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|  | ESE Logo | **COORDINATED PROGRAM REVIEW**  **MID-CYCLE REPORT**  **District:** **Chelmsford Public Schools**  **MCR Onsite Dates:** **December 5-6, 2013**  **Program Area: Special Education** |
|  |  | Mitchell D. Chester, Ed.D.  Commissioner of Elementary and Secondary Education |
| COORDINATED PROGRAM REVIEW **MID-CYCLE REPORT** | | |

| **SE Criterion # 2 - Required and optional assessments** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Student records indicated that the district does not consistently conduct and complete a history of the student's educational progress in the general education curriculum for the eligibility determination. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop local procedures for the completion of the student's history in the general educational environment. Train appropriate staff on the procedures. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide evidence of staff training on conducting and completing educational assessments that includes an agenda, attendance sheet and training materials to the Department by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information to the Department by **September 30, 2014**.  Conduct an administrative review of student records for eligibility determinations that have taken place subsequent to the implementation of all corrective actions to determine if an educational assessment has been completed. Report the number of records reviewed, the number found compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 3 - Special requirements for determination of specific learning disability** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Student records indicated that not all students suspected of having a specific learning disability have the required four components, e.g. Historic review and educational assessment (SLD 1); Area of concern and evaluation method (SLD 2); Exclusionary factors (SLD 3); and Observation (SLD 4) completed and the written determination placed in the student record. | | | |
| **Department Order of Corrective Action:** | | | |
| Provide special education Team Chairs with training on the completion of the four SLD components and the written determination form. Conduct an internal review to determine whether the SLD forms are completed. | | | |
| **Required Elements of Progress Reports:** | | | |
| The district will provide a narrative description of their new procedures related to the completion of SLD forms and the written determination for specific learning disabilities (SLD) eligibility form along with evidence of Team Chair training on these procedures. Documentation should include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information to the Department by **September 30, 2014**.  Submit the results of an administrative review of two student records from each Team Chair for completion of SLD forms. The records selected should reflect evaluations and re-evaluations for SLD that took place subsequent to the implementation of all corrective actions. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 3A - Special requirements for students on the autism spectrum** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Student records for students with autism did not demonstrate that all seven components for ASD were discussed at the Team meeting. The IEPs of students with autism had some services such as communication and social skills development in the goals and on the service delivery grid; however, the Summary of the Team Meeting notes and the Notice of Proposed School District Action (N1) did not address other issues such as environmental change, repetitive activities and stereotyped motions, unusual responses to sensory experiences and needs that impact the progress in the general education curriculum. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a checklist for Team Chairs to use at the Team meeting and a process to document the discussion for all seven components required to be addressed at the IEP Team meeting for students on the autism spectrum:   1. The verbal and nonverbal communication needs of the child: 2. The need to develop social interaction skills and proficiencies; 3. The needs resulting from the child’s unusual responses to sensory experiences; 4. The needs resulting from resistance to environmental change or changes in daily routines; 5. The needs resulting from engagement in repetitive activities and stereotyped movements; 6. The need for any positive behavioral interventions, strategies and supports to address   any behavioral difficulties resulting from the autism spectrum disorder;   1. Other needs resulting from the child’s disability that impact progress in the general curriculum, including social and emotional development.   See also (http://www.doe.mass.edu/sped/advisories/07\_1ta.html).  Provide evidence of Team Chair training on the use of the checklist and how to document the Team's review and a description of the periodic administrative review and oversight to ensure that IEP Team Chairs implement the requirements. Also, conduct a student record review to determine whether the training for staff was effective. | | | |
| **Required Elements of Progress Reports:** | | | |
| Develop procedures for Team Chairs to use at the IEP Team meeting for students on the autism spectrum and provide it to the Department by **September 30, 2014**.  Provide evidence of training for Team Chairs on how to discuss and document the required components which should include the attendance sheet, agenda, and training materials and submit to the Department by **September 30, 2014**.  Provide a narrative description of the internal system of oversight, person(s) responsible and timing of the periodic reviews by **September 30, 2014**.  Conduct a review of student records subsequent to the implementation of all corrective actions on the documentation of key components for students with autism at each school level. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 4 - Reports of assessment results** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Review of student records indicated that the assessment summaries do not always include diagnostic impressions and define in detail and in educationally relevant and common terms the student's needs and an explicit means of meeting them. Also, not all summaries were completed two days prior to the Team meeting for parent access. | | | |
| **Department Order of Corrective Action:** | | | |
| Provide training for appropriate staff who conduct assessments to ensure that assessment summaries include diagnostic impressions and educationally relevant recommendations, as well as completion of reports two days prior to the Team meeting. | | | |
| **Required Elements of Progress Reports:** | | | |
| Please provide a narrative description of the updated procedures related to content for assessment reports (diagnostic impressions, details on educational needs and a description of how to meet the needs), as well as availability of assessment summaries prior to Team Meetings. Also, provide evidence of staff training on these procedures, which must include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014.**  Submit the results of an administrative review subsequent to the implementation of all corrective actions for those students who have been evaluated for an eligibility determination for: 1) content of assessment summaries; and 2) their completion/availability two days prior to the date of the IEP meeting. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 6 - Determination of transition services** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| The review of student records demonstrated that students were not always invited to the Team meeting when the IEP was developed for a student 14 years or older. | | | |
| **Department Order of Corrective Action:** | | | |
| Conduct training for Team Chairs on inviting students 14 years or older to the Team meeting and develop a tracking system to ensure internal monitoring for this requirement. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide a narrative description of the updated procedures related to inviting students 14 years or older to IEP Team meetings along with evidence of Team Chair training on these procedures, which must include training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Submit the results of an administrative review of student records for Team meetings that took place after the implementation of all correction actions for evidence that students 14 years and older are invited to the Team meeting. Indicate the number of records reviewed at both middle and high school levels, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 7 - Transfer of parental rights at age of majority and student participation and consent at the age of majority** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| The student records and staff interviews indicated that the district does not provide notice of the age of majority at least one year prior to a student turning 18 years of age. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a procedure and tracking system to ensure that students and parents are notified of the rights that will transfer from the parent to the student upon reaching the age of majority. Train appropriate staff on the procedure and tracking system. Conduct a record review of students who have turned 17 to verify that the notification was sent to both the parents and student. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide a copy of the agenda, attendance sheet and training materials presented as evidence that appropriate staff have received training on notification requirements with regard to the age of majority to the Department by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Subsequent to the completion of all corrective actions on age of majority, submit the results of an administrative review of student records for age of majority notice. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 8 - IEP Team composition and attendance** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records indicated that required Team members were not always in attendance at Team meetings. In addition, the excusal form was not used and there was no evidence that absent members provided a written report for the Team discussion. | | | |
| **Department Order of Corrective Action:** | | | |
| Gather information from a sample of student records at all levels and appropriate staff interviews to determine the root cause(s) for why required Team members are not in attendance at Team meetings, why an excusal form is not completed regarding the district and parent agreement to excusal and why there is no evidence that the excused member’s written report is made available to the parent and Team prior to the meeting. Based on the root cause analysis, indicate the specific actions the district will implement to remedy the non-compliance including the internal oversight plan and person(s) responsible. | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit the results of the root cause analysis with specific proposals including timelines for remedying noncompliance to the Department by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Submit the results of an administrative review of student records from all levels subsequent to the implementation of all corrective actions for evidence of appropriate excusal procedures of Team members. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
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| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 12 - Frequency of re-evaluation** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Student records indicated that the district re-evaluates students within three years. |

| **SE Criterion # 13 - Progress Reports and content** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Review of student records indicated that the district does not always send parents reports on the student's progress towards reaching the goals set in the IEP as often as progress reports are sent to general education parents. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a system to ensure that parents receive reports on the student’s progress toward reaching IEP goals at least as often as parents of non-disabled students. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide a narrative description of the updated procedures related to progress reports along with evidence of appropriate staff training on these procedures, which must include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Review a sample of student records from each level for progress reports that were issued subsequent to the implementation of all all corrective actions. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 14 - Review and revision of IEPs** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Student record review indicated that the district convenes the Team before the anniversary date of the IEP to review, revise and develop a new IEP for the student. |

| **SE Criterion # 18A - IEP development and content** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| The district did not consistently address in the IEP the skills and proficiencies needed for students who are vulnerable to bullying, harassment or teasing. Also, some IEPs were not completely filled out, e.g. for one student, the section on extended school year was blank when it should have been indicated and another IEP Present Level of Educational Performance B page for a student with language issues did not have information completed. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a procedure for Team Chairs to follow for documenting the skills and proficiencies needed to address bullying, harassment or teasing. Train staff to document the skills and proficiencies needed. Conduct an administrative review of IEPs at all levels to determine whether IEPs are completed and whether skills and proficiencies to address bullying, harassment and teasing are documented. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide a narrative description of the updated procedures related to documenting the skills and proficiencies necessary to address or avoid bullying, harassment and teasing for students on the autism spectrum, students whose disability affects social skills development, and students identified as vulnerable to bullying. Additionally, the district must provide evidence of Team Chair training on completing the IEP, which must include a training agenda, attendance sheet and copies of the training materials presented. Please submit this to the Department on or before by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Submit the results of an administrative review of student records at all levels subsequent to the implementation of all corrective actions for complete IEPs and evidence that the skills and proficiencies necessary to address or avoid bullying, harassment and teasing have been documented. Indicate the number of records reviewed at each level (preschool, elementary, middle, secondary and out-of-district), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 18B - Determination of placement; provision of IEP to parent** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Although the district uses a Team meeting summary form and provides it to the parent at the end of the Team meeting, the district does not consistently propose an IEP immediately, e.g. within10 days, following the Team meeting. In addition, only one (1) full copy of the IEP is sent to the parent instead of the two (2) required copies. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop procedures to issue IEPs immediately (3-5 days if summary with service delivery grid not used and 10 days if the summary is used with goal areas and service delivery grid) and procedures to provide and document that two (2) copies were provided to the parent. Train staff on the procedures. Conduct an administrative review to determine whether the IEP is proposed immediately and whether two (2) copies were sent to parents. | | | |
| **Required Elements of Progress Reports:** | | | |
| The district must provide a narrative description of the updated procedures related to providing parents with two (2) IEP copies immediately. Additionally, provide evidence of Team Chairs and administrative staff training on these procedures, which must include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Submit the results of an administrative review of student records subsequent to the implementation of all corrective actions for immediate provision of two (2) copies of the IEP. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 20 - Least restrictive program selected** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| The student record review indicated that the nonparticipation justification statements in the IEPs for students who are removed from the general education curriculum are not individualized and do not consistently state why the removal is critical to the student's program and the basis for providing services in a less restrictive setting. | | | |
| **Department Order of Corrective Action:** | | | |
| Provide appropriate staff with training on how to write a nonparticipation justification statement. Conduct an administrative review to determine whether the nonparticipation statements in the IEPs are individualized. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide newly revised procedures related to a Team's written justification for removing a student from the general education environment, along with evidence of training for appropriate staff on these procedures. Include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department by **September 30, 2014.**  Submit the results of an administrative review of student records subsequent to the implementation of all corrective actions for evidence of individualized nonparticipation justification statements. Indicate the number of records reviewed at each level (preschool, elementary, middle and high school), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
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| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 22 - IEP implementation and availability** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| The district added a .9 occupational therapist to address the shortage and has not had any other personnel shortages as of the date of the Mid-cycle Review. |

| **SE Criterion # 24 - Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Student records indicated that the written Notice of Proposed School District Action (N1) form for evaluation as to eligibility determination is not fully completed. The content that is missing includes: 1) other options the Team considered; and 2) the details regarding evaluations. In several cases, the (N1) form was not found in the student's record and the district could not produce it. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop procedures and train appropriate staff on completing and filing the written notice (N1) form to propose an evaluation. Conduct an administrative review of student records to determine if the (N1) form has been fully completed and filed in the student record. | | | |
| **Required Elements of Progress Reports:** | | | |
| Provide a narrative description of the procedures to complete and file the (N1) form to propose an evaluation along with evidence of appropriate staff training on these procedures, which must include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by **September 30, 2014**.  Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Submit the results of an administrative review of student records subsequent to the implementation of all corrective actions for completion of (N1) forms for evaluations as to eligibility determinations. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015.**  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
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| **SE Criterion # 25 - Parental consent** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Student records indicated that the records of several students did not contain parental consent for assessments. The district was not able to provide a signed consent form for those students.  Student records also indicated that the district has not had any revocations for IEP services, but has procedures in place to address any revocation. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a procedure to track and maintain parental consent for assessments. Train appropriate staff regarding these revised procedures. Conduct an administrative review to determine that consent is sought and maintained in the student record. | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit a narrative of the new procedures with a description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.    Provide evidence of appropriate staff training on procedures regarding parental consent for assessments, which must include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by **September 30, 2014**.  Submit the results of an administrative review of a sample of student records subsequent to the implementation of all corrective actions for evidence of parental consent to evaluations and documentation in the student record. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 26 - Parent participation in meetings** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| The district provided the appropriate student roster for the Mid-cycle review. |

| **SE Criterion # 29 - Communications are in English and primary language of home** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Review of student records and staff interviews indicated that translations were not provided for parents who speak a low incidence language. Additionally, the district has not developed a system to document oral translations. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop procedures both to provide translations when indicated by the Home Language Survey and procedures to document oral translations when conducted. Train appropriate staff on these procedures. Conduct an administrative review of student records that require translations. | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit a narrative of the new procedures with a description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by **September 30, 2014**.  Provide evidence of appropriate staff training on procedures regarding translations, which must include a training agenda, attendance sheet and copies of the materials presented. Please submit this to the Department on or before by **September 30, 2014**  Submit the results of an administrative review of student records subsequent to the implementation of all corrective actions for evidence of translations and documentation of oral translations. Indicate the number of records reviewed at each level, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department by **January 15, 2015**.  \***Please note** **when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request:**   1. **List of student names and grade levels for the records reviewed;** 2. **Date of the review;** 3. **Name of the person(s) who conducted the review, their role(s), and signature(s).**   \*\*Please note that the Department will conduct an onsite visit to verify the district’s corrective action measures. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/09/2014 | 01/15/2015 |  |  |

| **SE Criterion # 46 - Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| The district no longer utilizes a forty-five (45) day placement as an extended evaluation. The use of an interim alternative educational setting is for students who have weapons, drug or serious bodily harm violations. |

| **SE Criterion # 48 - Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Staff interviews and a review of student schedules in records indicated that special education students have access to remedial and extracurricular services at McCarthy Middle School. |

| **SE Criterion # 49 - Related services** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Staff interviews indicated that the McCarthy Middle School has an additional .9 occupational therapist to meet student needs. |

| **SE Criterion # 51 - Appropriate special education teacher licensure** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documents indicated that ten special education staff do not have current licensure. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a procedure to track and hire staff with special education licensure or approved waivers. Work with the district HR office to ensure that the appropriate license for special education teachers or an ESE approved waiver is in place. | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit the description of the internal oversight and tracking system procedures regarding special education licensure and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information to the Department by **September 30, 2014**.  Submit the 2014-15 lists for special education staff with license numbers and attach any approved ESE waivers by **January 15, 2015.** | | | |
| **Progress Report Due Date(s):** | | | |
| 09/30/2014 | 01/15/2015 |  |  |

| **SE Criterion # 55 - Special education facilities and classrooms** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| An onsite ESE visit to the McCarthy Middle School during the Mid-cycle Review established that the Student Assistance Center was moved from the end of the corridor to the middle of the first floor amongst other classrooms and provides students access to the life of the school. |