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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: Northampton-Smith Vocational Agricultural

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 05/02/2018.

**Mandatory One-Year Compliance Date:** **05/02/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 13 | Follow-up Support | Not Implemented |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district has updated the restraint prevention and behavior support policy to include all content consistent with regulatory requirements that went into effect January 1, 2016, but has not developed procedures to implement the policy, to include:  methods for preventing student violence, self-injurious behavior and suicide;  methods for engaging parents in discussions about restraint prevention and use;  alternatives to physical restraint and methods of physical restraint in emergency situations;  a statement prohibiting: medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of restraint inconsistent with 603 CMR 46.03;  a description of the training requirements, reporting requirements, and follow-up procedures;  a procedure for receiving and investigating complaints;  a procedure for conducting periodic review of data and documentation on the program's use of restraint;  a procedure for making both oral and written notification to the parent; and  a procedure for the use of time-out. | | |
| **Description of Corrective Action:**  The District will ensure that the Health Curriculum is refined to include all of the prevention topics included above and will be implemented in grades 9 and 10. The District will also add procedural components to the student handbook and/or staff handbook that clearly outlines the alternatives to restraint, methods of physical restraints in emergency situations, statement prohibiting the use of medication restraint, mechanical restraint, prone restraint, reporting, training, receiving and investigation complaints, periodic review of restraint data, parent notification, and follow up procedures. The new staff orientation will also include training around restraint. Restraint training occurs in our GCN online training module already, and a description of procedures around restraint will occur regularly at the 1st staff PD day and 1st faculty meeting of each school year. In addition, parent discussions will occur at the school council meetings and information included in the summer mailing with the option to engage in further discussion. | | |
| **Title/Role(s) of Responsible Persons:**  Principal, Assistant Principal, Student Services Director, Curriculum Director | | **Expected Date of Completion:**  11/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Health Curriculum, 1st staff PD day, 1st Faculty Meeting, and New Staff Orientation Agendas, summer mailing documents including reference to policies and procedures and engaging in further discussion, 1st Day Packet for staff, list of GCN modules (to include restraint and suicide prevention), staff manual/handbook pages | | |
| **Description of Internal Monitoring Procedures:**  Principal and Assistant Principal will add these topics to the agendas year to year and keep logs of review, agendas, and meeting minutes to demonstrate implementation of the criterion. | | |
| 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:** 06/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 14, 2018, submit a copy of the procedures the district has developed to implement the restraint prevention and behavior support policy that includes all regulatory requirements, including: methods for preventing student violence, self-injurious behavior and suicide; methods for engaging parents in discussions about restraint prevention and use; alternatives to physical restraint and methods of physical restraint in emergency situations; a statement prohibiting: medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of restraint inconsistent with 603 CMR 46.03; a description of the training requirements, reporting requirements, and follow-up procedures; a procedure for receiving and investigating complaints; a procedure for conducting periodic review of data and documentation on the program's use of restraint; a procedure for making both oral and written notification to the parent; and a procedure for the use of time-out.  By December 14, 2018, submit evidence of staff training (agenda, sign-in sheet, materials) on the new procedures. | | |
| **Progress Report Due Date(s):**  12/14/2018 | | |

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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:**  Document review and interviews indicated that individual teachers in the district do not consistently 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 use appropriate activities, discussions and/or supplementary materials to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  The District will begin to implement the use of a new form for all teachers to use when soliciting new materials to be used in their classroom. Training will occur on the 1st staff PD day of the year. | | |
| **Title/Role(s) of Responsible Persons:**  Curriculum Director | | **Expected Date of Completion:**  11/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Instructional Materials Evaluation form, 1st PD day Agenda | | |
| **Description of Internal Monitoring Procedures:**  Teachers will keep a record of this form and submit to department heads who will review the individual forms each month at department meetings.  The curriculum director will review this practice bi-annually or upon complaint. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Teacher review of curriculum is not restricted to the solicitation of new materials for use in the classroom. It is the requirement for teacher's to review all materials, including teacher-selected materials such as: newspaper and magazine articles, on-line resources, classroom speakers, videos, movies, music, etc., for evidence of bias, and to ensure context and balance for any generalized, demeaning or stereotypical content. | | |
| **Department Order of Corrective Action:**  The protocol the district develops and the staff training should reflect this expanded perspective of teacher materials. Teacher review of curriculum is not restricted to the solicitation of new materials for use in the classroom. It is the requirement for teacher's to review all materials, including teacher-selected materials such as: newspaper and magazine articles, on-line resources, classroom speakers, videos, movies, music, etc., for evidence of bias, and to ensure context and balance for any generalized, demeaning or stereotypical content. | | |
| **Required Elements of Progress Report(s):**  By December 14, 2018 submit a copy of the form the district develops for staff to use 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; and use appropriate activities, discussions and/or supplementary materials to provide balance and context for any such stereotypes depicted in such materials.  By December 14, 2018 submit evidence (agenda, sign-in sheet, materials) that staff was trained on the new curriculum review procedures. | | |
| **Progress Report Due Date(s):**  12/14/2018 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district does not evaluate all aspects of its 9-12 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, and makes such changes as are indicated by the evaluation. | | |
| **Description of Corrective Action:**  The District will implement a program review survey to parents, students, and staff annually and a report outlining any findings and corrective actions needing to be taken. The surveys and other data (CR24) will be used to evaluate these programs annually. | | |
| **Title/Role(s) of Responsible Persons:**  Curriculum Director | | **Expected Date of Completion:**  05/01/2019 |
| **Evidence of Completion of the Corrective Action:**  parent, student, and staff surveys, findings and action report | | |
| **Description of Internal Monitoring Procedures:**  Review of data will happen annually in June at the administrative team level, and a report of findings and actions will be kept by the Curriculum Director each year | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed review in June comes after the mandatory one-year compliance date of May 2, 2019; therefore, for this school year (2018-2019) the district needs to conduct the surveys and draft a report of the results in time for DESE to review the information before the mandatory one-year compliance date. In subsequent years, it would be more useful to review the findings toward the end of the school year. | | |
| **Department Order of Corrective Action:**  Conduct the self-evaluation, review the data and develop a report of findings prior to the mandatory one-year compliance date. | | |
| **Required Elements of Progress Report(s):**  By December 14, 2018, submit a copy of the surveys to parents, students and staff that the district will use to conduct an evaluation of all aspects of its 9-12 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.  By March 15, 2019, submit a draft of the results of the institutional self-evaluation and include any changes or recommendations that result from the findings. | | |
| **Progress Report Due Date(s):**  12/14/2018  03/15/2019 | | |

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| **Criterion & Topic:**  ELE 5 Program Placement and Structure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of ACCESS for ELL scores for three consecutive years indicated that only 25% of English learners (ELs) have shown growth in English language acquisition. The district's ELE program is not effective in developing students' English language skills and requires appropriate program adjustment to improve the outcomes of the service delivery. | | |
| **Description of Corrective Action:**  The District will provide comprehensive data demonstrating thoughtful program placement decision and rationale for student programming. | | |
| **Title/Role(s) of Responsible Persons:**  ELE Director, ELE Teacher | | **Expected Date of Completion:**  11/01/2018 |
| **Evidence of Completion of the Corrective Action:**  A spreadsheet with multiple data sources articulated as well as program recommendations for the 2018-2019 school year. | | |
| **Description of Internal Monitoring Procedures:**  The ELE Director will annually review student data and document how program decisions are made each year via the student data spreadsheet mentioned above. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved  **Status Date:** 06/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 28, 2018:  1-Use the "Root Cause analysis, Corrective Action Plans and Progress Reports" document available in the Document Library to clarify why the district did not meet English Learner Student Learning Target numbers and what the district's corrective action will be to improve ELE program outcomes. Please be specific with all the adjustments or changes that will be required in order to provide better learning opportunities to ELs so that they can acquire English at a rapid pace as Chapter 71 A requires.  2- Revise the Castañeda test submitted for the self assessment to ensure that your answers to the questions on the test reflect the changes that the district will implement in order to improve ELE program outcomes.  3-Provide the district's plan of actions to implement SEI strategies in SEI classrooms and designing lesson plans with language objectives in mind.  4-Provide a detailed plan on how the district administration will ensure that SEI strategies are implemented and language objectives are taught in SEI classrooms.  5-Submit evidence of English language development occurring during the time dedicated to ESL such as unit plans and/or lesson plans that ESL teachers use for ESL instruction. | | |
| **Progress Report Due Date(s):**  09/28/2018  11/02/2018 | | |

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that some students have been reclassified as Former English Learners (FELs) at the WIDA proficiency level as low as 2.5. ELs at this proficiency level require significant support to participate meaningfully in all aspects of the district's general education program and, therefore, should not be considered for reclassification. | | |
| **Description of Corrective Action:**  The District will provide comprehensive data demonstrating thoughtful program placement decisions and rationale for student programming, including re-classifying students as FELs. | | |
| **Title/Role(s) of Responsible Persons:**  ELE Director, ELE Teacher | | **Expected Date of Completion:**  11/01/2018 |
| **Evidence of Completion of the Corrective Action:**  A spreadsheet with multiple data sources articulated as well as program recommendations and FEL determinations for the 2018-2019 school year. | | |
| **Description of Internal Monitoring Procedures:**  The ELE Director will annually review student data and document how program decisions are made each year via the student data spreadsheet mentioned above. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 06/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 28, 2018:  1-Submit the district's revised reclassification policies and procedures.  2- Provide training to all staff members involved in the reclassification process to ensure that they are all knowledgeable about the changes and submit the training materials, sign-in sheets and agendas.  3-Please use FEL Roster available in the Document Library to provide information for all the ELs in your district who have been reclassified in the last school year. | | |
| **Progress Report Due Date(s):**  09/28/2018  11/02/2018 | | |

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| **Criterion & Topic:**  ELE 13 Follow-up Support | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and student record review indicated that the district monitors students' English language skills; however, there is no system in place to monitor reclassified students' academic progress and to provide support to former ELs who struggle academically. | | |
| **Description of Corrective Action:**  The District will submit a separate progress report specifically for monitoring FELs academic progress and will include academic strategies recommended by the ELE teacher. | | |
| **Title/Role(s) of Responsible Persons:**  ELE Director, ELE Teacher | | **Expected Date of Completion:**  05/01/2018 |
| **Evidence of Completion of the Corrective Action:**  samples progress reports | | |
| **Description of Internal Monitoring Procedures:**  The ELE Director will review the progress reports of FEL students each trimester and meet with the ELE teacher to discuss action if needed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 13 Follow-up Support | **Corrective Action Plan Status:** Approved  **Status Date:** 06/12/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 28, 2018, submit the template the district will use to document monitoring activities.  By December 14, 2018, submit any evidence showing that the district started to monitor students who have been reclassified as FELs. | | |
| **Progress Report Due Date(s):**  09/28/2018 | | |