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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: Monson

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 08/30/2017.

**Mandatory One-Year Compliance Date:** **08/30/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | 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 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| ELE 1 | Annual English Language Proficiency Assessment | Partially Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 4 | Waiver Procedures | Not Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Not Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:** SE 9 Timeline for determination of eligibility and provision of documentation to parent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and interviews indicated that the district does not consistently convene an IEP Team to determine whether the student is eligible for special education, and provide to the parent either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility, within forty-five school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. |
| **Description of Corrective Action:** The root cause of the district's failure to fully comply with this regulation is the way in which initial and reevaluation meetings were scheduled. This pertained specifically to a parent who indicated that they could not attend the Team meeting, which resulted in a meeting date beyond the 45 school working days timeline. |
| **Title/Role(s) of Responsible Persons:**Suzanne Morneau, Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Director of Student Service will conduct an IEP/active consent review to monitor the initial and three year reevaluation 45 timelines. Staff training packet, attendance sheet. |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will review and monitor the initial/three year reevaluation timelines two times per year to ensure that meetings are scheduled by the 45 school working day timeline. A training will be provided at the start of the 2017/2018 school year to ensure that all special education staff are aware of the 45 school working day timeline. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district stated the root cause of non-compliance as being parents not attending Team meetings, however did not address how the district will address this issue. Also, the district's description addresses the Team meeting being scheduled within 45 school days from receipt of parental consent, however the regulatory requirement is that the proposed IEP and proposed placement or a written explanation of the finding of no eligibility be provided within 45 school working days after receipt of the parent's written consent. |
| **Department Order of Corrective Action:**The district will develop procedures to address parental participation in Team meetings, to ensure that lack of parental participation does not result in the delay of issuing the proposed IEP or finding of no eligibility within 45 school working days after receiving parental consent to evaluate. |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that staff has been trained on the requirement to provide the parent with either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility, within forty-five school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. Also, provide a copy of the procedures developed to engage parents to attend Team meetings and the procedures for documenting the districts attempts to facilitate parental participation.By March 30, 2018, submit the results of a review of student records across all grade levels, for Team meetings held after corrective action, to ensure that parents receive a proposed IEP and proposed placement or a written explanation of the finding of no eligibility, within forty-five school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken to remedy the non-compliance. \* Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/19/201803/30/2018 |

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| **Criterion & Topic:** SE 11 School district response to parental request for independent educational evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicated that the district's procedures for responding to a parental request for an independent educational evaluation (IEE) do not include: 1) considerations for the unique circumstances of the student to be justified when an individual assessment rate is higher than normally allowed; 2) the extension of the right to a publicly-funded IEE for 16 months from the date of the evaluation with which the parent disagrees for students if cost-shared or funded for state wards or for students receiving free or reduced cost lunch; 3) that, whenever possible, the IEE is completed and a written report sent no later than 30 days after the date the parent requests the IEE; and 4) the requirement that the independent evaluator's report must summarize and recommend, in writing, procedures, assessments, results, diagnostic impressions, and appropriate types of placements as well as educationally relevant recommendations for meeting identified needs of the student, without recommending specific classrooms or schools. Also, the district procedures require that a parent request an IEE in writing, which is not consistent with 603 CMR 28.04(5). |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was due to the district's procedure lacking the elements outlined in this regulation. |
| **Title/Role(s) of Responsible Persons:**Suzanne Morneau, Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**The district procedure will be reviewed and revised to include all elements.Staff training packet, attendance sheet. |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will review and revise the district procedure for responding to a parental request for an independent educational evaluation (IEE). Staff training will be provided at the start of the school year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide a copy of the district's revised procedures to a parental request for an independent educational evaluation (IEE) and evidence (agenda, attendance sheet with signature/role, training materials) that staff has been trained on the district's revised procedures that include : 1) considerations for the unique circumstances of the student to be justified when an individual assessment rate is higher than normally allowed; 2) the extension of the right to a publicly-funded IEE for 16 months from the date of the evaluation with which the parent disagrees for students if cost-shared or funded for state wards or for students receiving free or reduced cost lunch; 3) that, whenever possible, the IEE is completed and a written report sent no later than 30 days after the date the parent requests the IEE; and 4) the requirement that the independent evaluator's report must summarize and recommend, in writing, procedures, assessments, results, diagnostic impressions, and appropriate types of placements as well as educationally relevant recommendations for meeting identified needs of the student, without recommending specific classrooms or schools. Additionally, the parent may not be required to request an IEE in writing. |
| **Progress Report Due Date(s):** 01/19/2018 |

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| **Criterion & Topic:** SE 18A IEP development and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review indicated that the IEP service delivery grid is not always written to accurately reflect the services to be provided. Specifically, the goals outlined for a student in the IEP are not consistently represented on the service delivery grid. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was a lack of training and internal monitoring system in the review of proposed IEPs. |
| **Title/Role(s) of Responsible Persons:**Suzanne Morneau, Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Staff training packet, attendance sheetFile review of 10 IEPS to ensure compliance with goals and service delivery grids. |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will provide training to all special education staff to ensure that IEP goals are consistently represented on the service delivery grid. The Director of Student Services will review 10 IEPs to ensure that the IEP service delivery grid will accurately reflect the services provided. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18A IEP development and content | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that staff has been trained on the requirement that IEP service delivery grids are written to accurately reflect the goals outlined for a student in the IEP. By March 30, 2018, submit the results of a review for Team meetings held for students across all grade levels, conducted after corrective action, to ensure IEP service delivery grids are written to accurately reflect the goals outlined for a student in the IEP. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken to remedy the non-compliance. \* Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/19/201803/30/2018 |

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| **Criterion & Topic:** SE 37 Procedures for approved and unapproved out-of-district placements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review and document review indicated that written contracts with out-of-district placements include a statement of nondiscrimination that is missing the protected category of gender identity. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was the lack of training to include the protected category of gender identity in the statement of nondiscrimination on written contracts with out of district placements. |
| **Title/Role(s) of Responsible Persons:**Suzanne Morneau, Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Four copies of written contracts with out of district placements that include a statement of nondiscrimination which includes the protected category of gender identity will be provided.Staff training packet and attendance sheet. |
| **Description of Internal Monitoring Procedures:** Staff training will be provided to all special education staff regarding the statement of nondiscrimination on written contracts with out of district placements. The Director of Student Services will review out of district contracts to ensure that the statement of nondiscrimination will include the protected category of gender identity. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide a copy of the template for written contracts with out-of-district placements that contains a statement of nondiscrimination that includes the protected category of gender identity. |
| **Progress Report Due Date(s):** 01/19/2018 |

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| **Criterion & Topic:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicated that when a suspension constitutes a change in placement for a student with disabilities, the district's procedures do not address if the student's behavior was the direct result of the district's failure to implement the student's IEP, or that parents are provided the written notice of procedural safeguards on the date the school district decides to take disciplinary action. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was due to the lack of training to staff to ensure that the district notifies parents of the decision and provides them with the written notice of procedural safeguards. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Staff training packet, attendance sheet. |
| **Description of Internal Monitoring Procedures:** Staff training will be provided to all special education staff to ensure that the district notifies parents of the discipline decision and provides them with the written notice of procedural safeguards. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district's proposed corrective action does not address procedures for when a suspension constitutes a change in placement for a student with disabilities whose behavior was the direct result of the district's failure to implement the student's IEP. |
| **Department Order of Corrective Action:**In addition to training staff to ensure that parents are provided the written notice of procedural safeguards on the date the school district decides to take disciplinary action, the district must also develop procedures to address that when a suspension constitutes a change in placement for a student with disabilities, the district's procedures do address whether the student's behavior was the direct result of the district's failure to implement the student's IEP. |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that special education liaisons, Principals, Assistant Principals, have been trained on: 1) the procedures for manifestation determination meetings, including the requirement that the parent is notified of the decision to take disciplinary action no later than the date of the decision and is provided with written notice of procedural safeguards, and; 2) the district's procedures addressing that if the student's behavior was the direct result of the district's failure to implement the student's IEP, the student is returned to the pre-suspension placement unless: a) the parent and district agree to a different placement; b) a hearing officer orders new placement, or; c) the removal is for special circumstances, including, weapons, illegal drugs or possession of a controlled substance, or the infliction of serious bodily injury on another person while at school or a school function.By March 30, 2018, submit the results of a review of discipline records across all grade levels after training has been provided, for evidence that the district's procedures of the suspension of students with disabilities are consistently implemented. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken to remedy the non-compliance. \* Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/19/201803/30/2018 |

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| **Criterion & Topic:** SE 51 Appropriate special education teacher licensure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that at Monson High School, a special education teacher who designs and provides direct special education services described in students' IEPs, does not hold a current license in special education. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was the fact that the special education teacher had a license in Connecticut and had a pending status for Massachusetts licensure. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**The new special education teacher license information will be provided to demonstrate that she currently holds a Massachusetts license in special education. |
| **Description of Internal Monitoring Procedures:** This special education teacher is no longer employed by the district. The new special education teacher who replaced her has a Massachusetts license in special education. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide a copy of the special education teacher's license at Monson High School who designs and provides direct special education services. |
| **Progress Report Due Date(s):** 01/19/2018 |

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| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and interviews indicated that the district does not regularly evaluate its special education programs and services. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was a lack of programs/services evaluated by the district in the past. Beginning in the Spring of 2017, a process has been developed to evaluate special education programs and services. |
| **Title/Role(s) of Responsible Persons:**Suzanne Morneau, Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**The Director of Student Services will provide a copy of the programs and services evaluated in the district.Staff training, attendance sheet. |
| **Description of Internal Monitoring Procedures:** The Director of Special Education will review two district programs/services per school year and share the information with the District Administration to ensure that feedback is provided across the district. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, submit a copy of the district programs and services evaluation tool and provide evidence (agenda, attendance sheet with signature/role, training materials) that staff has been trained on the district's procedures for evaluating district special education services and programs. By March 30, 2018, submit a copy of two district programs or services that have been evaluated to date. |
| **Progress Report Due Date(s):** 01/19/201803/30/2018 |

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| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the district's student discipline policies and procedures do not contain the following: 1) procedures for principal hearings for long-term suspension do not offer the parent an opportunity to discuss the student's conduct and offer information and mitigating circumstances for the principal's consideration; 2) procedures for the emergency removal of a student do not address that the student may not be removed from school until adequate provisions have been made for the student's safety and transportation; and 3) procedures for in-house suspension do not address the principal's use of in-school suspension as an alternative to short-term suspension.Additionally, the district does not have a system in place for principals to collect and periodically review discipline data by selected populations. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was due to a lack of consistency with student discipline policy and procedure language. |
| **Title/Role(s) of Responsible Persons:**Building Principals | **Expected Date of Completion:**06/18/2018 |
| **Evidence of Completion of the Corrective Action:**Staff training packet, attendance sheetUpdated procedures related to student discipline |
| **Description of Internal Monitoring Procedures:** Training will be provided to the Principals and Deans on the district's student discipline policies and procedures. The district's procedures will be updated to include the missing elements. The principals and deans will review discipline data twice a year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide a copy of the student discipline procedures that include: 1) procedures for principal hearings for long-term suspension that offer the parent an opportunity to discuss the student's conduct and offer information and mitigating circumstances for the principals consideration; 2) procedures for the emergency removal of a student that the student may not be removed from school until adequate provisions have been made for the student's safety and transportation; and 3) procedures for in-house suspension the principals use of in-school suspension as an alternative to short-term suspension, and 4) a description of the system the principals utilize to collect and periodically review discipline data by selected populations.By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that Principals and Deans of Students have been trained on the district's revised student discipline procedures. |
| **Progress Report Due Date(s):** 01/19/2018 |

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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 staff interviews indicated that the district does not send a notice to the student and parent/guardian within 5 days from the student's tenth consecutive absence that includes: 1) at least two dates and times for an exit interview between the superintendent (or designee) and the student and the parent/guardian to occur prior to the student permanently leaving school; 2) contact information for scheduling the exit interview; and 3) an extension for the time and date of the exit interview of no longer than 14 days. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was a lack of understanding regarding the notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion. |
| **Title/Role(s) of Responsible Persons:**Suzanne Morneau, Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Staff training packetRevised letter to include all required elements |
| **Description of Internal Monitoring Procedures:** The Building Principals at Granite Valley and Monson High School will monitor and review the notice to students 16 or over to ensure that all elements are included. |
| 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:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide a copy of the notice sent to students age 16 and over and their parents within five days of a student's tenth consecutive unexcused absence that includes: 1) at least two dates and times for an exit interview between the superintendent (or designee) and the student and the parent/guardian to occur prior to the student permanently leaving school; 2) contact information for scheduling the exit interview; and 3) an extension for the time and date of the exit interview of no longer than 14 days.By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that Principals have been trained on the district's revised notice sent to students age 16 and over and their parents within five days of a student's tenth consecutive unexcused absence. |
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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 staff interviews indicated that the district has developed restraint prevention and behavior support policy and procedures consistent with 603 CMR 46.00, but the annual training provided to staff is not completed within the first 30 days of the school year. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was that a training was provided to staff, however, it was not completed within the first 30 days of the school year. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Staff training packet, attendance sheet |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will provide a district training to all new staff within the first 30 days of the school year consistent with 603 CMR 46.00. |
| 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:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that all staff have been trained on the district's restraint prevention and behavior support policy and procedures within the first 30 days of the 2017-2018 school year. |
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| **Criterion & Topic:** CR 18 Responsibilities of the school principal | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and staff interviews indicated that the district's procedures for home and hospital services do not include that the services provided for students who must remain at home or in a hospital for 14 days or more are not considered special education services unless the student has been determined eligible for such services, and the services are included on the student's IEP. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was due to inaccurate information in the special education procedural manual. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services, Principals | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Staff training on the district's procedures for home/hospital services. Staff training, attendance sheet. |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will review the special education procedural manual to ensure that accurate information is provided related to the home/hospital services. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, submit a copy of the district's revised procedure for home and hospital services that include that the services provided for students who must remain at home or in a hospital for 14 days or more are not considered special education services unless the student has been determined eligible for such services.By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that special education liaisons and principal have been trained on the district revised procedures for home and hospital services. |
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| **Criterion & Topic:** CR 21 Staff training regarding civil rights responsibilities | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and staff interviews indicated that the district does not provide annual in-service training for all school personnel regarding civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation. |
| **Description of Corrective Action:** The root cause of the district's failure to implement this regulation was a lack of training regarding the need to provide annual in-service training for all school personnel regarding civil rights responsibilities. |
| **Title/Role(s) of Responsible Persons:**Director of Student Services | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**Annual in-service powerpoint/sign off sheet for staff |
| **Description of Internal Monitoring Procedures:** The Director of Student Services and the Superintendent of Schools created the annual in-service training for all school personnel which will be provided to school personnel at the beginning of the school year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that all school personnel have been trained on their civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation. |
| **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 1 Annual English Language Proficiency Assessment | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of ACCESS participation rates as shown in the state database revealed that the district assessed the English proficiency of only 67% of the English learner (EL) students in the district. |
| **Description of Corrective Action:** The district's process for properly identifying English Learners will be reviewed and revised to ensure 100% accurate identification of all ELs in the district, provision of ELE services as appropriate, and their full participation in ACCESS testing. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**06/01/2018 |
| **Evidence of Completion of the Corrective Action:**The intake process for new students will include revised procedures for identifying potential ELs in the following manner:The HLS will be administered by professional staff only, and provided in the home language of the family whenever it is needed. The process for sharing EL status with the district's technology assistant will be clarified, so that students can be coded correctly on the SIMS reports. Regularly scheduled meetings between the technology assistant, director of curriculum and instruction, building principals, the DOC's assistant and the ELE teacher held in late September, December, and June will provide the opportunity to review the SIMS data against our EL rosters to ensure accuracy. |
| **Description of Internal Monitoring Procedures:** SIMS data monitoring meetings will be held three times yearly to allow for district ELE records, ACCESS data and SIMS data to be reconciled. ELE teacher will be fully responsible for administering HLS at all schools to maintain consistency and the intention of the process. The ELE educator will check in with the DOC monthly to ensure that this process is working well. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 1 Annual English Language Proficiency Assessment | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The description of the corrective action does not include a remedy that can resolve the issue that all EL students in the district are not assessed in English Proficiency. |
| **Department Order of Corrective Action:**Please see the Required Elements of Progress Report. |
| **Required Elements of Progress Report(s):** By January 19, 2018:1- Identify the procedures ELE staff and staff responsible for the data entry to SIMS will follow to ensure all data submitted to SIMS reflect students' current ELE program status. 2- Provide training to all staff members involved in ACCESS test administration, data entry and ELE staff to ensure that they are all knowledgeable about the procedures and submit the training materials, sign-in sheets and agendas. |
| **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 3 Initial Identification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and staff interviews indicated that the district does not administer a Home Language Survey (HLS) that includes the questions required by the Department. A review of the district's "ELL Policy and Procedure Manual" also includes conflicting information regarding the screening test used for the purpose of initial identification of ELs. The district's current initial identification practices are not in compliance with 603 CMR 14.02(1) that requires districts to establish procedures in accordance with the Department's guidelines. Please see the Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2016 as found at http://www.doe.mass.edu/ell/guidance/default.html. |
| **Description of Corrective Action:** The Home Language Survey needs to be updated to include all of the questions required by ESE. Additionally, the HLS needs to be available to families in their language of origin. Lastly, the HLS must be administered by professional staff only, who have been trained to do so. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**11/17/2017 |
| **Evidence of Completion of the Corrective Action:**The Home Language Survey will be available in all schools in multiple languages and will be administered by the ELE teacher whenever possible, or by building principal, dean of student or school counseling staff, as necessary. During the summer months, the HLS will be administered by the DOC, or by school administration or guidance staff in her absence. All relevant staff will be trained in the administration of the HLS. The DOC will update the district's ELL Policy and Procedure manual to correct conflicting and erroneous information about the initial screening test and identification procedures. |
| **Description of Internal Monitoring Procedures:** HLS materials and Policy Manual will be updated by DOC and then reviewed by the ELE team-- comprised of the DOC, her assistant, Director of Student Support Services, ELE teacher, and building principals. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, please provide the following:1. Complete the "Initial Identification Procedures for ELs and FELs" form available in the Document Library to provide a description of the district's initial identification procedures showing that:a- the district administers a HLS including all the required questions to all newly enrolling students;b- the district screens the English language proficiency of a student using a WIDA screener when the answer to any of the questions on the HLS is a language other than English;c- the district determines whether or not the student is an EL or FEL and makes initial placement decisions using screening test results and cut scores provided by the Department;d- the district notifies the parent/guardian of language assessment results and initial placement no later than 30 days after the beginning of the school year or within two weeks if the student enrolls in the school district during the school year; e- the district informs the parents of their right to opt out or to secure an SEI program waiver with the parent notification form sent to the parents upon initial placement of the student in the district's ELE program;f- the district codes the student determined to be EL in all future SIMS reports submitted to the Department. 2. Provide information regarding the training opportunities provided to the staff involved in the initial identification process to keep them informed about the revised policy and procedures. Please include meeting dates, minutes and sign-in sheets.3. Submit the district's revised "Initial Identification Procedures" document. |
| **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 4 Waiver Procedures | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** The district did not provide any information regarding its waiver procedures. Therefore, it is not clear whether its current waiver policy and practice is consistent with the waiver requirements stated in G.L. c. 71A. |
| **Description of Corrective Action:** The district's ELL Policy and Procedures manual needs to include information regarding waiver policy and practice, consistent with state requirements. All waiver paperwork needs to be amended and reviewed for accuracy. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**11/17/2017 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion will include corrected waiver paperwork and waiver policy information in the ELL Policy and Procedures manual. |
| **Description of Internal Monitoring Procedures:** Waiver Procedures and affiliated paperwork will be updated by DOC and then reviewed by the ELE team-- comprised of the DOC, her assistant, Director of Student Support Services, ELE teacher, and building principals. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 4 Waiver Procedures | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, submit the district's waiver policy and related forms. |
| **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 5 Program Placement and Structure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** When determining whether a school district's ELE program complies with federal and state laws and regulations, the Department applies the three-pronged test established by the United States Court of Appeals for the Fifth Circuit in Castañeda v. Pickard. "OELAAA Form 2: Integration of Castañeda's Three-Pronged Test into ELE Program Review Process" is a tool developed by the Department and is used to evaluate the adequacy of a district's program for ELs. Since the district did not complete the form and submit it with the documentation, there is no indication that ELE services provided by the district reflect a sound educational approach recognized as a legitimate educational strategy to teach ELs English language skills in the four language domains: speaking, listening, reading and writing. Please see HYPERLINK "http://www.doe.mass.edu/ell/Guidance.pdf." http://www.doe.mass.edu/ell/Guidance.pdf. |
| **Description of Corrective Action:** The district must implement the required three-pronged test to review the adequacy of our ELE program, in order to identify strengths and areas of concern in an objective, systematic way. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**By June 2018, the ELE program will have implemented Castaneda's Three Pronged Test, performed an analysis of the success of its' programming, and developed an action plan for improvement. |
| **Description of Internal Monitoring Procedures:** The appropriate, aforementioned program test will be updated by DOC and then reviewed by the ELE team-- comprised of the DOC, her assistant, Director of Student Support Services, ELE teacher, and building principals. Data derived from the evaluation will be analyzed by the ILT teams and ELE team to gain insight into what is working well and what is in need of programmatic support, etc. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **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 Castañeda test. Please ensure that your answers to the questions on the test reflect the changes that the district will implement in order to comply with federal and state laws and regulations.  2. Please explain how the district will monitor the progress and completion of the program goals identified in the  Castañeda test. Please include the names of the responsible staff who will be involved in the process. 3. Please submit evidence of systematic English language development occurring during the time dedicated to ESL such  as unit plans and/or lesson plans that ESL teachers use for ESL instruction. |
| **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 6 Program Exit and Readiness | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** The documents submitted by the district do not include a description of the district's reclassification process and exit criteria. Therefore, it is not clear whether the district's current reclassification procedures are 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 August 2016 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's reclassification process and exit criteria need to be reviewed and updated to reflect the current guidelines. All affiliated paperwork must be revised to ensure accuracy as well. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**11/17/2017 |
| **Evidence of Completion of the Corrective Action:**All paperwork regarding our reclassification process and exit criteria will be included in the district's ELL manual and all relevant personnel will be aware of the contents therein. Additionally, the DOC and ELE teacher will meet with the district's technology assistant as needed to ensure accurate and timely identification of reclassified students in SIMS. |
| **Description of Internal Monitoring Procedures:** The district's Reclassification Process and Exit Criteria will be updated by DOC and then reviewed by the ELE team-- comprised of the DOC, her assistant, Director of Student Support Services, ELE teacher, and building principals. ELE teacher and DOC will communicate with technology assistant as needed, but at least twice yearly (September and March) to ensure proper coding. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018:1-Submit the district's revised reclassification policies and procedures. 2- Provide training to all staff members involved in the reclassification process to ensure that they are all knowledgeable about the changes and submit the training materials, sign-in sheets and agendas. |
| **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 7 Parent Involvement | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review and staff interviews indicated that the district, at times, uses an online translator for written documents. Online translators do not accurately convey the meaning of the source document and should be reviewed and edited by an individual qualified to do so. The district does not meet the obligation to communicate effectively with parents whose preferred language of communication is not English and fails to include these parents of ELs in matters pertaining to their children's education. |
| **Description of Corrective Action:** The district's written communication with home must be translated into the home language of the student(s) whenever a family indicates that preference on the HLS. The translation of the documents must be accurate and timely transmissions, so that communication is commensurate with that of one's peers. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum | **Expected Date of Completion:**11/17/2017 |
| **Evidence of Completion of the Corrective Action:**Translator(s) will be hired through School Spring to provide this service to the district on an ongoing basis. This action will be predicated by the results of the HLS throughout the year. |
| **Description of Internal Monitoring Procedures:** Translators will be hired on an as needed basis, with the posting submitted by the end of September 2017. The DOC and DSS will work together to review applicants and hire translators as soon as possible. By mid November, translators will be in place, and receiving documents to translate for families on a regular basis. Translators also may be hired to provide oral translation services for parent conferences, etc. as needed. Monitoring of the process will take place bi-annually in January and again in June. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 7 Parent Involvement | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018, please submit the following: 1-The district's written key procedures and processes to follow in securing a translator or an interpreter 2- Processes the school district uses to identify limited English proficient parents 3- A description of steps the school district takes to provide effective language assistance to parents whose preferred language is not English 4- Evidence of translated documents for SY 2017-18. |
| **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 10 Parental Notification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review indicated that the parent notification form used by the district does not include all the required information that needs to be communicated to EL parents and is not translated in the parents' preferred language. Furthermore, the district does not send progress reports to parents of students in the ELE program that include information regarding their child's progress in becoming proficient in using the English language. |
| **Description of Corrective Action:** The district's parent notification form does not include all required information. Therefore it needs to be revised to reflect the current information required by the state and translated into the family's preferred language, when needed. The ELE program needs to develop progress reports through collaboration with stakeholders. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**01/12/2018 |
| **Evidence of Completion of the Corrective Action:**Parent notification form will be revised by DOC and then reviewed by ELE team for accuracy. The ELE team will engage in a collaborative protocol to develop progress report templates, that will be shared with stakeholders for input, revised and finalized by mid January 2018. |
| **Description of Internal Monitoring Procedures:** Parent notification form will be updated by DOC and then reviewed by the ELE team-- comprised of the DOC, her assistant, Director of Student Support Services, ELE teacher, and building principals. Progress report template will be developed in the fall of 2017, with multiple opportunities for families, staff and administration to provide feedback during the revision process. Progress reports will be provided to families in January and June of 2018. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018:1- Submit samples of the progress reports the district will send to parents or legal guardians to inform them of their child's progress in English language acquisition. 2- Provide the district's plan including information about how often ELE progress cards will be issued and how the district will monitor the process to ensure that parents receive them in their preferred language.3- Submit a copy of the district's parent notification letter. |
| **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 17 Program Evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** The district did not submit its most recent program evaluation which was a required document for the review of this criterion. Therefore, the Department concludes 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 HYPERLINK "http://www.doe.mass.edu/ell/resources/ProgramEvaluation.pdf" http://www.doe.mass.edu/ell/resources/ProgramEvaluation.pdf . |
| **Description of Corrective Action:** The district must develop and implement a program evaluation, that provides input from multiple stakeholders-- including (but not limited) to families, teachers, administrators, paraprofessional staff, counselors, nurses, and the students themselves. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**06/01/2018 |
| **Evidence of Completion of the Corrective Action:**Data derived from the program evaluation will be used to stabilize and strengthen our ELE program. |
| **Description of Internal Monitoring Procedures:** The ELE program evaluation materials will be updated by DOC and then reviewed by the ELE team-- comprised of the DOC, her assistant, Director of Student Support Services, ELE teacher, and building principals. The program evaluation will then be given to all stakeholders (both electronically and in paper forms) and will be translated as needed. Data derived from the evaluation will be analyzed by the ILT teams and ELE team to gain insight into what is working well and what is in need of programmatic support, etc. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 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.By March 30, 2018, complete a comprehensive program evaluation considering a variety of data to evaluate the effectiveness of the district's ELE program 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/resources/ProgramEvaluation.pdf#search=%22ele%22By March 30, 2018, 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):** 01/19/201803/30/2018 |

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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 indicated that EL student records do not consistently include copies of report cards and progress reports. |
| **Description of Corrective Action:** EL student records need to be 100% complete, and include copies of report cards and progress reports. |
| **Title/Role(s) of Responsible Persons:**Katherine B. Watts, Director of Curriculum and Instruction | **Expected Date of Completion:**03/01/2018 |
| **Evidence of Completion of the Corrective Action:**All EL student records will include copies of report cards and progress reports. |
| **Description of Internal Monitoring Procedures:** During the fall of 2017, progress reports for ELLs will be developed and shared with stakeholders for their input. Progress reports will be provided to parents by January of 2018. Then, by March of 2018, 100% of ELL folders will contain students' report cards, ACCESS scores and progress reports. Folders will be maintained by our ELE teacher, and reviewed biannually by the DOC for accuracy. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 18 Records of ELL students | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/19/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:** The district will provide training for staff responsible for monitoring the contents of EL student records. |
| **Department Order of Corrective Action:**The district will provide evidence of training to ELE teachers on monitoring the required contents of EL student records. |
| **Required Elements of Progress Report(s):** By January 19, 2018, provide evidence (agenda, attendance sheet with signature/role, training materials) that ELE teachers have been trained on monitoring the required contents of EL student records, including copies of report cards and progress reports. By March 30, 2018, submit the results of a record review of all EL student records after training has been provided, for evidence that copies of report cards and progress reports are included in student records. Please include: 1. The number of records reviewed; 2. The number of records in compliance; 3. For any records not in compliance, determine the root cause; and 4. The specific corrective actions taken to remedy the non-compliance. \* Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review with their role(s) and signature(s) |
| **Progress Report Due Date(s):** 01/19/201803/30/2018 |