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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: Holliston

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 09/22/2017.

**Mandatory One-Year Compliance Date:** **09/22/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 1 | Assessments are appropriately selected and interpreted for students referred for evaluation | Partially Implemented |
| SE 18A | IEP development and content | 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 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |

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| **Criterion & Topic:** SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that the district does not ensure that tests and other evaluation materials are tailored to assess specific areas of educational need and related developmental needs for preschool students. Although the district has several assessments for preschoolers, record review demonstrated that initial eligibility determinations are frequently based on the results of screening tools. |
| **Description of Corrective Action:** Use of LAP- D evaluations in place of Readiness Assessments. PreK staff were using Ages and Stages, more a screener than a formal evaluation. PreK staff is also shifting the format of the assessment and utilizing the arena evaluation model for those students typically transitioning in from Early Intervention. The adjustments in tool as well as format will provide a more tailored way at which to assess a preschool student. |
| **Title/Role(s) of Responsible Persons:**SSD Placentino - Principal, SSA, and School Psychologist | **Expected Date of Completion:**06/01/2018 |
| **Evidence of Completion of the Corrective Action:**Eligibility determination of PreSchoolers is done using an individualized approach, including formalized assessment data. |
| **Description of Internal Monitoring Procedures:** Sample file review of preschool evaluations annually. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | **Corrective Action Plan Status:** Partially Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The internal monitoring process does not state who will conduct the internal file review. The proposed frequency of internal monitoring also is not sufficient to ensure continuous improvement. |
| **Department Order of Corrective Action:**Develop an internal oversight and tracking system to ensure that preschool students are evaluated with formal assessments and other evaluation materials that are tailored to assess specific areas of educational and related developmental needs. The system should include oversight and periodic reviews by an administrator to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit the procedures to ensure that formal assessments and other evaluation materials are tailored to assess specific areas of educational and related developmental needs for preschool students. By January 12, 2018 submit evidence of training for preschool staff, including the School Psychologist and the Student Services Administrator, on assessing specific areas of educational and related developmental needs for preschool students, including the agenda, signed attendance sheet, name and role of presenter and the training materials. By January 12, 2018 submit a detailed description of the district's internal oversight and tracking system, including the name and role of the person designated for oversight.By April 6, 2018 submit the results of an internal review of 8 records of preschoolers with eligibility determinations between January and April 2018 for evidence of formal assessments conducted in all areas of suspected disability. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that assessments, not screening tools, were administered. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/12/201804/06/2018 |

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| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that IEP Teams do not consistently address all elements of the current IEP format provided by the Department of Elementary and Secondary Education. Specifically, the Present Levels of Educational Performance (PLEP) B: Other Educational Needs is frequently blank. As a result, the PLEP B does not address the student's overall involvement within his/her school, including participation in extracurricular and other nonacademic activities, how the student communicates with others, and how assistive technology might support his/her effective progress. |
| **Description of Corrective Action:** Department meeting trainings provided to all special education staff regarding the appropriate functions of PLEP A and PLEP B. A Google doc has been created - PLEP A/PLEP B as a reference point for staff. |
| **Title/Role(s) of Responsible Persons:**SSD, SSAsSpecial Education Liaisons/Services Providers | **Expected Date of Completion:**06/01/2018 |
| **Evidence of Completion of the Corrective Action:**Effective use of PLEP A and PLEP B in IEPs. |
| **Description of Internal Monitoring Procedures:** Student record review, random sampling of files, by Student Services Administrators bi-annually for use of PLEP A and PLEP B. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit the procedures for completing Present Levels of Educational Progress (PLEP) B: Other Educational Needs.By January 12, 2018 submit evidence of training on PLEP B for all special education, related services and general education staff including the agenda, signed attendance sheet, name and role of presenter, and training materials. By April 6, 2018 submit the results of an internal review of three (3) student records from each school for students who had an IEP meeting between January and April 2018 for evidence of IEPs with completed PLEP Bs. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that PLEP B was completed in the IEP. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/12/201804/06/2018 |

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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:** A review of student records indicated that information included in the narrative description of the Notice of Proposed School District Action (N1) does not consistently contain sufficient detail of the district's proposed actions. Specifically, N1s accompanying evaluation consent forms (N1A) do not always indicate the assessments and evaluations to be conducted. |
| **Description of Corrective Action:** Creation of Google doc (N1, Notice of Proposed Action (Evaluation)) included in Process and Procedure Manual, August 2017. Staff who complete N1s related to evaluation proposals reviewed the Google doc and State finding and will utilize the N1 for evaluation proposals to provide sufficient information of the school district's proposal (August SSA meeting). N1, Notice of Proposed Action (Evaluation) |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesStudent Services AdministratorsProcedural Assistants | **Expected Date of Completion:**06/01/2018 |
| **Evidence of Completion of the Corrective Action:**N1/N1As - Initial or Reevaluations to include sufficient information regarding the district proposed actions; including assessments and evaluations to be conducted |
| **Description of Internal Monitoring Procedures:** Record Review of 12 records grades PreK- age 22, either Intial or Reevaluation - Annually with SSA and Procedural Assistants (January). |
| 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:** Partially Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The internal monitoring process does not state who will conduct the internal file review. The proposed frequency of internal monitoring also is not sufficient to ensure continuous improvement. |
| **Department Order of Corrective Action:**Develop an internal oversight and tracking system to ensure that that Notices of Proposed School District Action (N1s) are completed with individualized responses tailored to the student for each required element. The system should include oversight and periodic reviews by an administrator to ensure ongoing compliance. |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit a sample N1A for an initial evaluation or re-evaluation with a description of each evaluation procedure, test, record, or report the district used as a basis for the proposed or refused action. By January 12, 2018 submit a detailed description of the district's internal oversight and tracking system, including the name and role of the person designated for oversight.By April 6, 2018 submit the results of an internal review of fifteen (15) records of students across elementary, middle, and high school levels, with initial or re-evaluations subsequent to implementation of all corrective actions for evidence that N1s include individualized responses tailored to the student's evaluation. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing compliance. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.\*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). |
| **Progress Report Due Date(s):** 01/12/201804/06/2018 |

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| **Criterion & Topic:** SE 37 Procedures for approved and unapproved out-of-district placements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's written contracts with all public and private out-of-district placements specifically include a statement that the district shall not contract with any placement that discriminates on the grounds of race, color, religion, sexual orientation, or national origin, or that discriminates against qualified persons with disabilities. However, this statement does not address the protected category of gender identity. |
| **Description of Corrective Action:** In consultation with the District's special education legal counsel the district will/has updated the contract template used with public and private out-of-district placements to ensure all language in relation to non-discrimination practice, including gender identity, in accurate and all encompassing. Continued use of updated template contract and ensure process for identify such placements take into account all non-discrimination components. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesAdministrative Assistant to the Director of Student Services | **Expected Date of Completion:**09/30/2017 |
| **Evidence of Completion of the Corrective Action:**District written contracts with all public and private placements includes information to ensure the district shall not contract with any placement... Section 13 of OOD HPS Contracts: PLACEMENT hereby represents and warrants that it does not discriminate on the grounds of race, color, sex, gender identity, religion, sexual orientation, or national origin, or against qualified persons with disabilities. PLACEMENT also represents and warrants that it ensures that students who are homeless or of limited English-speaking ability are protected from discrimination in accessing the courses of study and other opportunities available through PLACEMENT. |
| **Description of Internal Monitoring Procedures:** Continued use of updated template for contracts with out-of-district placements. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Corrected |
| **Basis for Decision:** At the time of the district's response to the CPR Draft Report, a template contract for out of district placements was provided with a nondiscrimination statement that assures the placement will not discriminate on the basis of race, color, religion, gender identity, sexual orientation, or national origin, or discriminate against qualified persons with disabilities. |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  |
| **Progress Report Due Date(s):**  |

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| **Criterion & Topic:** CR 7 Information to be translated into languages other than English | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district does not consistently translate important information and documents, such as handbooks and codes of conduct, into its major languages of Spanish and Portuguese. The district website has an online translation option, but the translator is not functional for linked documents such as the student handbook, code of conduct, or Bullying Prevention and Intervention Plan. |
| **Description of Corrective Action:** Handbooks have since been translated in the major languages and are available through the parents website at each of the schools in Spanish, Portuguese and Arabic. For additional languages required, hard copies of the language are provided to parent (i.e. Russian). The translate function (flags) on the District's main web page as well as each schoo, allows for a parent/guardian, student, or staff to translate all docs available through the Google platform to be translated in the language identified. |
| **Title/Role(s) of Responsible Persons:**Director of Student ServicesDirector of TechnologyPrincipals | **Expected Date of Completion:**11/01/2017 |
| **Evidence of Completion of the Corrective Action:**Translated Handbooks for which Code of Conducts are included. Four Major Languages (English, Spanish, Portuguese, and Arabic) - Student/Parent Handbook.Translation Option function now accessible/active |
| **Description of Internal Monitoring Procedures:** Annually Translated any non - Google doc (i.e. Student Handbooks). At the annual spring review/revisions to handbook and then following the School Committee presentations - appropriate staff will ensure necessary handbooks are documented and available for the upcoming school year by August 15th. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Corrected |
| **Basis for Decision:** The district has translated student handbooks for each school into Spanish, Portuguese and Arabic. The handbooks contain all relevant parts of the Bullying Prevention and Intervention Plan. In addition the translation flags on the district website are active and can translate all documents on the Google platform. |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  |
| **Progress Report Due Date(s):**  |

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| **Criterion & Topic:** CR 9 Hiring and employment practices of prospective employers of students | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that although the district requires prospective employers recruiting at the high school to sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices, this statement does not address gender identity and sexual orientation as protected categories. |
| **Description of Corrective Action:** Review documentation (HHS Internship Agreement Form) and practices for job placements accepting internship students. Updated form (HHS Internship Agreement Form) for those accepting interns which includes nondiscrimination information. |
| **Title/Role(s) of Responsible Persons:**High School PrincipalCareer Services Coordinator | **Expected Date of Completion:**11/01/2017 |
| **Evidence of Completion of the Corrective Action:**updated, 2017-2018 HHS Internship Agreement Form |
| **Description of Internal Monitoring Procedures:** Yearly review of HHS Internship Form and practice for identification of internship placements- abiding by federal and state laws prohibiting discrimination. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit the revised HHS Internship Agreement Form that requires employers or internship providers to comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices based on the protected categories of race, color, national origin, sex, gender identity, handicap, religion and sexual orientation.By January 12, 2018 submit evidence that the high school administrators, including the Career Services Coordinator and guidance staff are informed that the HHS Internship Agreement Form has been revised. Evidence may be a training or a memo with the revised form attached. |
| **Progress Report Due Date(s):** 01/12/2018 |

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that student handbooks/codes of conduct do not consistently contain a nondiscrimination policy that affirms each school's non-tolerance for harassment based on race, color, national origin, sex, gender identity, religion, or sexual orientation, or discrimination on those same bases. Document review also indicated that the high school handbook does not include procedures for accepting, investigating and resolving complaints alleging discrimination. |
| **Description of Corrective Action:** The High School handbook has been updated since the 2015-2016 handbook submission. Language in the HHS 2017-2018 Student/Parent Handbook includes discrimination investigation process. |
| **Title/Role(s) of Responsible Persons:**Superintendent of SchoolsAll - PrincipalsAdministrative Team - High School | **Expected Date of Completion:**09/01/2017 |
| **Evidence of Completion of the Corrective Action:**2017-2018 HHS Student Handbook |
| **Description of Internal Monitoring Procedures:** Annual Review of Handbook - Throughout the year the high school administrative Team reviews various components of the handbook as situations arise. In the spring administrative teams make revisions to their handbook and share out changes at a school committee meeting. Review of student discipline concepts is part of this process. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Partially Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** Although the student handbook contains a nondiscrimination statement that affirms non-tolerance for harassment and discrimination based on race, color, national origin, sex, gender identity, religion, or sexual orientation, the handbook does not list discipline that may be imposed for discrimination and harassment. Only hazing has disciplinary outcomes cited. The HHS handbook contains procedures for accepting, investigating and resolving complaints alleging discrimination. |
| **Department Order of Corrective Action:**Develop the revisions for the student handbook, including the discipline that may be imposed for discrimination and harassment.Inform administrators of all schools on the revisions to the handbooks.Post the revised handbooks on the district's website. |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit the revisions to the handbooks for the discipline that may be imposed for discrimination and harassment.By January 12, 2018 submit evidence of training school administrators on the revisions to the handbooks, including the agenda, signed attendance sheet, name and role of presenter, and training materials. By January 12, 2018 submit a link to the revised handbooks on the district's website. |
| **Progress Report Due Date(s):** 01/12/2018 |

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| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and administrative interviews indicated that the district's student discipline policies and procedures do not address alternatives to suspension that include evidence-based strategies and programs, such as mediation, conflict resolution, restorative justice, and positive interventions and supports. Document review and administrative interviews also indicated that although the district collects and annually reports data to the Department regarding in-school suspensions, short- and long-term suspensions, expulsions, and emergency removals, the district has not developed a system for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. |
| **Description of Corrective Action:** Much professional development has been provided to district -wide staff in relation to alternatives to suspension , i.e. Collaborative Problem Solving and restorative justice. On an individual basis building administrators, often in collaboration with each other as well as the Director of Student Services of Superintendent of Schools utilizes alternatives to suspension in response to a conduct that violates school policy. The administrative team will determine additions or revisions to student discipline policies and procedures in Student/Parent Handbooks, noting that on an individual basis their are alternatives provide to suspension when conduct is violated.Building level teams periodically review discipline data. An identified process for review of data at both a building and district level to be established. |
| **Title/Role(s) of Responsible Persons:**Superintendent of SchoolsPrincipals | **Expected Date of Completion:**09/22/2018 |
| **Evidence of Completion of the Corrective Action:**Updated language in school student/parent handbooks to address alternatives available to suspension when appropriate and on an certain basis. Implemented plan of data review point - full administrative Team - annually and building administrative Team - consistently as appropriate for building norms/needs - High School - weekly in administrative team meeting, Middle School - bi-weekly during SST, Miller - monthly - guidance meeting, Placentino - monthly - guidance meetings |
| **Description of Internal Monitoring Procedures:** Annual review of handbooks, revisions to the handbook language, shared out at school committee with appropriate updates, such as discipline language/alternatives to suspension.Identify frequency and timeline for review of discipline data by various administrative teams. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit updated language from school student/parent handbooks to address alternatives available to suspension.By January 12, 2018 submit the district's frequency/timeline and protocols for review of discipline data by school principals and their administrative teams. By January 12, 2018 submit evidence of training for administrators on the revised procedures for student discipline, including the alternatives to suspension and the system for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. Submit the agenda, signed attendance sheet, name and role of presenter, and training materials. By April 6, 2018 submit a sample of the periodic data review of suspensions and removals for selected student populations. Include a narrative interpretation of the data review and impact of removal for the subgroups of selected students. |
| **Progress Report Due Date(s):** 01/12/201804/06/2018 |

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| **Criterion & Topic:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's annual and continuous notification concerning nondiscrimination does not provide the name(s), office address and phone number of the coordinator for compliance under Section 504. |
| **Description of Corrective Action:** Update Section 504 contact information is included in staff mandatory training and posted notification of information Staff Handbooks - to be updated to ensure accurate contact information concerning nondiscrimination and coordinators. |
| **Title/Role(s) of Responsible Persons:**Superintendent of SchoolsDirector of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Include all nondiscrimination contact information for staff handbooks and mandatory training. |
| **Description of Internal Monitoring Procedures:** Yearly review of handbooks and mandatory training staff presentation. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Corrected |
| **Basis for Decision:** The HHS Student Handbook contains the contact information, name, work address and phone number , for Dr. Bradford Jackson Title IX Coordinator and Margaret (Meg) Camire Section 504 Coordinator under the section on Discrimination Investigation.. |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  |
| **Progress Report Due Date(s):**  |

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| **Criterion & Topic:** CR 24 Curriculum review | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district does not ensure that individual teachers review all 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; and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in materials. |
| **Description of Corrective Action:** Create guidelines for self-monitoring of curriculum to be incorporated into beginning of the year trainings and reviewed by administrators and curriculum leaders along with a self-monitoring checklist for teachers and a supervisory checklist for administrators. More formal periodic review based upon identified criteria. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent of SchoolsPrincipals and Department Leaders | **Expected Date of Completion:**01/01/2018 |
| **Evidence of Completion of the Corrective Action:**Agenda and sign-offSelf-monitoring checklistSupervisory checklist for administrators |
| **Description of Internal Monitoring Procedures:** More formal periodic review based upon identified criteria. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 12, 2018 submit the guidelines and a sample of the individual teacher self-monitoring process for curriculum and educational materials review for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation.Include appropriate activities, discussions and/or supplementary materials used to provide balance and context for such stereotypes depicted in materials in this submission. |
| **Progress Report Due Date(s):** 01/12/2018 |

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| **Criterion & Topic:** ELE 3 Initial Identification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district has policies and procedures established for the identification of English learners (ELs) that are consistent with Department guidelines; however, the initial identification testing data submitted by the district reveals that Kindergarten students were screened using the Pre-LAS, which is a screener approved by the Department for students at the Preschool level only. The district's current initial identification practices are not consistent with the district's policies and procedures and with 603 CMR 14.02(1) that requires districts to follow Department's guidelines for initial identification of ELs. Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners" as found at HYPERLINK "http://www.doe.mass.edu/ell/guidance/Guidance.pdf" http://www.doe.mass.edu/ell/guidance/Guidance.pdf . |
| **Description of Corrective Action:** The district has used the WIDA MODEL for K screening exclusively since (January 2016) and will continue to approved tools. Prior to the DESE 2015 guidance document, when it was deemed to be acceptable by the Department, we used the Pre-LAS 2000. All students, but especially those screened in the fall of 2015, who were screened out using the Pre-LAS 2000, continued to be monitored and were reassessed if they were not progressing in the general curriculum.All students going forward will be screened using approved tools. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent of SchoolsPlacentino - Administrative Team & ELL Teachers/Tutors | **Expected Date of Completion:**11/01/2017 |
| **Evidence of Completion of the Corrective Action:**Documentation of screening tool used for K Screening in 2017. |
| **Description of Internal Monitoring Procedures:** Annual review of tools used to ensure compliance with DESE guidance. Evaluation doc capturing assessments used - review annually. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Complete and submit the "Initial Identification Testing Data" form that is available in the Document Library by the due date of this progress report. |
| **Progress Report Due Date(s):** 01/12/2018 |

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| **Criterion & Topic:** ELE 17 Program Evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district does not have a formal process for evaluating the effectiveness of its ELE programming and does not document steps taken to make appropriate program adjustments or changes, if needed. |
| **Description of Corrective Action:** Review of DESE Program Evaluation Tool and other examples and create a customized version for our district to be completed and review annually. More formal program review process will be conducted annually using a district designed tool. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent of SchoolsELL Teachers/Tutors | **Expected Date of Completion:**06/01/2018 |
| **Evidence of Completion of the Corrective Action:**Documentation of a completed tool and agenda with program review using the tool. |
| **Description of Internal Monitoring Procedures:** Annual Documentation of a completed tool and agenda with program review using the tool. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 11/03/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** 1- By January 12, 2018 provide the following information :  - names and the assignments of the staff members who will be involved in the district's program evaluation,; -qualitative and quantitative data that will be analyzed; -meeting dates and agendas including a timeline for the process.2- By June 29, 2018, 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. 3- By June 29, 2018, provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation. Include in your progress report 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 |
| **Progress Report Due Date(s):** 01/12/201806/29/2018 |