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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: Lincoln-Sudbury

CPR Onsite Year: 2017-2018

Program Area: Special Education

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

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

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 27 | Content of Team meeting notice to parents | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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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 and staff interviews indicated that although IEP Teams develop the required written eligibility determination for students suspected of having a specific learning disability (mandated form 28M/10), the written determination is not consistently signed by all Team members. Student records demonstrated that there was no documentation indicating that Team members disagreed with the determination. |
| **Description of Corrective Action:** Develop procedures for general education teachers attending IEP, specially for SLD determination. Train staff, general education teachers and liaisons about the regulations that at least one gen ed teacher needs to be present when the team is determining SLD. Internal review of records of students with an SLD determination (initial or re-evaluations). |
| **Title/Role(s) of Responsible Persons:**Aida Ramos. Director of Student Services | **Expected Date of Completion:**01/31/2019 |
| **Evidence of Completion of the Corrective Action:**Copies of the procedures, evidence of training and review of records that shows compliance of SLD determinations and attendance of general education teacher as part of the determination. |
| **Description of Internal Monitoring Procedures:** \* Director of Student Services will review random records of students with an SLD determinations (initial and 3 year re-evals) at least twice a year (once per semester). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018 submit the procedures for completing the Specific Learning Disability Team Determination of Eligibility (Mandated form 28M/10), which must be signed by all Team members, and evidence of staff training, including name of presenter, agenda and signed attendance sheet(s) with staff name, role and signature.By February 8, 2019 submit the results of an internal review of records of students who were suspected of having an SLD and with initial and re-evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number with documentation of signed agreement by all members of the IEP Team. 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):** 11/06/201802/08/2019 |

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

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| **Criterion & Topic:** SE 6 Determination of transition services | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that Transition Planning Forms and IEPs do not consistently include the student's preferences and interests in the postsecondary vision or identify measurable goals designed to prepare the student both academically and functionally to transition to post-secondary activities. |
| **Description of Corrective Action:** \* Train liaisons with regard the difference between team's vision and students' preferences and interests. Liaisons will be trained and given examples on how to write transitions measurable goals.\* Director will also create a folder, as part of the training, with Advisories from DESE around this topic. |
| **Title/Role(s) of Responsible Persons:**Aida Ramos, Director of Student Services | **Expected Date of Completion:**09/29/2018 |
| **Evidence of Completion of the Corrective Action:**\* Training materials, that will include exemplars, DESE advisories, etc.\* Sign in Sheet |
| **Description of Internal Monitoring Procedures:** \* Director of Student Services will review least 10 randomly selected records twice a year (once per semester) |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018, for those students whose records were identified by the Department, submit the required documentation listed on the Student Record Issues Worksheet, sent under separate cover via US mail. By November 2, 2018 submit evidence of training for liaisons on appropriate development of transition plans documented in the Transition Planning Form (28M/9) and IEP, including training materials, name of presenter, agenda and signed attendance sheet(s) with staff name, role and signature.By February 8, 2019 submit the results of an internal review of approximately ten (10) records of students aged 14 or older with IEP meetings held subsequent to implementation of all corrective actions for evidence the IEP Team reviewed and revised as appropriate the Transition Planning Form (TPF) and IEP, included student preferences and interests in the postsecondary vision, and identified measurable goals which will reasonably enable the student to meet the postsecondary vision. Provide a detailed summary of the internal review including the number of records reviewed, the number showing that the TPF was reviewed and revised as appropriate, and the number that included student preferences and interests in the postsecondary vision and identified measurable goals. 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):** 11/06/201802/08/2019 |

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

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| **Criterion & Topic:** SE 27 Content of Team meeting notice to parents | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that the Team Meeting Invitation (N3A) does not consistently include all Team members who will attend the meeting, specifically general education teachers. |
| **Description of Corrective Action:** \* Administrative assistants and liaisons will be trained at the beginning of the school year in this area. They will be instructed to clarify teachers' roles (OPTIONAL Staff or REQUIRED Staff at the meetings). At least one general education teacher will be required to stay the end of the meeting. |
| **Title/Role(s) of Responsible Persons:**Aida Ramos, Director of Student Services | **Expected Date of Completion:**01/31/2019 |
| **Evidence of Completion of the Corrective Action:**Training materialsSign in sheetReview of IEP invitations and sign in sheets |
| **Description of Internal Monitoring Procedures:** \* Director of Student Services will review randomly selected records (at least 10) twice a year (once a semester)\* Attendance will include all team members including one general education teacher. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 27 Content of Team meeting notice to parents | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018 submit evidence of training for liaisons and administrative assistants on the requirement to identify all Team meeting members, in particular general education teachers, who will attend an IEP meeting in the Team Meeting Invitation (N3A), including training materials, name of presenter, agenda and signed attendance sheet(s) with staff name, role and signature.By February 8, 2019 submit the results of an internal review of ten (10) records of students with IEP meetings held subsequent to implementation of all corrective actions for evidence that all Team members were identified on the Team Meeting Invitation (N3A). Provide a detailed summary of the internal review including the number of records reviewed and the number showing that all Team members, in particular general education teachers, were identified. 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):** 11/06/201802/08/2019 |

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

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| **Criterion & Topic:** SE 41 Age span requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that four instructional periods in the REACH program have an age span greater than forty-eight (48) months, specifically Functional Math,Functional Literary Skills, Functional English Literature, and Learning Skills. Document review and staff interviews also indicated that the district has not notified parents or submitted a written request for approval of a wider age range for these instructional groupings to the Department. |
| **Description of Corrective Action:** For school year 2018-2019, we are expecting additional students to enter the Reach program, hence there will be a cohort of younger students as well as one for older students. In the event that additional students come to LS and do not fit in either age group, the school will submit a waiver. A letter will be sent to the parents in indeed we have an age gap. |
| **Title/Role(s) of Responsible Persons:**Aida Ramos and Maryann Grady (Reach teacher). | **Expected Date of Completion:**09/29/2018 |
| **Evidence of Completion of the Corrective Action:**Students' schedules.Waiver, if applicable. Copies of notices to parents of the age gap. |
| **Description of Internal Monitoring Procedures:** Schedules of students in the Reach program will be reviewed twice a year (at the start of each semester). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 41 Age span requirements | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By October 1, 2018, submit an Instructional Grouping and Age Span Spreadsheet, available in the WBMS Document Library Public School Templates, for Reach program class(es) demonstrating that the age span between the youngest and oldest student is no greater than 48 months, or, if applicable, submit an age span waiver from the Department and a copy of a notice to parents of Reach students notifying them of the wider age span. |
| **Progress Report Due Date(s):** 10/01/2018 |

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

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| **Criterion & Topic:** CR 7B Structured learning time | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that physical education is not required for seniors. |
| **Description of Corrective Action:** Wellness Department will modify Wellness expectations and requirements for Seniors.Changes will be presented and approved by School CommitteeProgram of Studies will include the changesParents will be notified by email of these changes |
| **Title/Role(s) of Responsible Persons:**Bella Wong, Superintendent/Principal and Susan Shields (Wellness Department Coordinator) | **Expected Date of Completion:**09/29/2018 |
| **Evidence of Completion of the Corrective Action:**\* Revised program of studies that clearly indicates that wellness (physical education) is required for seniors.\* Presentation to School Committee for approval. Minutes of SC must include approving change of the program of studies. Nelson Denny Reading Test - Vocabulary Subtest |
| **Description of Internal Monitoring Procedures:** Scheduling will run a report of all Seniors demonstrating that they all are enrolled in the Senior Wellness requirement. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7B Structured learning time | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018 submit evidence of school committee approval to revise the program of studies for school year 2019-2020 requiring physical education for students in all grade.By March 29, 2019 submit the 2019-2020 program of studies demonstrating that physical education is identified as a required course for students in all grades. |
| **Progress Report Due Date(s):** 11/06/201802/08/2019 |

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

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| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that although the district has developed procedures for the discipline of students with disabilities and students with Section 504 Accommodation Plans according to state and federal regulations, the code of conduct does not include procedures for students who have not yet been found eligible for special education. In addition, the manifestation determination procedures do not include the consideration of whether the student's misconduct was a result of the district's failure to implement the IEP. |
| **Description of Corrective Action:** Revise Handbook to reflect changes of update procedures for the discipline of students with disabilities and students with Section 504 Accommodation Plans according to state and federal regulations.Notify families, staff and students of these changes by email. |
| **Title/Role(s) of Responsible Persons:**Associate Principals/Aida Ramos | **Expected Date of Completion:**09/29/2018 |
| **Evidence of Completion of the Corrective Action:**Revised handbookCopy of email sent to families and students with the changes to Code of Discipline.Copy of the emails and link of the handbook with changes. |
| **Description of Internal Monitoring Procedures:** Annual review of Program of Studies by Associate Principals/Ginny Blake |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018 submit a web link to the revised handbook including procedures for students who have not yet been found eligible for special education, and a copy of the notification to parents and students informing them of the revisions.By November 2, 2018 submit manifestation procedures revised to include the consideration of whether the student's misconduct was a result of the district's failure to implement the IEP. |
| **Progress Report Due Date(s):** 11/06/201802/08/2019 |

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

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| **Criterion & Topic:** CR 10C Student Discipline | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the district's code of conduct states that an expelled student loses his or her right to a public education, in violation of M.G.L. c. 71, § 37H and § 37H½. In addition, the code of conduct incorrectly states that students who are part of a group that is using or in possession of illegal substances will be subject to expulsion in the same manner as an individual student who is using or in possession of a controlled substance. Due process rights require evidence of individual student culpability to apply suspension or removal procedures. |
| **Description of Corrective Action:** Changes will be made to the Disciple Code updating that no student is fully expelled and cannot be excluded for more than 90 daysDraft letters for 37h, 37H1/2 and 37H 3/4 will be used to send home (letter provided and revised by our attorneys)Email will be sent to students and families |
| **Title/Role(s) of Responsible Persons:**Associate Principals/Aida Ramos | **Expected Date of Completion:**09/29/2018 |
| **Evidence of Completion of the Corrective Action:**Discipline CodeDraft lettersEmails sent to families and students |
| **Description of Internal Monitoring Procedures:** Twice a year Associate Principals will review suspensions and exclusions (once per semester) |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10C Student Discipline | **Corrective Action Plan Status:** Partially Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** The proposed revisions to the code of conduct do not include removing the possibility of disciplinary consequences being applied to a student based only on the school's determination that the student was part of a group, some members of which are suspected of engaging in unlawful possession or use of an illegal substance, without evidence of the individual student's use or possession of an illegal substance. |
| **Department Order of Corrective Action:**Revise the code of conduct to remove the application of disciplinary consequences to a student when the district lacks evidence of the student's use or possession of an illegal substance.Revise the code of conduct to remove the statement that an expelled student loses the right to a public education. |
| **Required Elements of Progress Report(s):** By November 2, 2018 submit evidence of school committee approval, if required by district policy, of the revised code of conduct, a web link to the revised code of conduct, and a copy of the notification to parents and students informing them of all revisions. |
| **Progress Report Due Date(s):** 11/06/2018 |

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

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| **Criterion & Topic:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district has not developed a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. |
| **Description of Corrective Action:** Develop a process for students that are not graduating that left school.A letter will be drafted to be used by all Associate Principals for students that have left school without a diploma that explains different options for students to either finish high school or its equivalent. |
| **Title/Role(s) of Responsible Persons:**Associate Principals/Aida Ramos | **Expected Date of Completion:**09/29/2018 |
| **Evidence of Completion of the Corrective Action:**Copy of the processCopy of the letter |
| **Description of Internal Monitoring Procedures:** Associate principals will review twice a year (once per semester) |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018, after reviewing Massachusetts Alternative Education and Other Academic Options Overview at http://www.doe.mass.edu/dropout/2014-05AlternativeOptions.pdf, submit procedures for providing annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs, and include a copy of the annual notice. |
| **Progress Report Due Date(s):** 11/06/2018 |

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

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| **Criterion & Topic:** CR 25 Institutional self-evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the district has identified and addressed disparities in participation rates in courses such as computer coding, implemented interventions to address low achievement among a subgroup of 9th graders, and recently created a racial climate task force. However, 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. |
| **Description of Corrective Action:** A once a year survey will be implement for SY 2018-2019- Survey used will be based on the example provided in the tool kit.Over the summer, administration will determine another manner to monitor 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. |
| **Title/Role(s) of Responsible Persons:**Superintendent/Principal-Ginny Blake/Director of Curriculum | **Expected Date of Completion:**01/31/2019 |
| **Evidence of Completion of the Corrective Action:**SurveySurvey ResultsProtocol to evaluate further 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 Internal Monitoring Procedures:** Once a year the survey will be sent to parents, students and staff-Results of the surveys and monitoring process will be reviewed by the Administration, at least once a year |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 08/23/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 2, 2018 submit the district's plan for implementation, including sources of data in addition to the surveys, timeline, and key staff responsible for an institutional self-evaluation to ensure the district provides equal access to all programming.By February 8, 2019 submit the evaluation tools and preliminary results of the self-evaluation with evidence documenting the implementation of the plan to evaluate policies and programming access.By March 29, 2019 submit a brief narrative summary on the outcomes of the institutional self-evaluation and changes the district is implementing to address any barriers to equal access. |
| **Progress Report Due Date(s):** 11/06/201802/08/201903/29/2019 |