|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Wilmington

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 05/30/2018.

**Mandatory One-Year Compliance Date:** **05/30/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 6 | Determination of transition services | 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 47 | Procedural requirements applied to students not yet determined to be eligible for special education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |

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

|  |  |
| --- | --- |
| **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 when a student suspected of having a specific learning disability (SLD) is evaluated, the district does not consistently complete the four components used to determine a specific learning disability: Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and the Observation (SLD 4). |
| **Description of Corrective Action:** Begining in April 2018 all teams received training on the four components used to determine specific learning disability. In the August 2018 all school based teams will receive another training and staff will be provided a hard copy with the training. Administrators will receive training as well. |
| **Title/Role(s) of Responsible Persons:**Alice Brown-LeGrand, Director of Student Support ServicesPrincipals | **Expected Date of Completion:**04/01/2019 |
| **Evidence of Completion of the Corrective Action:**Sign in sheets from staff meetings with agenda of training attached. |
| **Description of Internal Monitoring Procedures:** Internal review of 2 files quarterly for compliance with SLD paperwork being completed by liasons and team chairs. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Develop procedures for ensuring that IEP Teams complete all four components used to determine a specific learning disability (SLD). Please see http://www.doe.mass.edu/sped/iep/sld/default.html for guidance on implementing these requirements. Provide training to special education staff on these procedures. Please note that the four components must be completed prior to the IEP Team meeting.By October 25, 2018, submit the procedures and evidence of staff training, including name of presenter, agenda, and signed attendance sheet with staff name, role and signature.By March 22, 2019, submit the results of an internal review of five (5) records of students suspected of having a learning disability from each school with Team meetings 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 specific learning disabilities records with Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and the Observation (SLD 4) completed. 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):** 10/25/201803/22/2019 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 6 Determination of transition services | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that transitional needs for students, as documented on the Transition Planning Form (TPF), are not always fully addressed as measurable post-secondary goals that are based upon age-appropriate transition assessments, training, education, or employment experiences. |
| **Description of Corrective Action:** Training for all high school and middle school special education staff on the development of the transition planning form to fully address measurable secondary goals that are based upon age-appropriate transition assessments, training, education, or employment experiences. |
| **Title/Role(s) of Responsible Persons:**Alice Brown Legrand, Director of Student ServicesLeanne Ebert, CTL | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Students age 14 and up have completed transition planning forms in their IEP on file based on records reviewMeeting notes reflect use of this form beginning meetings.Procedures in Special Education Manual relating to use of transition planning form. |
| **Description of Internal Monitoring Procedures:** Review of 2 files a month of students age 14 to 22 including out-of-district for review with compliance with utilizing this form. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit procedures for ensuring that IEP Teams discuss transition and complete the Transition Planning Form (TPF), updating information on the form and the IEP annually as needed. Please see http://www.doe.mass.edu/sped/advisories/13\_1ta.html and http://www.doe.mass.edu/sped/secondary-transition/default.html for guidance on implementing these requirements. By October 25, 2018, submit evidence of training to IEP Team chairpersons on these procedures with the agenda, name and role of the trainer, signed attendance and training materials.By October 25, 2018, for those student records identified by the Department, submit copies of the signed attendance sheet (N3A) from the reconvened Team meeting, the Transition Planning Form, relevant pages from the IEP and the Notice to Propose the revised IEP and TPF (N1).By March 22, 2019, submit the results of an internal review of approximately 10 records of students of transition age with Team meetings 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 records with a Transition Planning Form (TPF) that includes measurable post-secondary goals that are based upon age-appropriate transition assessments, training, education, or employment experiences. 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):** 10/25/201803/22/2019 |

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

|  |  |
| --- | --- |
| **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 and staff interviews 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:** Training completed by all team chairs regarding requirement to inform a student of these rights prior to turning age 17. Training will also be completed to review |
| **Title/Role(s) of Responsible Persons:**Alice Brown-Le Grand, Director of Student supportLeanne Ebert, HS CTL | **Expected Date of Completion:**04/01/2019 |
| **Evidence of Completion of the Corrective Action:**All students age 17 will have completed age of Majority paperwork completed by December 1, March 1, and for the upcoming year. |
| **Description of Internal Monitoring Procedures:** -Procedures in Special Education Manual relating to Transfer of Parental Rights-5 IEPS signed by students who are over age 18-Verification with dates of age of majority notice being sent to 5 reviewed files |
| 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:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Develop procedures for notifying students and their parents/guardians of the transfer of rights that will occur at the age of majority, appropriately documenting the student's decision to share or delegate decision-making rights. Please see http://www.doe.mass.edu/sped/advisories/11\_1.html for guidance on implementing these requirements. Provide training to all responsible personnel on these procedures.By October 25, 2018, submit the procedures and evidence of staff training, including name of presenter, agenda, and signed attendance sheet with staff name, role and signature.By March 22, 2019, submit the results of an internal review of approximately ten (10) records of students of students who turned 17 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 records with documentation that the student and the parent were informed 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. 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):** 10/25/201812/12/201803/22/2019 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that disciplinary procedures for students with special needs, as contained in the parent and student handbook, do not address the procedural requirements applied to students not yet determined to be eligible for special education, including procedures to conduct an expedited evaluation to determine eligibility. |
| **Description of Corrective Action:** Addition of statement regarding procedures to conduct an expedited evaluation to determine eligibility to be contained in parent and student handbooks for all schools and grade levels. |
| **Title/Role(s) of Responsible Persons:**Alice Brown-Le GrandAssistant SuperintendentPrincipals | **Expected Date of Completion:**04/01/2019 |
| **Evidence of Completion of the Corrective Action:**Inclusion of procedural requirements for students not identified as eligible for special education in discipline procedures. |
| **Description of Internal Monitoring Procedures:** Inclusion of such procedures in all student and parent handbooks throughout the district and approval by school committee. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 47 Procedural requirements applied to students not yet determined to be eligible for special education | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit the procedural requirements applied to students not yet determined to be eligible for special education, including procedures to conduct an expedited evaluation to determine eligibility. The district may submit a link to an online document, including the district's revised code of conduct/handbook. By October 25, 2018, submit evidence of training for school administrators and special education Team chairpersons on the procedures applied to students not yet determined to be eligible for special education, including procedures to conduct an expedited evaluation to determine eligibility. Evidence will include the agenda, name and role of the trainer, signed attendance and training materials. |
| **Progress Report Due Date(s):** 10/25/201812/12/2018 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 54 Professional development | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that although the district provides a variety of optional training opportunities on special education laws, regulations, and local policies and procedures, the district does not ensure that all staff, specifically general education teachers, receive this required training. In addition, document review and staff interviews indicated that special education and general education teachers, teaching assistants, and paraprofessionals do not consistently receive training on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom. |
| **Description of Corrective Action:** Conduct district wide professional development for all staff regarding special education laws, regulations, and local policies and procedures to insure that all staff have the skills necessary to accommodate diverse learning styles of all students. |
| **Title/Role(s) of Responsible Persons:**Alice Brown-LeGrand, Director of Student Support | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Sign in sheets and hand outs from all professional development provided including an outline of all topics provided. |
| **Description of Internal Monitoring Procedures:** Review of all in attendance at mandatory trainings beginning on orientation day August 27, 2018. Staff meeting agendas including follow-up discussion at the building level throughout the year with sign in sheets provided to ensure all staff received the training both in large group and school based. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 54 Professional development | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit evidence of training for all staff, including general educators, on special education laws, regulations, and local policies. Evidence of training will include the agenda, name and role of the trainer, signed attendance and training materials.By October 25, 2018, submit evidence of training provided to special education and general education teachers, teaching assistants, and paraprofessionals on methods of collaboration to accommodate diverse learning styles of all students in the general education classroom. Evidence will include training materials, agendas, name and role of the trainer, and signed attendance or a spreadsheet as a record of staff attendance. |
| **Progress Report Due Date(s):** 10/25/2018 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 55 Special education facilities and classrooms | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Observations at the Wilmington Middle School indicated that the substantially separate Strides class for students on the autism spectrum is located at the end of a corridor behind a set of double doors, with no general education classrooms nearby, which limits inclusion of the students into the life of the school. At the Boutwell Early Childhood Center, observations indicated that two speech and language therapists, one school adjustment counselor, and one occupational therapist share an office. A review of schedules indicated that four to six students simultaneously receive services from three to four different staff, which creates auditory and visual distractions. |
| **Description of Corrective Action:** Strides classroom is being relocated for Fall 2018 to a classroom within a first floor hallway.The related services room at the Boutwell will create a schedule for room use that does not have more than one |
| **Title/Role(s) of Responsible Persons:**Alice Brown-Le Grand Director of Student SupportK. Walsh Boutwell DirectorK. Welsh Principal | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Middle School: Map of building including previous classroom and new classroom space identified. Boutwell: Development of a schedule for all service providers using the related services room, so that no more than one service provider is servicing students at a time. |
| **Description of Internal Monitoring Procedures:** Boutwell: Monthly review of schedule and 4 unscheduled on site visits to ensure compliance with service provider scheduleMiddle School: Ensure movement of the STRIDES classroom to another classroom on first floor that is more inclusive. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, upload the floor plan for the Middle School that indicates the former and current locations of the STRIDES classroom.By October 25, 2018, upload the daily schedule by period and provider for Boutwell Elementary School's related services room.The Department will schedule an on-site visit in October 2018 to review the placement of the STRIDES program at the Middle School and the related services area at Boutwell Elementary School. |
| **Progress Report Due Date(s):** 10/25/2018 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the special education programs and services are not regularly evaluated. |
| **Description of Corrective Action:** The district will complete a comprehensive evaluation of all programs and services. The evaluation will be completed in phases over the next three years; phase one will focus on defining and clarifying our continuum of services, programs and supports, phase two will focus on programs and services at the secondary level and phase three will focus on preschool and Elementary programs and services. |
| **Title/Role(s) of Responsible Persons:**Alice L. Brown-LeGrand, Director of Student Support | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Action Plan developed with Administrator of Special EducationCompletion of Program EvaluationImplementation of recommendations |
| **Description of Internal Monitoring Procedures:** Meeting Agendas with evaluation teamPeriodic review of data gathered throughout the evaluation processEvidence of implementation |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved **Status Date:** 07/02/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit a detailed plan for the first phase of evaluation with a focus on defining and clarifying the continuum of special education services, programs and supports.By March 22, 2019, submit the evaluation report for the continuum of services, programs and supports with recommendations for addressing any needs identified. |
| **Progress Report Due Date(s):** 10/25/201812/12/201803/22/201904/18/2019 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's disciplinary procedures, as set forth in the code of conduct, do not include appropriate procedures for the discipline of students with Section 504 Accommodation Plans. Additionally, document review indicated that the disciplinary measures the district may impose when harassment or discrimination are determined are not specified in the handbook. |
| **Description of Corrective Action:** Review of disciplinary procedures for students with 504 plans and discipline imposed when harassment or discrimination are determined will be clarified in student handbooks throughout the district, at all levels. |
| **Title/Role(s) of Responsible Persons:**Brian Reagan, Assistant Superintendent | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Updated handbook and code of conduct published by December 2018Agenda for Winter 2019 staff training and sign in sheetMessage to families regarding the sign-off of the family handbookPosting to website once completed |
| **Description of Internal Monitoring Procedures:** Editing of handbooks by November 1, 2018review with administration and school committee by December 2018Posting of new handbooks by 4/30/2019 |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** As per the district's communication with the Department by phone on July 16, 2018, the district will have handbooks posted on its website that include disciplinary procedures for students with disabilities and Section 504 students and the measures the district may impose if harassment and discrimination are determined by August 28, 2018.By October 25, 2018, submit evidence of training for school administrators on the procedures for disciplinary procedures for students with disabilities and Section 504 Plan students and the disciplinary measures the district may impose when harassment or discrimination are determined, including the training materials, the agenda and signed attendance. By October 25, 2018, submit the revised handbook demonstrating that 504 students have been included in the disciplinary procedures for students with disabilities and disciplinary measures for harassment and discrimination are included. Evidence may include the web link to the district handbooks on its website. |
| **Progress Report Due Date(s):** 10/25/201812/12/2018 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that although the district's student and parent handbooks have been updated consistent with the amendments to the Massachusetts anti-bullying law to extend protections to students who are bullied by a member of the school staff, the district's posted Bullying Prevention and Intervention Plan and the district's staff training have not been updated. |
| **Description of Corrective Action:** All necessary district Bullying Prevention and Intervention Plan and staff training will be updated consistent to the amendments of the Massachusetts anti-bullying law. The website will be updated to include such reflections that have already been updated in our districts handbooks as noted, along with any new revisions. |
| **Title/Role(s) of Responsible Persons:**Brian Reagan, Assistant Superintendent Christine Murray, Co. Behavioral Health | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Fall 2018 staff training power point will be updatedFall 2018 all staff sign off sheets will be collectedApril 30, 2018 the District Bullying Prevention and Intervention Plan and District website will be updated to reflect all necessary changes |
| **Description of Internal Monitoring Procedures:** The leadership team will meet to continue to monitor the process and paperwork in place to determine if any additional changes need to be made/implemented |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit evidence of training to all staff, including educators, administrators, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisors to extracurricular activities and paraprofessionals, demonstrating that the Plan extends protections to students who are bullied by a member of the school staff. As defined in G.L. c. 71, 37O, a member of the school staff includes, but is not limited to, an “educator, administrator, school nurse, cafeteria worker, custodian, bus driver, athletic coach, advisor to an extracurricular activity or paraprofessional.” The school handbook must make clear that a member of the school staff may be named the “aggressor” or “perpetrator” in a bullying report.Evidence will include the slides or PowerPoint, agenda, name of presenter, and signed attendance sheet with staff name, role and signature. |
| **Progress Report Due Date(s):** 10/25/201803/22/2019 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district has not developed procedures for education services and academic progress during suspensions (School-wide Education Service Plan) or a system for the 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:** Administration will train principals to analyze data specific to selected student populations for the potential impact of suspensions (in-school, long-term, and short-term), expulsions, and emergency removals and establish the expectation for this periodic review of discipline data by sub-group to occur on a weekly basis at each school. |
| **Title/Role(s) of Responsible Persons:**Assistant SuperintendentPrincipals | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**An agenda and attendance list will be provided. |
| **Description of Internal Monitoring Procedures:** Analysis results will be included as an agenda item for the Administrative Team Meeting once each month. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit the district's procedures to ensure student academic progress during suspensions, including the School-Wide Education Services Plan. See the Department's legal guidance at http://www.doe.mass.edu/lawsregs/advisory/discipline/StudentDiscipline.html, specifically item VII.Provide evidence of training for all administrators on these procedures, including the date/time of the training, list of attendees, training materials, and name of presenter.By October 25, 2018, submit district's system for periodic review of discipline data for selected student populations. See the Department's legal guidance at http://www.doe.mass.edu/lawsregs/advisory/discipline/StudentDiscipline.html, specifically item VIII.Provide evidence of training for all administrators on these procedures, including the date/time of the training, list of attendees, training materials, and name of presenter.By March 22, 2019 submit a sample of discipline data for each school with a narrative regarding the analysis of the impact of discipline and subsequent recommendations. |
| **Progress Report Due Date(s):** 10/25/201803/22/2019 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's annual and continuous notification to applicants, students, parents, and employees does not include the name, office address and phone number of the coordinator for compliance under Section 504 or the name of the person designated to coordinate compliance under Title IX. |
| **Description of Corrective Action:** The annual notification of non-discrimination and coordinators will be updated throughout the district in all relevant documents which includes faculty and student handbooks along with the district website. |
| **Title/Role(s) of Responsible Persons:**Assistant Superintendent Reagan | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Copies of website posting and handbooks for each building |
| **Description of Internal Monitoring Procedures:** Working with all district leaders along with principals and administrative teams to reassure that all documents will be updated for the start of the school year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit evidence that each school handbook, faculty handbook and related web postings contain the name, office address and office phone number for the coordinators of compliance under Section 504 and Title IX. |
| **Progress Report Due Date(s):** 10/25/2018 |

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

|  |  |
| --- | --- |
| **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 in place, 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:** The district will review our textbook / materials protocols and policies regarding CR-24 in the beginning of the school year within the opening day presentations for all staff on August 27th. In addition to the opening day review a checklist will be created using the resources within the CPR monitoring that will be issues to staff having them review all curriculum content and materials within their classroom instruction 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. This checklist will be collected by two times a year October 15 and March 15 by the leadership team which includes by not limited to (District administrators, Principals, Curriculum Team Leaders, etc). At the end of the school year the Assistant Superintendent will submit a report that the district is in compliance with CR-24. |
| **Title/Role(s) of Responsible Persons:**Brian Reagan (Assistant Superintendent) | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Opening day slide presentations - submittedChecklist - submittedAgenda / Completed Individual Staff SampleEnd of the Year Report / Memo Submitted |
| **Description of Internal Monitoring Procedures:** Schedule dates of completion of staff checklist collected by due dates along with the leadership team ongoing review of CR-24 compliance (District administrators, Principals, Curriculum Team Leaders, Team Chairs etc). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 24 Curriculum review | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit 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; and that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials. By October 25, 2018, submit evidence of teacher training on these procedures, including checklists, training materials, signed attendance sheets, agenda, date/time of training, and name of presenter.By March 22, 2018, submit an analysis of the educational materials checklists collected by the Leadership Team. |
| **Progress Report Due Date(s):** 10/25/201804/18/2019 |

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

|  |  |
| --- | --- |
| **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 evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. |
| **Description of Corrective Action:** A trimesters review process of all k-12 programming along with extra-curricular activities will be developed to monitor student participation. We will develop two sub-committee's one at the (pre-K - grade 5) and the other at (6-12 grade level) to review programming in the fall, winter and spring. At the end of the school year the Assistant Superintendent will submit a report that the district is in compliance with CR-25 regarding participation. |
| **Title/Role(s) of Responsible Persons:**Brian Reagan (Assistant Superintendent) | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Sub-committee membersTrimester Sub-Committee ReportsEnd of the year report compliance with CR-25 |
| **Description of Internal Monitoring Procedures:** A trimesters review process of all k-12 programming. We will develop two sub-committee's one at the (pre-K - grade 5) and the other at (6-12 grade level) Review programming in the fall, winter and spring. Report that the district is in compliance with CR-25 regarding participation. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 25, 2018, submit a detailed plan describing the district's K-12 self-evaluation to determine whether all students have equal access regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability to all programs offered by the district including academics, athletics and other extracurricular activities.By March 22, 2019, following the conclusion of data collection and analysis, submit a summary of two Trimester sub-committee reports for equal access and the recommendations the subcommittees make to the Superintendent. |
| **Progress Report Due Date(s):** 10/25/201803/22/2019 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** ELE 14 Licensure Requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Staff interviews and the relevant SEI endorsement data indicated that not all core academic teachers assigned to provide sheltered English instruction to English learners hold the SEI Teacher Endorsement. Similarly, not all principals, assistant principals, and supervisors/directors assigned to supervise or evaluate core academic teachers who provide sheltered English instruction to English learners hold the SEI Teacher Endorsement or the SEI Administrator Endorsement. |
| **Description of Corrective Action:** Insuring that sufficient core academic teachers are SEI endorsed so that all EL students are placed in SEI endorsed classrooms. |
| **Title/Role(s) of Responsible Persons:**Susan MacDonald, EL Program Coordinator | **Expected Date of Completion:**04/30/2019 |
| **Evidence of Completion of the Corrective Action:**Both SEI Administrator and SEI Teacher endorsement courses are being run school year 2018-2019. ESL staff will make sure that all ELs will be placed with SEI endorsed teachers district wide. |
| **Description of Internal Monitoring Procedures:** ESL staff work with principals to make sure all ELs are placed with SEI endorsed teachers in each school year and also work with HR to make sure all newly hired core academic teachers are SEI endorsed. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved **Status Date:** 07/17/2018 **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):** 10/25/2018 |