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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: Wellesley

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 04/30/2018.

**Mandatory One-Year Compliance Date:** **04/30/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 10 | End of school year evaluations | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that although IEP Teams develop the required written eligibility determination for students suspected of a specific learning disability (mandated form 28M/10), the written determination is not consistently signed by all Team members, including general education teachers and guidance counselors. There was no documentation indicating that Team members disagreed with the determination. | | |
| **Description of Corrective Action:**  In October 2018, the District will provide training to all staff, including Department Heads, Team Chairs, Liaisons, guidance counselors, related service providers, and general education and special education teachers regarding the requirement that all Team members sign the specific learning disability paperwork (mandated form 28M/10). | | |
| **Title/Role(s) of Responsible Persons:**  Lori Cimeno, Director of Student Services | | **Expected Date of Completion:**  12/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Training agenda and materials  Participant sign-in sheet  Record Review log of compliance | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services and Special Education Coordinator will conduct a record review of all Initial and Reevaluation Team meetings held between November 15th - December 31st 2018 where the suspected disability is a specific learning disability (SLD). The review will check to make sure that the SLD paperwork has been fully completed and that all team members in attendance have signed the required forms. A log of compliance will be maintained during the record review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the district's corrective actions, review the Department's guidance on SLD eligibility determination at http://www.doe.mass.edu/sped/iep/sld/default.html.  By October 12, 2018, submit the procedures and evidence of special education staff training for the written determination for SLD signed by all IEP Team members. Include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and training materials.  By January 11, 2019, conduct an internal review of 10 records for students suspected of SLD, with initial or re-evaluations conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where all Team members signed the written determination for SLD. If non-compliance is identified, report the specific actions taken to correct each individual student record identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently inform students and parents at least one year prior to the student reaching age 18 of the rights that will transfer from the parent to the student upon the student's 18th birthday. | | |
| **Description of Corrective Action:**  The District will train all high school and out-of-district special education staff including special education teachers and the High School Team Chairperson and Liaisons on the need to inform students and families during the IEP period in which the student will turn 17 years old of the transfer of rights at age 18. The training will highlight that the notice needs to be provided at least one year prior to the student's 18th birthday and preferably during the student's 16th year. Staff will be trained to reflect the transfer of rights process in the N1 under "Next Steps" and in the IEP in the "Additional Information" section. At the beginning of the school year, the Department Head and Team Chairperson will pull the names of students turning 17 during the upcoming school year, compile a list, and distribute the Age of Majority paperwork. | | |
| **Title/Role(s) of Responsible Persons:**  Lori Cimeno, Director of Student Services  Greg Beaupre, HS SpEd Department Head | | **Expected Date of Completion:**  11/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Training agenda and materials  Participant sign-in sheets  List of students (with IEPs) turning 17 during the 18-19SY | | |
| **Description of Internal Monitoring Procedures:**  By November 1, 2018, the District will review the files for all students who will turn 17 years old during the school year and make sure that the Special Education Liaison is aware and schedules a meeting prior to the student's 17th birthday. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to providing training for special education staff review Administrative Advisory SPED 2011-1 Age of Majority at http://www.doe.mass.edu/sped/advisories/11\_1.html.  By October 12, 2018 submit the procedures and evidence of special education staff training on the age of majority procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By January 11, 2019 submit the results of an internal review of approximately five (5) records of students who turned 17 subsequent to implementation of all corrective actions for evidence the student and parent were notified at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district notified the student and parent at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019 | | |

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| **Criterion & Topic:**  SE 10 End of school year evaluations | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when consent for an evaluation is received between 30 and 45 school days before the end of the school year, the district does not consistently ensure that a Team meeting is scheduled so as to allow for the provision of a proposed IEP, or written notice of the finding that the student is not eligible, no later than 14 days after the end of the school year. | | |
| **Description of Corrective Action:**  During the spring of 2018, following the rating of partially implemented on this special education criterion, the District sent a memo to all Department Heads highlighting the requirements of 603 CMR 28.05(1) and providing the dates of the 45th day and 30th day remaining in the school year. Guidance was also provided for communicating with parents regarding end of school year evaluations. Department Heads distributed this information to the special education staff in their respective buildings.  In October 2018, the District will train all Special Education staff regarding the mandatory timelines for evaluations requested at the end of the school year.  A record review will also be conducted to ensure compliance with the applicable regulations. | | |
| **Title/Role(s) of Responsible Persons:**  Lori Cimeno, Director of Student Services | | **Expected Date of Completion:**  11/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Memo to special education staff sent in May 2018  Template of letter to go home to Parents for requests for evaluations received with less than 30 days remaining in the school year (provided to Department Heads and Team Chairs in May 2018)  Training materials and agenda  Participant sign-in sheet  Individual Team Follow up attendance (if applicable) | | |
| **Description of Internal Monitoring Procedures:**  The Director and Special Education Coordinator will conduct a record review of all signed consents for evaluation received between April 11, 2018 and May 9, 2018 to ensure that these evaluations were completed and the IEP meetings were held consistent with the regulations. A log of findings will be maintained during the record review. For any case where compliance was not met, a direct meeting with Director or Special Education Coordinator will occur. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 10 End of school year evaluations | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 12, 2018 submit a copy of the Memorandum to special education staff and the template letter for parents with evaluations received less than 30 days remaining in the school year.  By January 11, 2019 submit the results of an internal review of records with consent to an evaluation received between 30 and 45 days before the end of the school year, and after implementation of all corrective actions, for evidence that a proposed IEP was provided, or written notice of the finding that the student was not eligible, no later than 14 days after the end of the school year. Provide a detailed summary of the internal review including the number of records reviewed, the number found in compliance, and for any noncompliance, a root cause analysis and steps taken to address the noncompliance.  \*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):**  10/12/2018  01/11/2019 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that IEP Teams do not consistently state why removal from the general education classroom is critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  In order to correct this area, the District will conduct Professional Development and a record review. Training with team chairs and special education staff will occur in October 2018 to discuss the Non-Participation Justification Statement and the District's practices for determining when a student requires removal from the general education setting.  The Team Chairs and Department Heads will review the IEPs from annual, re-evaluation, and initial meetings held between November 15, 2018 and December 31, 2018 to find evidence that the Non-Participation Justification statement clearly identifies why removal from the general education setting is necessary.  WPS is also transitioning the District's IEP and Section 504 data management system to PowerSchool Special Education. This program has built in requirements which help ensure legal compliance with IEP development.  In addition, the District's new IEP Handbook will be distributed to staff in August/September 2018 at the start of the new school year. This document is comprehensive guidance to the IEP process, including LRE and the non-participation justification statement. | | |
| **Title/Role(s) of Responsible Persons:**  Lori Cimeno, Director of Student Services | | **Expected Date of Completion:**  12/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Training materials and agenda  Participant sign in sheet from training  IEP Handbook | | |
| **Description of Internal Monitoring Procedures:**  By December 31, 2018, the District will have distributed the new IEP Handbook, conducted the professional development, and reviewed the student records. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 12, 2018, submit evidence of Team chairperson training on nonparticipation justification statements that state why the removal is considered critical to the student's program and the basis for concluding that education of the student in a less restrictive environment with the supplementary aids and services could not be achieved satisfactorily. Include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and training materials.  By January 11, 2019, submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number of IEPs that demonstrated nonparticipation justification that address benefit to the student and justify removal from general education. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing noncompliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019 | | |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations indicated that at the Upham Elementary School, special education facilities and classrooms are not at least equal in all physical respects to the average standards of general education facilities and classrooms. Specifically, students with disabilities receiving speech and language services are required to walk through either another special education classroom or the occupational therapist's office to access their services, which creates auditory and visual distractions. Additionally, students receive physical therapy services in a sectioned-off part of the school's multi-purpose room while gym classes and food services are occurring, which also leads to auditory and visual distractions. | | |
| **Description of Corrective Action:**  The district received a partially implemented rating in the area of the school facilities because observations at the Upham Elementary School indicated that special education classrooms and facilities are not at least equal in all physical respects to the average standards of general education facilities and classrooms. Specifically, students receiving speech and language services are required to walk through another special education classroom or the OT office to access their services. In addition, students receive PT services in the multi-purpose room while gym classes and food services are occurring. Both of these facilities issues create auditory and visual distractions.  WPS is aware of the facility issue at Upham Elementary School. The district intends to rebuild Upham Elementary School, along with Hardy and Hunnewell elementary schools, as part of its HHU Facilities Project, with partial program funding through MSBA. | | |
| **Title/Role(s) of Responsible Persons:**  Lori Cimeno, Director of Student Services | | **Expected Date of Completion:**  12/31/2018 |
| **Evidence of Completion of the Corrective Action:**  The District will work to arrange schedules that do not impact services, to the best of our ability.  Onsite visit from DESE | | |
| **Description of Internal Monitoring Procedures:**  The District will assess the relevant spaces and determine what can be put in place in the short term to address these issues. Specifically, the District will consider adjustments to scheduling and the addition of spacing partitions to limit the auditory and visual distractions. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  On or before the October 12, 2018 progress report date, a Department representative will schedule and conduct an onsite visit to Upham Elementary School to check where speech and language services and physical therapy are provided. Please have a floor plan and the schedules for services in the related services spaces and adjoining spaces. | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019  02/22/2019 | | |

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has not developed a system for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. | | |
| **Description of Corrective Action:**  For SY18-19, WPS will develop a system of periodic review of discipline data by principals to assess the extent of suspensions and removals and/or the impact of such disciplinary action on selected student populations including students with disabilities, economically disadvantaged, African American students and English Language Learners (ELLs). This review will involve principals, assistant principals, counselors, and other key central office leaders.  The Discipline Review Team (DRT) will meet three times annually beginning in October 2018. At each meeting, the DRT will review school level discipline data through an equity lens to determine if any negative impacts may exist for selected student populations. Notes and Next Steps will be kept/shared for each DRT meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Joan Dabrowski, Assistant Superintendent for Teaching & Learning  WPS Principals | | **Expected Date of Completion:**  04/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Participant sign in at each DRT meeting.  Notes and next steps from each DRT meeting.  Discipline data -- disaggregated by selected student populations including: students with disabilities, economically disadvantaged, African American students, & ELLs. | | |
| **Description of Internal Monitoring Procedures:**  By September 2018, the DRT will be introduced to the WPS Administrative team, the DRT members will be identified and meetings will be scheduled for SY18-19 (October, Jan/Feb & May).  Participant sign in at each DRT meeting.  Notes and next steps from each DRT meeting.  Discipline data -- disaggregated by selected student populations including: students with disabilities, economically disadvantaged, African American students, & ELLs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 12, 2018, submit evidence of training for administrators on the revised procedures for student discipline, including the system for periodic review of discipline data by principals to assess the extent of suspensions and removals or the impact of such disciplinary action on selected student populations. Submit the agenda, signed attendance sheet, name and role of presenter, and training materials.  By January 11, 2019, submit a sample of the periodic data review of suspensions and removals for selected student populations. Additionally, please submit a narrative interpretation of the data review and impact of removal for the subgroups of selected students. | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019  02/22/2019 | | |

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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 and staff interviews indicated that the district has two program staff members at Wellesley High School who have current in-depth training on the use of physical restraint; however, these individuals have not been identified to serve as school-wide resources on the administration of restraint for other staff members. | | |
| **Description of Corrective Action:**  The district received a partially implemented rating in the area of Use of Physical Restraint because a review of documents and staff interviews indicated that although there are staff members at the High School who have received in-depth training on the use of physical restraint, these individuals have not been identified to serve as school-wide resources on the administration of restraint for other staff members.  To rectify this finding, the District will ensure that the names of all Safety Care trainers will be shared with WPS staff at the start of the 2018-2019 school year. In addition, the District will identify all staff positions at the High School that require safety care training as part of the job.  By October 1st, all WPS will complete mandatory training on the Massachusetts physical restraint regulations and requirements. | | |
| **Title/Role(s) of Responsible Persons:**  Lori Cimeno, Director of Student Services | | **Expected Date of Completion:**  11/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Copy of PowerPoint with Safety Care Trainer information  List of staff at High School who have been identified to take training | | |
| **Description of Internal Monitoring Procedures:**  By November 1, 2018, WPS will have shared the names of all safety care trainers in the district with all WPS staff. In addition, the Human Resources department will verify that all WPS staff have completed the mandatory training, which includes training on the use of physical restraint. | | |
| 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:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 12, 2018 submit evidence of the overview training for all Wellesley High School staff on the requirements for physical restraint and who is extended or Safety Care trained that includes agenda, name and role of trainer and signed attendance.  By October 12, 2018 submit the list of high school staff who are extended trained or Safety Care trained. | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019  02/22/2019 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although a district-wide curriculum review process is currently underway, the district does not ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation; and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  Beginning in Fall 2018, the WPS will assemble a Curriculum Review Team (CRT) responsible to create a review tool for teachers to use that screens educational materials and daily assignments through the lenses of bias, stereotypes, cultural proficiency, cognitive demand, writing output, discussion and motivation and engagement. All of these factors are critical as we seek to implement a culturally proficient and inclusive curriculum that affords all students an opportunity to achieve at high levels.  Over the course of SY18-19 the CRT will meet for a total of 30 hours to consider existing curriculum review frameworks targeted at bias, stereotypes, and equity (e.g. Curriculum Bias from the Myra Sadker Foundation, Literacy & Math Assignment Analysis Guides from The Education Trust). Using these resources (and others) the CRT will build a review tool for teachers that examines a wide range of factors that influence bias, stereotypes, cultural proficiency, and equity. | | |
| **Title/Role(s) of Responsible Persons:**  Joan Dabrowski, Assistant Superintendent for Teaching & Learning  WPS Academic Council Members | | **Expected Date of Completion:**  04/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Schedule of CRT meetings for SY18-19.  Participant sign-ins at all CRT meetings.  CRT Meeting Agendas, Notes, & Next Steps.  List of CRT resources consulted throughout the review process. | | |
| **Description of Internal Monitoring Procedures:**  By April 30, 2019, WPS will have a review tool for teachers to use that screens:  - 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  - alignment to MA frameworks, text centrality, cognitive demand and writing output, discussion, motivation and engagement | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 05/31/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 12, 2018 submit evidence that the Curriculum Review Team reviewed and discussed LEA Toolkit for Identifying & Addressing Curriculum Bias in the web based monitoring Document Library that includes the agenda and signed attendance.  By January 11, 2019, submit the district's revised curriculum review process, which includes a means for individual teachers to 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, along with evidence of training of relevant staff. Evidence of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. | | |
| **Progress Report Due Date(s):**  10/12/2018  01/11/2019  02/22/2019 | | |