports do not consistently provide information specific to the student's progress toward each annual goal in the IEP. | | |
| **Description of Corrective Action:**  The finding for SE 13 is due to turnover of special education teachers throughout the district, lack of ongoing professional development for new staff, and lack an accountability system for all special education teachers in progress report writing. Although, a one day comprehensive training on progress monitoring and IEP goal writing was held in 2015-16, there was no accountability system put in place. A working team comprised of special education coordinators will be put in place to develop a sample progress report format , exemplars of how to write progress reports, and a performance rubric to measure compliance. A training will be held within the first two months of school to review the new procedures, tools, and expectations. After each progress report period, the director and coordinators will take a sample from every teacher to assess the information specific to each student goal. Tracking for lack of expected student progress and whether the IEP reviewed /revised IEP (SE 14) will also be incorporated into the progress report tracking, procedure, and tools. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  04/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Working team minutes, supporting documents, and the completed tracking tool and compliance findings will be used as evidence. Copies of the training agenda and sign in sheet will also be shared. | | |
| **Description of Internal Monitoring Procedures:**  A tracking tool will be created and used by the director and coordinator in conjunction with the rubric to randomly assess reports after each reporting period. Findings will be tracked and shared with teachers and building principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used and attendance list with staff signature/role) provided to Special Education Coordinators, special education teachers and related service providers on the district procedures to ensure progress reports provide information specific to a student's progress toward each annual goal in the IEP by October 13, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training is provided, for evidence that progress reports provide information specific to a student's progress toward each annual goal. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017  01/19/2018 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that Team meetings are not consistently held 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.  In addition, student record review indicates that IEP Teams do not consistently review and revise IEPs to address any lack of expected student progress towards the annual goals identified when progress reports are issued. | | |
| **Description of Corrective Action:**  During the 2014-15 SY, the district had only two special education coordinators positions for the district and both staff were new to the district. Both positions were not filled for the start of the school year or until the end of the school year resulting in only one consistent coordinator the entire year. For the start of the 2015-16 SY, the district expanded this position to one per building. All coordinators hired for the 2015-16 SY were new to the position. Not all coordinators were hired by the start of the school year. Turnover in this position and special education teacher positions resulted in inconsistent oversight and ability to meet timelines. A working team comprised of special education coordinators will review/revise the process for scheduling meetings prior to the IEP?s expiration date as well as develop tracking procedures and written protocols for tracking and reviewing timelines. A training will be held with all coordinators and special education staff within the first 30 days of the start of the school year. Tracking for lack of expected student progress and whether the IEP Team reviewed /revised IEP will also be incorporated into the progress report tracking, procedure, and tools and will be part of the professional development training for SE 13 | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  04/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Meeting minutes of the working team, written procedure, and he completed tracking tool and compliance findings will be used as evidence. Copies of the training agenda and sign in sheet will also be shared. | | |
| **Description of Internal Monitoring Procedures:**  The director, coordinators, and administrative assistant will hold, at a minimum, quarterly meetings to review completed tools and identify reasons and actions needed to address any timelines not being meet. Finding will be shared with teachers and principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used, and attendance list with staff signature/role) provided to Special Education Coordinators and special education staff on the procedures to ensure Team meetings are held 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 October 13, 2017.  Submit evidence of training (agenda, materials used, and attendance list with staff signature/role) provided to Special Education Coordinators, special education teachers and related service providers on the procedures developed to ensure that IEP Teams review and revise IEPs to address any lack of expected student progress towards the annual goals identified when progress reports are issued by October 13, 2017 (in conjunction with SE 13).  Conduct a review of records for 1) students across all grade levels with annual Team meetings held after training is provided, for evidence that the Team meeting was held on or before the anniversary date of the IEP; and 2) students across all grade levels for evidence that IEP Teams reviewed and revised IEPs to address any lack of expected student progress towards the annual goals identified when progress reports were issued. In both instances, indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017  01/19/2018 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that the district does not consistently send parents a proposed IEP and proposed placement, along with the required notice, within two calendar weeks of providing the parents a summary at the conclusion of the Team meeting. | | |
| **Description of Corrective Action:**  During the 2014-15 SY, the district had only two special education coordinators positions for the district and both staff were new to the district. Both positions were not filled for the start of the school year or until the end of the school year resulting in only one consistent coordinator the entire year. For the start of the 2015-16 SY, the district expanded this position to one per building. All staff hired for the 2015-16 SY were new to the coordinator position. Not all were hired by the start of the school year. Turnover in this position and special education teacher positions resulted in inconsistent oversight and ability to meet timelines. A working team comprised of special education coordinators will review/revise the process for sending parents a proposed IEP and placement along with required notice, within two calendar weeks of providing the parents a summary at the meeting. Tracking procedures and written protocols for tracking and reviewing timelines will be created/revised. A training will be held with all special education staff within the first 30 days of the start of the school year. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  04/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Meeting minutes of the working team, written procedure, and the completed tracking tool and compliance findings will be used as evidence. Copies of the training agenda and sign in sheet will also be shared. | | |
| **Description of Internal Monitoring Procedures:**  The director, coordinators, and administrative assistant will hold, at a minimum, quarterly meetings to review completed tools and identify reasons and actions needed to address any timelines not being meet. Findings will be shared with teachers and principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training (agenda, materials used, and attendance list with staff signature/role) provided to Special Education Coordinators on the district procedures to ensure that the proposed IEP and proposed placement, along with the required notice, are provided to the parents within two calendar weeks of providing the parents a summary at the conclusion of the Team meeting by October 13, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training is provided, for evidence that a proposed IEP and proposed placement, along with the required notice, is provided to the parents within two calendar weeks of providing the parents a summary at the conclusion of the Team meeting. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017  01/19/2018 | | |

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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 indicate that the district's Notice of Proposed School District Action (N1) does not consistently include: 1) the action the school district is proposing to take; 2) why the district is proposing to act; 3) a description of any other options that the district considered and the reasons why those options were rejected; 4) a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or 5) other factors relevant to the district's decision. | | |
| **Description of Corrective Action:**  The root cause for SE 24 is due to turnover of special education staff throughout the district, lack of ongoing professional development for new staff, and lack of an accountability system for all special education teachers in writing N1 letters. Although, an annual review of the expectation of N1 letters was reviewed in September 2016 of this school year, an accountability system needs to be implemented. A working team comprised of special education coordinators will create a sample N1 format/exemplars and a performance rubric. A training will be held within the first two months of school to review the new procedures, tools, and expectations. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  04/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Meeting minutes of the working team, written procedures, performance rubric, and compliance findings will be used as evidence. Copies of the training agenda and sign in sheet will also be shared. | | |
| **Description of Internal Monitoring Procedures:**  The director and coordinators will take a random sample of N1 letters from every teacher quarterly. The performance rubric will be used to assess compliance. Findings will be shared with teachers and principals | | |
| 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:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Sample Notices found at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf#search=%22notice%22  Submit evidence of training (agenda, materials used, and dated attendance list with staff signature/role) provided to Special Education Coordinators to ensure that the notice consistently includes the action the school district is proposing to take; why the district is proposing to act; a description of any other options that the district considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or other factors relevant to the district's decision by October 13, 2017.  Conduct a review of records for students across all grade levels with Team meetings held after training is provided, for evidence that the N1 includes: 1) the action the school district is proposing to take; 2) why the district is proposing to act; 3) a description of any other options that the district considered and the reasons why those options were rejected; 4) a description of each evaluation procedure, test, record or report used as a basis for the proposed action; or 5) other factors relevant to the district's decision. . Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017  01/19/2018 | | |

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| **Criterion & Topic:**  SE 34 Continuum of alternative services and placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review, document review and interviews indicate that the district does not have a continuum of services to meet the needs of all students with disabilities at the high school level. Special education programming at the elementary and middle school levels consists of inclusion and resource room settings, in addition to three substantially separate programs for students with emotional, cognitive and intellectual, and autism disabilities. At the high school level, substantially separate classrooms for students with emotional disabilities and students on the autism spectrum are not available. Students who once required these programs at the middle school and have moved up to the high school receive their services in the academic support resource room or in the general education classroom under a co-teaching model. This co-teaching model, however, is new at the high school and is not consistently implemented. Also, students with emotional disabilities who were previously placed in a substantially separate classroom, and who are not successful at the high school, may be referred to the Gardner Academy for Learning and Technology, a program for students at risk of dropping out of high school. | | |
| **Description of Corrective Action:**  Lack of written protocols, descriptions for programming, and staff communication/training regarding the continuum of services are the root causes for the finding at GHS. The assigned special education working team will conduct an evaluation of existing services to include the use of a program assessment tool. An action plan will be developed to rectify any findings. The district will revise written protocols and descriptions of programming for students, including the existing RISE program and Academic Support classes. The district will develop a written continuum of services for students identified with emotional impairments. The team will share findings with building staff and administration, the action plan if needed, and revised documents regarding the continuum of services.  GHS will create a working team to specifically address co-teaching practices. The root cause of the finding is due to lack of written procedures and expectations, co-planning documents, and staff training. A working team, which will include a GHS administrator, will be created. This working team will develop written procedures and expectations including a co-teaching responsibilities checklist and common planning template. A GHS administrator will meet quarterly with co-taught teams to assess the co-teaching process and provide additional coaching/professional development. A training for all GHS staff will be held within the first 30 days of school to review what co-teaching is, the purpose, and to define staff roles. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services and Building Principal | | **Expected Date of Completion:**  04/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion for the continuum of services will include: meeting minutes, the completed assessment tool, action plan, and revised supporting documents. Evidence of completion for co-teaching will include working team meeting minutes, a written protocol, co-teaching responsibilities checklist, co-planning template, meeting minutes from administrator/co-taught teams quarterly meetings, training agenda and sign in. | | |
| **Description of Internal Monitoring Procedures:**  A annual review of the continuum documents and co-teaching procedures will be conducted with staff. Quarterly updates from the GHS administrator/co-taught team meetings will be shared with GHS administration, the Director of Pupil Personnel Services, and Chief Academic Officer. An end of the year administrative review will occur with the GHS Principal, Director of Pupil Personnel Services, and Chief Academic Officer to measure the effectiveness of the corrective action activities. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a detailed description of the current range of special education program options to include those for students with emotional and autism disabilities available to students with IEPs at the high school by October 13, 2017.  Conduct a review of records for students at the high school and Gardner Academy for Technology and Learning with Team meetings held after October 13, 2017, for evidence that students' with emotional disabilities receive their special education services in the appropriate placement consented to by the parent or student age 18 or over with decision-making authority. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.    Also, conduct a review of records for students at the high school with Team meetings held after October 13, 2017, for evidence that students' with autism disabilities receive their special education services in the appropriate placement consented to by the parent or student age 18 or over with decision-making authority. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017  01/19/2018 | | |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Classroom observations and interviews indicate that on the first floor of Elm Street School, two substantially separate programs, Options and Intermediate Project Support, and a resource room are isolated at the end of a hallway near the gymnasium. These are the only classrooms in this section of the school and do not maximize the inclusion of these students into the life of the school. | | |
| **Description of Corrective Action:**  The root cause is due to two substantially separate classrooms sharing an adjacent sensory room in which students from both programs were accessing as support. There were no general education classrooms located on this hallway. The resource room was a shared space with the computer lab. The district is moving a general education classroom onto the hallway to replace the Options Program. The Project Support program will switch places with the Sensory room. The Options program will replace and move into the resource room/computer lab space. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Personnel Services | | **Expected Date of Completion:**  08/29/2017 |
| **Evidence of Completion of the Corrective Action:**  Building Plans will identify the new location of rooms. | | |
| **Description of Internal Monitoring Procedures:**  Prior to the movement of any special education classrooms, the building principal with discuss with the Director of Pupil Personnel Services to determine if the new location will impede including these students into the life of the school and prevent the separation or stigmatization of students. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the proposed floor plan for the 2017-2018 school year for the reconfigured classroom spaces of Options and Intermediate Project Support at Elm Street School to ensure these spaces maximize the inclusion of special education students into the life of the school by August 24, 2017.  Schedule a date with the Department to conduct an onsite visit during prior to the October 13, 2017, progress report submission. | | |
| **Progress Report Due Date(s):**  08/24/2017  10/27/2017 | | |

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| **Criterion & Topic:**  CR 7A School year schedules | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not schedule at least 990 hours of structured learning time a year at the Gardner Academy for Learning and Technology, a program serving secondary school students. | | |
| **Description of Corrective Action:**  Root Cause: The master schedule is not currently designed around 990 hours, but for individual student needs to complete graduation requirements.  Corrective Action: The master schedule will be updated to include at least 990 minutes of time on learning for the 2017-2018 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Gardner Academy for Learning and Technology Principal, Chief Academic Officer, Superintendent | | **Expected Date of Completion:**  08/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Master Schedule | | |
| **Description of Internal Monitoring Procedures:**  Central Office staff will work with the Principal of Gardner Academy for Learning and Technology to update the schedule. An updated schedule will be provided to the Chief Academic Officer and the Superintendent prior to the start of the 2017-2018 school year for approval. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7A School year schedules | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicates that the master schedule for the 2017-2018 school year will be updated to include at least 990 hours of structured learning time for students at the Gardner Academy for Learning and Technology. The district's description does not address developing procedures to ensure each student attending GALT is scheduled for at least 990 hours of structured learning time a year, unless his or her IEP or Section 504 Accommodation Plan provides otherwise. Also, a description of the district's ongoing internal monitoring procedures to ensure continued compliance was not addressed. | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure each student attending Gardner Academy for Learning and Technology is scheduled for at least 990 hours of structured learning time a year, unless his or her IEP or Section 504 Accommodation Plan provides otherwise. Also, the district must develop ongoing internal monitoring procedures to ensure continued compliance. | | |
| **Required Elements of Progress Report(s):**  Submit a detailed description of the procedures developed by the district to ensure each student attending Gardner Academy for Learning and Technology is scheduled for at least 990 hours of structured learning time a year, unless his or her IEP or Section 504 Accommodation Plan provides otherwise, by October 13, 2017.  Provide a description of the district's internal oversight and tracking system, including the name and role of the person designated for oversight by October 13, 2017.  Submit the Structured Learning Time Worksheets for the Gardner Academy for Learning and Technology completed by the Principal and Superintendent for the 2017-2018 school year by October 13, 2017. Please use the Structured Learning Time Worksheets for both the GALT Principal and Superintendent titled: "Civil Rights Structured Learning Time Worksheets-CR7A" in the Document Library of WBMS at https://gateway.edu.state.ma.us/webmonitor/docLib.doe?menuItemId=187, under Public School Templates. | | |
| **Progress Report Due Date(s):**  10/27/2017 | | |

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

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that not every student who attends the Gardner Academy for Learning and Technology, particularly those students in grades eleven and twelve, take physical education as required. | | |
| **Description of Corrective Action:**  Root Cause: The master schedule is not currently designed to allow for all students to cycle through a physical education course.  Corrective Action: Every student will be scheduled into a course meeting physical education requirements for the 2017-2018 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Gardner Academy for Learning and Technology Principal and Guidance Counselor | | **Expected Date of Completion:**  08/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Physical Education enrollment roster | | |
| **Description of Internal Monitoring Procedures:**  The Principal will develop a checklist of required courses for each student and the list will be maintained and reviewed by the Principal for approval as part of the student scheduling process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the master schedule and Physical Education Enrollment Roster developed to ensure every student who attends Gardner Academy for Learning and Technology, particularly those students in grades eleven and twelve, is scheduled for physical education for the 2017-2018 school year by October 13, 2017.  Provide a copy of the checklist developed of required courses for each student that will be maintained and reviewed by the Principal for approval as part of the student scheduling process, to monitor the requirement for each student to take physical education, by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017  01/19/2018 | | |

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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:**  Document review indicates that the district's student handbook contains the procedure for accepting, investigating and resolving complaints alleging sexual harassment, but does not contain procedures for addressing harassment or discrimination based on race, color, national origin, gender identity, religion, or sexual orientation. | | |
| **Description of Corrective Action:**  Root Cause: Procedures for addressing harassment or discrimination language was not included due to an oversight.  Corrective Action: The 2017-2018 student handbook will contain Procedures for addressing harassment or discrimination. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer | | **Expected Date of Completion:**  08/17/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated 2017-2018 Student Handbook | | |
| **Description of Internal Monitoring Procedures:**  District Administrators and School Administrators will review the Student Handbook at the end of each school year to update and revise all relevant and appropriate information and policies. The Superintendent's Secretary will update the document each summer with information received from District and School Administrators in preparation for distribution at the beginning of each school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the section of the district's student handbook and code of conduct, or a link to the handbook on the district website, that contains the procedures for addressing harassment or discrimination based on race, color, national origin, gender identity, religion, or sexual orientation by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district's Bullying Prevention and Intervention Plan and student handbook extend protections to students who are bullied by a member of the school staff and clarify that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. However, the faculty handbook does not contain the relevant provisions addressing the bullying of students by a school staff member. | | |
| **Description of Corrective Action:**  Root Cause: The faculty handbook did not contain relevant provisions for addressing the bullying of students by a staff member due to an oversight.  Corrective Action: The 2017-2018 staff handbook will contain relevant provisions for addressing the bullying of students by a staff member. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer | | **Expected Date of Completion:**  08/17/2017 |
| **Evidence of Completion of the Corrective Action:**  2017-2018 Faculty Handbook | | |
| **Description of Internal Monitoring Procedures:**  District Administrators and School Administrators will review the Faculty Handbook at the end of each school year to update and revise all relevant and appropriate information and policies. The Superintendent's Secretary will update the document each summer with information received from District and School Administrators in preparation for distribution at the beginning of each school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the section of the faculty handbook, or a link to the handbook on the district website, that contains the relevant provisions addressing the bullying of students by a school staff member by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017 | | |

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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 and interviews indicate that the district's student discipline policies and procedures for in-school suspensions do not address: 1) the principal's responsibility to inform the student of the disciplinary charge, the basis for the charge, the opportunity to dispute the charges and explain the circumstances; 2) the requirement to inform the student of the length of suspension which may not exceed 10 days, cumulatively or consecutively, in a school year; 3) the principal's responsibility to orally inform the parent of the disciplinary offense, the reasons for concluding that the student committed the infraction and the length of the in-school suspension; 4) the principal's responsibility to invite the parent to a meeting to discuss the student's academic performance and behavior, strategies for student engagement, and possible responses to the behavior; 5) the need to schedule the parent meeting for the day of the suspension or as soon as possible and the need for the principal to document at least two attempts to reach the parent for the purpose of orally informing the parent; and 6) the need for the principal to send written notice to the student and the parent about the in-school suspension, inviting the parent to a meeting if such meeting has not occurred, which must be delivered on the day of the suspension.  Also, there is no School-wide Education Service Plan in place at each school for students who are expelled or suspended for more than 10 consecutive school days. | | |
| **Description of Corrective Action:**  Root Cause: The current district student discipline policy definition of suspension combined in-school suspension with out of school suspension.  Corrective Action: The District student discipline policy will be updated to distinguish policies for out of school suspensions and in school suspensions as separate statements. The Updated policies and procedures will go to the September Policy Subcommittee for recommendation to the September Full School Committee for first reading at the October School Committee Meeting and then second reading and vote at the November School Committee meeting  Root Cause: There is currently no District-wide oversight to insure that each school has a documented school-wide Education Service Plan for students who are expelled or suspended for more than 10 consecutive school days.  Corrective Action: The District will create a template for each school Education Service Plan. The District will provide training to building Administrators regarding the creation and protocols/procedures for implementing the plans. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer | | **Expected Date of Completion:**  11/30/2017 |
| **Evidence of Completion of the Corrective Action:**  School Discipline Policy and Procedures  Student Handbook  Faculty Handbook  Education Service Plan Template  Agenda/Minutes/Sign-in Sheets for Administrator Training on implementation of Ed. Service Plan  School Discipline Procedures Packet | | |
| **Description of Internal Monitoring Procedures:**  Principals will keep a file of all implemented Education Service Plans and Discipline packet checklists. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **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 School-Wide Education Service Plan that addresses all required content by October 13, 2017.  Submit a copy of a draft of the revised district's student discipline policies and procedures for in-school suspensions that address: 1) the principal's responsibility to inform the student of the disciplinary charge, the basis for the charge, the opportunity to dispute the charges and explain the circumstances; 2) the requirement to inform the student of the length of suspension which may not exceed 10 days, cumulatively or consecutively, in a school year; 3) the principal's responsibility to orally inform the parent of the disciplinary offense, the reasons for concluding that the student committed the infraction and the length of the in-school suspension; 4) the principal's responsibility to invite the parent to a meeting to discuss the student's academic performance and behavior, strategies for student engagement, and possible responses to the behavior; 5) the need to schedule the parent meeting for the day of the suspension or as soon as possible and the need for the principal to document at least two attempts to reach the parent for the purpose of orally informing the parent; and 6) the need for the principal to send written notice to the student and the parent about the in-school suspension, inviting the parent to a meeting if such meeting has not occurred, which must be delivered on the day of the suspension by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017  01/19/2018 | | |

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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 interviews indicate that the district does not send written notice to former students who have not yet earned their competency determination and have not transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  Root Cause: Schools were reaching out to students verbally in lieu of sending letters.  Corrective Action: Schools will send written notification for students who left within the past two years. A letter template will be created and distributed to building administrators. A training on the protocols/procedures for distribution of the letters will be given to the high school and alternative high school Guidance Counselors, Secretaries and Principals. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, High School/GALT Principal and Guidance Counselors | | **Expected Date of Completion:**  08/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Letter Template  Training agenda, sign-in sheet  Log of letters sent | | |
| **Description of Internal Monitoring Procedures:**  The District Data Technician will generate a list to provide to the High School and Gardner Academy of Learning and Technology of students who have left within the past two years. Principals will assign a staff member in charge of maintaining the list and mailing letters by August 15th of each year. Principals will maintain a log of notices sent each 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:** 08/03/2017  **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 evidence of training (agenda and dated attendance list with staff signature/role) provided to the high school principal, GALT Principal and guidance counselors on the new procedures, to ensure written notice is provided annually to former students who have not yet earned their competency determination and have not transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs by October 13, 2017.  Submit a copy of the notice sent by the district to former students who have not yet earned their competency determination and have not transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district's written restraint prevention and behavior support policy and procedures do not include: 1) methods for preventing student violence, self-injurious behavior and suicide; 2) methods for engaging parents and youth in discussions about restraint prevention and use; 3) descriptions and explanations of alternatives to physical restraint; and 4) methods of physical restraint to be used in emergency situations. | | |
| **Description of Corrective Action:**  Root Cause: Due to recent regulation changes the restraint policy was updated, however, as an oversight the elements cited as missing were not added.  Corrective Action: The Physical Restraint Policy will be updated to include the missing elements and will be sent to the September Policy Subcommittee for recommendation to go to a first reading at the October School Committee Meeting. | | |
| **Title/Role(s) of Responsible Persons:**  PPS Director | | **Expected Date of Completion:**  11/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated Physical Restraint Policy | | |
| **Description of Internal Monitoring Procedures:**  Central Office Staff members will send regulation changes to the Policy Subcommittee for revision to current policies. | | |
| 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:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a draft of the updated written restraint prevention and behavior support policy and procedures consistent with new regulations under 603 CMR 43.00 that include 1) methods for preventing student violence, self-injurious behavior and suicide; 2) methods for engaging parents and youth in discussions about restraint prevention and use; 3) descriptions and explanations of alternatives to physical restraint; and 4) methods of physical restraint to be used in emergency situations by October 13, 2017.  Submit evidence of training (dated attendance list with staff signature/role) provided within the first month of the school year for all staff on the updated restraint prevention and behavior support policy and procedures by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017 | | |

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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:**  Document review and interviews indicate that the district has a district curriculum accommodation plan (DCAP) that includes a tiered level of supports at the elementary level (developed during the 2015-2016 SY) and at the middle and high school levels (developed during the 2016-2017 SY). However, interviews indicate that the DCAP is inconsistently implemented across grade levels and staff are not always aware of the plan or understand the supports in place to meet the needs of diverse learners in the general education classroom, including services to address the needs of children whose behavior may interfere with learning and English learners (ELs) with disabilities who are being exited from EL services. In addition, the high school level has instituted a co-teaching model. Interviews, however, indicate that teachers do not consistently utilize the opportunity the Principal has provided for collaboration in designing instruction in the general education classroom. This results in the special education teacher acting in a support role working solely with students with Individualized Education Programs (IEPs). Record review also indicates a lack of consistent documentation of interventions, supports and services to be used as part of the evaluation information reviewed by the IEP Team to determine eligibility for special education.  In addition, the district has instituted a tiered system of support for discipline that is not fully implemented at the high school. As a result, students with behavioral issues who are not successful at the high school may be referred to the Gardner Academy for Learning and Technology. | | |
| **Description of Corrective Action:**  Root Cause (DCAP): Although the District has a comprehensive DCAP in place and has it placed in a Google Drive folder shared with all staff members, it has not been clearly communicated and/or implemented consistently. District and school administrators have not held staff accountable for use of the document.  Corrective Action: Training will be provided to Administrators prior to the start of the 2017-2018 school year regarding the expectation of DCAP knowledge and implementation. Training will also be provided to staff members at each building at the beginning of the 2017-2018 school year.  GHS will create a working team to specifically address co-teaching practices. The root cause of the finding is due to lack of written procedures and expectations, co-planning documents, and staff training. A working team, which will include a GHS administrator, will be created. This working team will develop written procedures and expectations including a co-teaching responsibilities checklist and common planning template. A GHS administrator will meet quarterly with co-taught teams to assess the co-teaching process and provide additional coaching/professional development. A training for all GHS staff will be held within the first 30 days of school to review what co-teaching is, the purpose, and to define staff roles.  Root Cause (SST): Due to turnover of administrative staff simultaneous with new regulations, protocols and procedures, the SST process at each building is not consistent in its implementation and has led to confusion among staff members.  Corrective Action: Administrators will work during the summer of 2017 to streamline the SST process and procedures and collaborate to create a documented set of expectations, protocols and procedures for implementation during the 2017-2018 school year. Building staff will be trained regarding the expectations protocols and procedures at the beginning of the 2017-2018 school year.  Root Cause (Tiered System of Supports for Discipline at GHS): GHS tiered discipline supports was in the first year of implementation during the 2016-2017 school year and communication of expectations, protocols and procedures was not always clear to all staff.  Corrective Action: GHS administrators will provide professional development during the 2017-2018 school year to clarify any misconceptions regarding expectations, protocols and procedures.  Root Cause (Behavior issues become referrals to GALT): There is currently no written document of the protocols and procedures for the alternative high school referral and acceptance process.  Corrective Action: Written documents regarding the expectations, protocols and procedures for the alternative high school referral and acceptance process will be created for the 2017-2018 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Central Office and Building Administrators | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  (DCAP): Agenda/minutes/sign-in sheets for Administrators and building staff  assessment tool, action plan, and revised supporting documents. Evidence of completion for co-teaching will include working team meeting minutes, a written protocol, co-teaching responsibilities checklist, co-planning template, meeting minutes from administrator/co-taught teams quarterly meetings, training agenda and sign in.  (SST) - Documented Expectations, agenda/minutes/sign-in sheets for building staff  (Tiered System of Discipline) - Agenda/minutes/sign-in sheets for building staff  (Referral to GALT) - Protocols and procedures for the alternative high school referral and acceptance process | | |
| **Description of Internal Monitoring Procedures:**  (DCAP) - Annually at the end of 1st quarter staff meeting, review strategies implemented from the DCAP for struggling students  A annual review of the continuum documents and co-teaching procedures will be conducted with staff. Quarterly updates from the GHS administrator/co-taught team meetings will be shared with GHS administration, the Director of Pupil Personnel Services, and Chief Academic Officer. An end of the year administrative review will occur with the GHS Principal, Director of Pupil Personnel Services, and Chief Academic Officer to measure the effectiveness of the corrective action activities.  (SST) - Annually at the end of 1st quarter staff meeting, review strategies implemented as a result of the SST process to determine what is and what is not working. New strategies will be discussed.  (Tiered System of Supports for Discipline at GHS) - The school will monitor percentage of student discipline referrals and provide individual support to teachers with the highest percentage of discipline referrals.  (Referral to GALT) - Newly developed referral protocols and procedures will be adhered to. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training (agenda, materials used, dated attendance list with staff signature/role) provided to staff on 1) the new SST procedures and 2) the DCAP to ensure the DCAP is consistently implemented across grade levels and staff understand the supports in place to meet the needs of diverse learners in the general education classroom, including services to address the needs of children whose behavior may interfere with learning and English learners (ELs) with disabilities who are being exited from EL services by October 13, 2017.  Provide evidence of training (agenda, materials used, dated attendance list with staff signature/role) provided to high school general and special education teachers on the district's developed procedures for its co-teaching practices to ensure co-teachers utilize the opportunity the Principal has provided for collaboration in designing instruction in the general education classroom and the special education teacher does not act in a support role working solely with students with Individualized Education Programs (IEPs) by October 13, 2017.  Provide a copy of the protocols and procedures developed for referral and acceptance of students to the Gardner Academy for Learning and Technology by October 13, 2017.  Conduct a review of records for students across all grade levels with initial Team meetings held after training is provided, for evidence of interventions, supports and services used as part of the evaluation information reviewed by the IEP Team to determine eligibility for special education. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017  01/19/2018 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that individual teachers at the elementary and middle school levels do not consistently review educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  Root Cause ? Protocols/procedures for consistent review of curriculum documents regarding simplistic, demeaning generalizations are not clearly communicated to staff members.  Corrective Action ? Documented Protocols/procedures for consistent review of curriculum documents regarding simplistic, demeaning generalizations will be shared with all staff at the beginning of the 2017-2018 school year. An assurance document will be created and signed by teachers each year attesting to the review of materials. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Documented Protocols/procedures for consistent review of curriculum documents  Assurance document | | |
| **Description of Internal Monitoring Procedures:**  Principals will collect and maintain assurance documents each year by October 1st. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's description identifies that the district will develop protocols/procedures for consistent review of curriculum documents and will create an assurance document signed by teachers attesting to their review of materials. The district must also ensure that the protocols/procedures address how individual teachers are reviewing all teacher-selected materials they are presenting in the classroom. | | |
| **Department Order of Corrective Action:**  The district must develop procedures to ensure that individual teachers at the elementary and middle school levels review all educational materials presented in the classroom for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the procedures developed and evidence of training (agenda, dated attendance list with staff signature/role) provided to special education and general education teachers at the elementary and middle school levels to ensure they review all educational materials presented in the classroom for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials by October 13, 2017. | | |
| **Progress Report Due Date(s):**  10/27/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  Root Cause ? Although the District and schools have protocols and procedures in place to prevent discrimination and equal access to all programming, an annual written evaluation has not been completed due to an oversight.  Corrective Action ? The District will complete an annual written evaluation of all aspects of its K-12 program regarding discrimination and equal access to all programming. | | |
| **Title/Role(s) of Responsible Persons:**  District and Building Administrators | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Evaluation Template  Action Plan document  Staff/Student/Parent Survey | | |
| **Description of Internal Monitoring Procedures:**  District and Building Administrators will review survey data at the end of year Administrative Council Retreat. The data will be analyzed for areas of strength and areas for improvement. An action plan will be developed to be implemented for the following year to address areas in need of improvement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide a copy of the district's action plan and templates of the staff/student/parent survey developed for its annual evaluation of the K-12 program to ensure all students have equal access to all programs, including athletics and other extracurricular activities and includes all protected categories by October 13, 2017.  Submit a copy of the institutional self-evaluation, conclusions reached, and resolution of any identified issues by January 19, 2018. | | |
| **Progress Report Due Date(s):**  10/27/2017  01/19/2018 | | |

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

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district reclassifies English learners (ELs) with disabilities before they meet the minimum exit criteria determined by the Department. Therefore, there is no indication showing that students with disabilities can participate meaningfully in all aspects of the district's general education program without the use of adapted or simplified English materials. The district's current reclassification procedures are not in compliance with 603 CMR 14.02 that requires districts to establish exit criteria in accordance with the Department's guidelines. Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners" as found at http://www.doe.mass.edu/ell/Guidance.pdf. | | |
| **Description of Corrective Action:**  ELL teachers in the Gardner School District were not aware of policies outlined in the "Guidance on Identification, Assessment, Placement, and Reclassification of English Learners" (GIAPREL). Additionally, a new ELL Coordinator started May of 2017. In her new role as ELL Coordinator, paper copies of the GIAPREL were given (and sent via email) to all ELL staff on June 30, 2017. Staff training will be held monthly at ELL staff meetings, with the first staff training on the GIAPREL to be held September of 2017. Procedures for re-classification will comply with 603 CMR 14.02. This will be an on-going process. | | |
| **Title/Role(s) of Responsible Persons:**  Meredith Pugh, ELL Coordinator | | **Expected Date of Completion:**  06/05/2018 |
| **Evidence of Completion of the Corrective Action:**  ELL teachers will sign a document indicating that they have read the GIAPREL. Staff training on effective implementation will be held monthly, evidenced by minutes from meetings, as well as by signatures of who was present for the trainings. Guided by GIAPREL policies, ELL staff will recommended re-classification of students to the ELL Coordinator, who will then consult the GIAPREL and take appropriate action. This will be an on-going process, to commence July 1, 2017. | | |
| **Description of Internal Monitoring Procedures:**  To ensure that policies set forth in GIAPREL are being implemented system-wide, and that they continue to be implemented, paper copies of the GIAPREL were given (and sent via email) to all ELL staff on June 30, 2017. Staff training will be held monthly at ELL staff meetings, the first staff training on the GIAPREL to be held September of 2017. Minutes and signatures from these staff trainings will be collected monthly. Guided by GIAPREL policies, ELL staff will recommended re-classification of students to the ELL Coordinator, who will then consult the GIAPREL and take appropriate action. This will be an on-going system. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 13, 2017, submit the district's reclassification policies and procedures and 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.    By October 13, 2017, please complete the FEL Roster available in the Document Library to provide information for all the ELs in your district who have been reclassified in the last school year. | | |
| **Progress Report Due Date(s):**  10/27/2017  01/19/2018 | | |

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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 and interviews indicate that the district does not have a comprehensive process to evaluate the effectiveness of its ELE programming in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program. Please see http://www.doe.mass.edu/ell/ProgramEvaluation.pdf. | | |
| **Description of Corrective Action:**  The "District ELE Program Evaluation" team (DELEPE) was formed on June 12th, with additional members to be added in August. DELEPE documents were also disseminated to members of DELEPE team. The DELEPE team will be ready for staff training (for effective implementation of program review) by September 1. | | |
| **Title/Role(s) of Responsible Persons:**  Meredith Pugh, ELL Coordinator | | **Expected Date of Completion:**  05/30/2017 |
| **Evidence of Completion of the Corrective Action:**  On-going processes: Staff training sessions will be held at DELEPE monthly meetings; minutes will be recorded and signatures collected of who was there; DELEPE team members will contribute (both on-line and in group meetings) to the building of the DELEPE in a timely and systematic manner (as evidenced by the Program Evaluation on Google Docs); ELL Coordinator will contribute to, and supervise the construction of, the DELEPE. The Final DELEPE document will be ready for publication in May 2018. | | |
| **Description of Internal Monitoring Procedures:**  To ensure that the new policy and procedures are being implemented system-wide, and that they continue to be implemented, follow-up activities include the following: DELEPE team will meet monthly, online and in-person, until May 30, 2017. This process is an on-going event, and will re-commence September of 2018. Minutes from meetings will be recorded, and signatures of those in attendance will be gathered. ELL Coordinator will set deadlines, and will continually monitor (both on-line and in meetings) progress of the following, set by DELEPE: the gathering, organizing, and analyzing of data; the setting the targets for improvement; the action plan; the monitoring of targets, etc. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 19, 2018:  1. Please complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf. The district must complete all of the components of the attached form in order to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the district?s educational program.  2. Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  3. Please 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):**  01/19/2018 | | |

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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 indicates that the Home Language Survey, information about the student's previous school experiences and report cards are not consistently maintained in the records of EL students. | | |
| **Description of Corrective Action:**  Dissemination of GIAPREL policy and procedures for maintaining "records of ELL students" occurred May 30, 2017. Staff training for maintaining "records of ELL students" occurred June 9th, 2017. Procedures were aligned with the student record review presented in GIAPREL. | | |
| **Title/Role(s) of Responsible Persons:**  Meredith Pugh, ELL Coordinator | | **Expected Date of Completion:**  08/01/2017 |
| **Evidence of Completion of the Corrective Action:**  On-going processes: Staff training sessions will be held at ELL staff meetings; minutes will be recorded and signatures collected of who was there; ELL teachers will submit "evaluation report" of student's folder and the documents within to ELL Coordinator on June 30th and Dec 30th; ELL Coordinator will locate missing documents (to the best of ability) and maintain folders each summer, as evidenced by new information on each ELL student's record review. | | |
| **Description of Internal Monitoring Procedures:**  To ensure that the new policy and procedures are being implemented system-wide, and that they continue to be implemented, follow-up activities include the following: Bi-yearly monitoring of documents in student record review by ELL teachers; submitting "evaluation report" of student records to ELL Coordinator on Dec. 30 and June 30 of every year; summer maintenance of records of ELL students by ELL Coordinator. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 08/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of training (agenda, materials used, dated staff attendance list with signature/role) provided to ELE teachers and responsible staff to ensure that the Home Language Survey, information about the student's previous school experiences and report cards are maintained in the records of EL students by October 13, 2017.    Conduct a review of EL student records, after training is provided, for evidence that the Home Language Survey, information about the student's previous school experiences and report cards are maintained in the records of EL students. Indicate the number of EL student records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance by January 19, 2018.  \*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):**  10/27/2017 | | |