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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: Maynard

CPR Onsite Year: 2017-2018

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 05/23/2018.

**Mandatory One-Year Compliance Date:** **05/23/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | 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 23 | Comparability of facilities | Partially Implemented |
| CR 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 17 | Program Evaluation | Partially Implemented |

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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:**  A review of student records indicated that when the school district receives the report of an independent educational evaluation, the Team does not always reconvene within 10 schools days to consider the independent educational evaluation and whether a new or amended IEP is appropriate. | | |
| **Description of Corrective Action:**  The district's process and procedures for handling the receipt of IEE or any other outside evaluation will be updated to states that meeting within 10 school days in required for any type of outside evaluation.  The Director of Student Services will meet with the Team Chairs and 504 coordinators to review 603 CMR 28.04 (5)(f) that states: Within 10 school days from the time the school district receives the report of the independent educational evaluation or a privately funded evaluation, the Team will reconvene and consider the independent educational evaluation and whether a new or amended IEP is appropriate. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  01/02/2019 |
| **Evidence of Completion of the Corrective Action:**  The Director of Student Services will track and submit the receipt and team review of all IEE between 9/3/2018-12/31/2018. | | |
| **Description of Internal Monitoring Procedures:**  Once per quarter the Director of Student Services will meet with the team chairs to review all IEE received during the quarter for adherence to 10 school day timeline. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit evidence of training of appropriate staff to ensure that when the school district receives the report of an independent educational evaluation (IEE), the Team reconvenes within 10 schools days to consider the IEE and whether a new or amended IEP is appropriate. Include the training materials, agenda, and signed attendance sheet with staff name, role, and signature.  By January 18, 2018, submit the results of a review of records of students with independent educational evaluations (IEE) to ensure that when the school district receives the report of an IEE, the Team reconvenes within 10 schools days to consider the IEE and whether a new or amended IEP is appropriate. Include the number of records reviewed; number of records in compliance; for any records not in compliance, determine the root cause and specific corrective actions taken to remedy the non-compliance.  \*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):**    09/21/2018  12/17/2018 | | |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations at the Green Meadow School indicated that not all classrooms for eligible students are equal in all physical respects to the average standards of general education facilities and classrooms. Specifically, a speech-language pathologist, special education teacher, and BCBA share room 5A. Small bookcases divide the room, and speech-language and special education small group instruction occurs concurrently. The concurrent instruction increases visual and auditory distractions for students. | | |
| **Description of Corrective Action:**  For the shared room 5A the following plan will be implemented:  1. The BCBA will be moved out to a more private, shared office.  2. A floor plan will be submitted for approval for a proposed partial wall or full wall, depending on room ventilation to separate the two remaining educational small group instruction. The purpose of the wall wall/partition will be to minimize visual and auditory distractions for students.  3. A partition will be built to separate the remaining service providers (SLP and resource teacher) spaces. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  CPR Chairperson, Jayme Szymaczak will conduct an on-site visit to verify the wall/partition placement. | | |
| **Description of Internal Monitoring Procedures:**  When a service providers need to share space, the building principal and director of student services will review the need for a wall/partition to be built in order to minimize the auditory and visual distractions for the students. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 10, 2018, submit a proposed floor plan demonstrating that the space at the Green Meadow School, which is utilized for pull-out special education and speech-language small group services concurrently, is now equal in all physical respects to the average standards of general education facilities and classrooms.  By September 21, 2018, a representative from the Department will conduct an on-site visit to verify that the space at the Green Meadow School, which is utilized for pull-out special education and speech-language small group services concurrently, is now equal in all physical respects to the average standards of general education facilities and classrooms. | | |
| **Progress Report Due Date(s):**  08/10/2018  09/21/2018 | | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the non-discrimination statement in the Green Meadow School student handbook is missing the protected category of gender identity. | | |
| **Description of Corrective Action:**  The District will update the Green Meadow School student handbook to include the protected category of Gender Identity. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet, Assistant Superintendent | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Completed revised handbook will be placed on District Website. The Superintendent will inform the community by way of Newsletter with a link to the Revised Student Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Put on District Website | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit evidence of the updated non-discrimination statement in the Green Meadow School student handbook, which includes all protected categories, including gender identity.  By September 21, 2018, submit evidence of dissemination to the school community of the updated non-discrimination statement in the Green Meadow School student handbook. | | |
| **Progress Report Due Date(s):**  09/21/2018  12/17/2018 | | |

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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 the non-discrimination policy affirming the school's non-tolerance for harassment in the Green Meadow School student handbook is missing the protected category of gender identity. | | |
| **Description of Corrective Action:**  See CR 3 | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet, Assistant Superintendent | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  See CR 3 | | |
| **Description of Internal Monitoring Procedures:**  See CR 3 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit evidence of the updated non-discrimination policy in the Green Meadow School student handbook, affirming the school's non-tolerance for harassment for all protected categories, including gender identity.  By September 21, 2018, submit evidence of dissemination to the school community of the updated non-discrimination policy in the Green Meadow School student handbook, affirming the school's non-tolerance for harassment for all protected categories, including gender identity. | | |
| **Progress Report Due Date(s):**  09/21/2018  12/17/2018 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the annual bullying intervention and prevention training given to all staff does not specifically identify developmentally appropriate strategies to prevent bullying incidents and developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents. | | |
| **Description of Corrective Action:**  The District will update annual online training to include developmentally appropriate strategies to prevent bullying incidents and developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet, Assistant Superintendent | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Upload updated annual online training slides related to bullying. | | |
| **Description of Internal Monitoring Procedures:**  The District will review the annual online mandatory training each summer to ensure to compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, provide evidence of the annual training for all staff that includes developmentally appropriate strategies to prevent bullying incidents and developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents. Include the training materials, agenda, and signed attendance sheet with staff name, role, and signature. | | |
| **Progress Report Due Date(s):**  09/21/2018  12/17/2018 | | |

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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:**  A review of documents indicated that the district has not developed and implemented a written restraint prevention and behavior support policy consistent with new regulations 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. | | |
| **Description of Corrective Action:**  The District will develop and implement a written restraint prevention and behavior support policy consistent with new regulations 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. This new procedure, consistent with the new regulations, will be added to our annual, mandatory online training. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet, Assistant Superintendent | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Upload updated annual online training slides related to this policy. | | |
| **Description of Internal Monitoring Procedures:**  The District will review the annual online mandatory training each summer to ensure to compliance. | | |
| 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:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit a copy of the updated written restraint prevention and behavior support policy consistent with new regulations 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention.    By October 19, 2018, provide evidence of training on the updated restraint prevention and behavior support policy to all staff. Include the training materials, agenda, and signed attendance sheet with staff name, role, and signature. | | |
| **Progress Report Due Date(s):**  09/21/2018  10/19/2018  01/07/2019  02/25/2019 | | |

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's home and hospital policy does not include that, when the district is in receipt of a physician's written order, it arranges educational services for students who are out for a period of not less than fourteen school days in any school year due to medical reasons. | | |
| **Description of Corrective Action:**  The District will develop a Home/Hospital policy to include the following: when the district is in receipt of a physician's written order, it arranges educational services for students who are out for a period of not less than fourteen school days in any school year due to medical reasons. The new Home/Hospital policy will be approved by Maynard School Committee | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet, Assistant Superintendent | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  School Committee Agenda and approved minutes | | |
| **Description of Internal Monitoring Procedures:**  A copy of the new policy will be sent to building principals, team chairs and guidance counselors. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, submit a copy of the district's updated home and hospital policy to ensure that upon receipt of a physician's written order, the district arranges for educational services for students who are out for a period of not less than fourteen school days in any school year due to medical reasons.  By October 19, 2018, provide evidence of training on the updated home and hospital policy to appropriate staff.  Include the training materials, agenda, and signed attendance sheet with staff name, role, and signature. | | |
| **Progress Report Due Date(s):**  09/21/2018  10/19/2018 | | |

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| **Criterion & Topic:**  CR 23 Comparability of facilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 55. | | |
| **Description of Corrective Action:**  See SE 55 | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  See SE 55 | | |
| **Description of Internal Monitoring Procedures:**  See SE 55 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 23 Comparability of facilities | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 10, 2018, submit a proposed floor plan demonstrating that the space at the Green Meadow School, which is utilized for pull-out special education and speech-language small group services concurrently, is now equal in all physical respects to the average standards of general education facilities and classrooms.  By September 21, 2018, a representative from the Department will conduct an on-site visit to verify that the space at the Green Meadow School, which is utilized for pull-out special education and speech-language small group services concurrently, is now equal in all physical respects to the average standards of general education facilities and classrooms. | | |
| **Progress Report Due Date(s):**  08/10/2018  09/21/2018 | | |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Not 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. | | |
| **Description of Corrective Action:**  The Instructional Leadership Team will review the LEA toolkit for identifying and addressing curriculum bias and will develop a procedure to ensure that teachers review all new 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. | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet Assistant Superintendent | | **Expected Date of Completion:**  05/23/2019 |
| **Evidence of Completion of the Corrective Action:**  Developed procedure | | |
| **Description of Internal Monitoring Procedures:**  Annually teacher leaders will review the procedure with their team to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district proposed that the Instructional Leadership Team will review the LEA Toolkit and develop procedures to 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.  This proposal does not include training staff on these updated procedures or ongoing oversight and monitoring to 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. | | |
| **Department Order of Corrective Action:**  Provide training and ongoing oversight to 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. | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, provide a description the district's newly developed procedures and samples of the tools used to ensure 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.  By September 21, 2018, submit a description of the district's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated staff.  By October 19, 2018, provide evidence of teacher training to ensure 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. Evidence should include an agenda, training materials, and signed attendance sheets. | | |
| **Progress Report Due Date(s):**  09/21/2018  10/19/2018  01/07/2019  02/25/2019 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not annually evaluate all aspects of its K-12 programming to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  See CR-24 | | |
| **Title/Role(s) of Responsible Persons:**  Jennifer Gaudet, Assistant Superintendent | | **Expected Date of Completion:**  05/23/2019 |
| **Evidence of Completion of the Corrective Action:**  Developed Procedure & Findings | | |
| **Description of Internal Monitoring Procedures:**  Annually the Instructional Leadership team will conduct a data review of k-12 programming to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 21, 2018, provide a description the district's newly developed procedures and samples of the tools used for the purpose of an institutional self-evaluation. The evaluation must consider all aspects of the district's K -12 programming to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including academics, athletics and other extracurricular activities.  By February 11, 2019, submit the results of the district's institutional self-evaluation utilizing the newly developed procedures; include recommendations and action steps, if necessary, for any improvements needed based upon evaluation results. | | |
| **Progress Report Due Date(s):**  09/21/2018  10/19/2018  01/07/2019  02/25/2019 | | |

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| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and the relevant SEI endorsement data indicated that most core academic teachers assigned to provide sheltered English instruction to English learners hold the SEI Teacher Endorsement, but some do not. | | |
| **Description of Corrective Action:**  Principles and teacher teams have been instructed to assign EL students ONLY to core academic teachers who hold SEI endorsement. A list of EL students in the district and their core academic teachers will be submitted by September 30, 2018. This list will show that no EL has been assigned to a CAT who does not hold SEI endorsement. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  10/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will be the list of EL students in the district and their core academic teachers which was submitted by September 30, 2018. | | |
| **Description of Internal Monitoring Procedures:**  We project that every CAT will hold SEI endorsement by June 30, 2019. Contractual language states that the district will pay for the SEI course or test to assist in the SEI endorsement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1- Provide information on the support the district will provide to help the unendorsed educator(s) earn their endorsement and a timeline that shows the educators' efforts towards earning their SEI endorsement.  2- Please submit the district's plan to ensure that ELs are assigned only to core academic teachers who hold the SEI endorsement.  3- Please provide training to district administrators to ensure compliance with procedure and placement of students. Submit the training materials, sign-in sheets and agendas by the progress report due date.  4- Please submit the completed SEI endorsement form available in the Document Library to provide information regarding the SEI endorsement status of the core academic teachers of ELs in the district. | | |
| **Progress Report Due Date(s):**  10/19/2018 | | |

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district's evaluation of its ELE program is limited to meetings conducted by ESL teachers during which they discuss their practices. 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 educational program. | | |
| **Description of Corrective Action:**  The completion of the ELE program evaluation tool will be the primary goal of the district's EL Committee, a group of stakeholders including ELE teachers, academic teachers, parents, students and administrators. The program evaluation tool will be submitted by April 30, 2019. The evaluation tool will provide information about the specifics strengths and areas of improvement in the ELE program. An appropriate plan of action to improve student acquisition of the English language and continuous growth of academic achievement will be included. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  05/23/2019 |
| **Evidence of Completion of the Corrective Action:**  The completed ELE program evaluation tool will be submitted by April, 30, 2019. | | |
| **Description of Internal Monitoring Procedures:**  The district EL committee will have as its focus the areas of improvement as indicated on the ELE evaluation tool. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 06/20/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1-Please complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf The district must complete all of the components of the form in order to evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program.  2-Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  3-Please provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the program at promoting and supporting the rapid acquisition of English language proficiency by ELs as is required in G.L. c. 71A. | | |
| **Progress Report Due Date(s):**  10/19/2018  06/30/2019 | | |