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|  | ESE Logo | **COORDINATED PROGRAM REVIEW**  **MID-CYCLE REPORT**  **District:** **Saugus Public Schools**  **MCR Onsite Dates:** **05/11/2015 – 05/12/2015**  **Program Area: Special Education** |
|  |  | Mitchell D. Chester, Ed.D.  Commissioner of Elementary and Secondary Education |
| COORDINATED PROGRAM REVIEW **MID-CYCLE REPORT** | | |

| **SE Criterion # 1 - Assessments are appropriately selected and interpreted for students referred for evaluation** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records and staff interviews demonstrated that when elementary students with severe cognitive disabilities are referred for evaluation, the district consistently conducts assessments that provide accurate aptitude and achievement data. |

| **SE Criterion # 2 - Required and optional assessments** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records demonstrated that the district consistently evaluates students with behavioral and learning disabilities in all areas of his/her disability.  Student records also indicated that the district does not consistently provide all required assessments consented to by the parent, specifically a history of the student's educational progress in the general curriculum and a teacher assessment of the student's attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. | | | |
| **Department Order of Corrective Action:** | | | |
| Conduct an analysis of records for students with initial evaluations or re-evaluations between January 2015 and March 2015 to determine why consented-to assessments, specifically a history of the student's educational progress in the general curriculum and a teacher assessment of the student's attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults, are not routinely completed. Based on the results of the analysis, provide the district's determination of the root cause(s) of the non-compliance, the steps the district proposes to take to correct the root causes, and a timeline for the implementation of those corrections.  Complete assessments and reconvene the IEP Teams for individual students identified on the Student Record Worksheet by the Department. Provide the completed assessments and outcomes from the reconvening of the IEP Team.  Develop an internal review and tracking system to ensure that all consented-to assessments are completed. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.  Conduct a second internal review of 10 student records with initial evaluations or re-evaluations from a cross-section of the district's schools (elementary, middle, high school) for evidence that all required, consented-to assessments are completed. This sample must be drawn from records with evaluations conducted subsequent to the implementation of all corrective actions.  **\*Please note when conducting internal 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 records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit the results of the district's root cause analysis, including the corrective actions, the associated timelines, and the person(s) responsible. This progress report is due **November 20, 2015.**  Submit evidence of the corrective actions for individual students identified on the Student Record Worksheet, including the completed assessments, Team meeting notices, N1 forms, and the revised IEP. This progress report is due **November 20, 2015.**  Submit a description of the internal tracking system, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the second review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
| **Progress Report Due Date(s):** | | | |
| 11/20/2015 | 02/12/2016 |  |  |

| **SE Criterion # 3 - Special requirements for determination of specific learning disability** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records indicated that when a student is suspected of having a specific learning disability (SLD), the district does not consistently complete the required written eligibility determination form (28M/10) or 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 Observation (SLD 4). | | | |
| **Department Order of Corrective Action:** | | | |
| Prior to developing the district’s corrective actions, review the Department's guidance on SLD determination at http://www.doe.mass.edu/sped/iep/sld/default.html prior to developing the corrective action.  Provide training to IEP Team chairpersons and other relevant special education staff members on the completion of the four components used to determine a specific learning disability and the required SLD Team Determination of Eligibility (mandated form 28M/10).  Develop an internal system of periodic review to ensure that required components for determining SLD eligibility are completed. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.  Conduct an internal review of 10 student records with SLD determinations from a cross-section of the district's schools (elementary, middle, high school) for evidence that the required SLD components and written determination are appropriately completed by IEP Teams. This sample must be drawn from records with eligibility determinations subsequent to the implementation of all corrective actions.  **\*Please note when conducting internal 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 records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit evidence of staff training, including an agenda, training materials, and signed attendance sheets, indicating name and role of staff. This progress report is due **November 20, 2015.**  Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
| **Progress Report Due Date(s):** | | | |
| 11/20/2015 | 02/12/2016 |  |  |

| **SE Criterion # 3A - Special requirements for students on the autism spectrum** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records indicated that for students on the autism spectrum, IEP Teams do not consider and specifically address the need to develop social interaction skills and proficiencies; the needs resulting from the student’s unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. | | | |
| **Department Order of Corrective Action:** | | | |
| Prior to developing the district’s corrective actions, review the Department’s guidance on IEP development for students identified with Autism Spectrum Disorder (ASD) at <http://www.doe.mass.edu/sped/advisories/07_1ta.html>.    Conduct training for IEP Team chairpersons and other relevant special education staff members on the requirement that Teams consider and specifically address the seven areas of need in IEPs of students identified with ASD.  Reconvene the Team and revise the IEP to reflect the Team’s considerations for individual students identified by the Department on the Student Record Worksheet. Provide evidence of the outcomes from the reconvening of the IEP Team.  Develop an internal system of periodic review to ensure that IEPs of students with ASD are appropriately developed. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.  Conduct a record review of 10 records of ASD students from a cross-section of the district's schools (pre-K, elementary, middle, high school) for evidence that IEP Teams have considered and specifically addressed all seven areas of need in the IEP. This sample must be drawn from records with Team meetings convened subsequent to the implementation of all corrective actions.  **\*Please note when conducting internal 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 records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit evidence of staff training, including an agenda, training materials, and signed attendance sheets indicating name and role of staff. This progress report is due **November 20, 2015.**  Submit evidence of the corrective actions for individual students identified on the Student Record Worksheet, including Team meeting notices, N1 forms, and the revised IEP. This progress report is due **November 20, 2015.**  Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the internal review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
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| **SE Criterion # 4 - Reports of assessment results** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records demonstrated that psychological assessment reports contain a description of the testing protocol, diagnostic impressions, and results. Additionally, achievement and related service assessment reports consistently include explicit recommendations for meeting student needs. |

| **SE Criterion # 6 - Determination of transition services** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records indicated that IEP Teams do not annually review transition plans for students aged 14 and older. | | | |
| **Department Order of Corrective Action:** | | | |
| Conduct an analysis of records for students aged 14 and older with IEPs developed between January 2015 and March 2015 to determine why IEP Teams do not annually review transition plans. Based on the results of the analysis, provide the district's determination of the root cause(s) of the non-compliance, the steps the district proposes to take to correct the root causes, and a timeline for the implementation of those corrections.  Reconvene the Team and review the transition plans for individual students identified by the Department on the Student Record Worksheet. Provide evidence of the outcomes from the reconvening of the IEP Team.  Develop an internal system of periodic review to ensure that transition plans are reviewed annually for students aged 14 and older. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.  Conduct a second record review of 10 records of students aged 14 and older for evidence that transition plans are annually reviewed. This sample must be drawn from records with Team meetings convened subsequent to the implementation of all corrective actions.  **\*Please note when conducting internal 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 records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit the results of the district's root cause analysis, including the corrective actions, the associated timelines, and the person(s) responsible. This progress report is due **November 20, 2015.**  Submit evidence of the corrective actions for individual students identified on the Student Record Worksheet, including Team meeting notices, N1 forms, and the revised transition plans. This progress report is due **November 20, 2015.**  Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the second review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
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| **SE Criterion # 8 - IEP Team composition and attendance** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records and staff interviews indicated that the district consistently obtains the parent’s agreement in writing to excuse Team members who are not necessary because their area of the curriculum or services is not being modified or discussed during an IEP Team meeting. |

| **SE Criterion # 9A - Elements of the eligibility determination; general education accommodations and services for ineligible students** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records demonstrated that when a student does not need direct services, IEP Teams consistently identify appropriate services through the district’s general education program as next steps in the Notice of School District Refusal to Act (N2). |

| **SE Criterion # 13 - Progress Reports and content** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| See SE 29. | | | |
| **Department Order of Corrective Action:** | | | |
| See SE 29. | | | |
| **Required Elements of Progress Reports:** | | | |
| See SE 29. | | | |
| **Progress Report Due Date(s):** | | | |
| 11/20/2015 | 02/12/2016 |  |  |

| **SE Criterion # 15 - Outreach by the School District (Student Find)** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documents and staff interviews indicated that the district's outreach to find students in need of special education includes a variety of referral sources, such as day care facilities, health care agencies, early intervention programs, private and parochial schools, and community organizations. |

| **SE Criterion # 18B - Determination of placement; provision of IEP to parent** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records demonstrated that, following the development of the IEP, the district provides a Team meeting summary and sends two (2) copies of the proposed IEP and placement within 10 school working days to the parent. Additionally, a review of student records and staff interviews demonstrated that the district obtains signed parent/guardian consent before placing special education students in more restrictive settings because of behavioral needs. |

| **SE Criterion # 19 - Extended evaluation** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records and staff interviews indicated that IEP Teams use extended evaluations to gather information for placement changes or following manifestation determinations, rather than after eligibility has been determined and evaluation information is insufficient to develop a full IEP. | | | |
| **Department Order of Corrective Action:** | | | |
| Conduct an analysis of records for students with extended evaluations conducted between January 2015 and March 2015 to determine why IEP Teams inappropriately use extended evaluations. Based on the results of the analysis, provide the district's determination of the root cause(s) of the non-compliance, the steps the district proposes to take to correct the root causes, and a timeline for the implementation of those corrections.  Develop an internal system of periodic review to ensure that extended evaluations are used after student eligibility has been determined and evaluation information is considered insufficient to develop a full IEP. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.  Conduct a second record review of five (5) records of students with extended evaluations for evidence that IEP Teams use the process correctly. This sample must be drawn from records with evaluations conducted subsequent to the implementation of all corrective actions.  **\*Please note when conducting internal 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 records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit the results of the district's root cause analysis, including the corrective actions, the associated timelines, and the person(s) responsible. This progress report is due **November 20, 2015.**  Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the second review of records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
| **Progress Report Due Date(s):** | | | |
| 11/20/2015 | 02/12/2016 |  |  |

| **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:** | | | |
| A review of student records and staff interviews demonstrated that within five (5) days of receipt of a parent’s request for an evaluation, the district consistently sends an evaluation consent form to the parent. Additionally, a review of student records demonstrated that Notices of Proposed School District Action (N1) are consistently issued with IEPs and documented in the student record.  Student record review also indicated that N1s proposing an IEP, placement, evaluation, or other actions do not consistently describe why the Team proposed or refused to take the action; a description of any other options that the Team considered and the reasons why those options were rejected; and the evaluation procedures, tests, records, or reports used as the basis for the Team’s decisions. | | | |
| **Department Order of Corrective Action:** | | | |
| Conduct training for IEP Team chairpersons regarding the completion of the federally required written notice to parent(s) to document the proposal or refusal to initiate or change the identification, evaluation, or educational placement of students.  Develop an internal system of oversight to ensure that written notices are appropriately completed. The oversight system should include periodic reviews by the Director of Special Education or her designee to ensure ongoing compliance.  Conduct an internal review of 10 student records from a cross-section of the district’s schools (pre-K, elementary, middle, high school) to ensure that the notice to parent(s) proposing an IEP, placement, evaluation, or other actions addresses all federally required elements. This sample must be drawn from records with Team meetings convened subsequent to the implementation of all corrective actions.  **\*Please note that when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade level 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).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit evidence of staff training, including an agenda, training materials, and signed attendance sheets, indicating name and role of staff by **November 20, 2015.**  Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the internal review of student records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
| **Progress Report Due Date(s):** | | | |
| 11/20/2015 | 02/12/2016 |  |  |

| **SE Criterion # 25 - Parental consent** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records and staff interviews demonstrated that the district consistently obtains parent/guardian consent prior to conducting assessments and ensures the completed assessment is documented in the student record. Student record review also indicated that the district obtains parental consent on the IEP placement page before a student is moved to a more restrictive setting because of behavioral needs. |

| **SE Criterion # 26 - Parent participation in meetings** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| The district uploaded its student roster as requested by the Department. |

| **SE Criterion # 29 - Communications are in English and primary language of home** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records indicated that for families whose primary language is not English, the district does not consistently translate special education documents such as IEPs, notices, assessment summaries, and progress reports into the home language. Additionally, student record review indicated that the district does not consistently provide interpreters who are familiar with special education procedures, programs, and services during IEP meetings. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop a system to link information from the student’s Home Language Survey (primary language of the home) to appropriately identify the translation/interpreter needs of parents/guardians as they pertain to the student’s special education activities. Conduct training for IEP Team chairpersons on how to access this information system, including how to request translations.  Translate documents from the most recent special education activity for individual students identified by the Department on the Student Record Worksheet, such as the IEP, placement page, notice of proposed district action (N1), or progress report.  Develop an internal system of periodic review to ensure that special education documents are translated and interpretation is consistently provided for families whose primary language is not English. The internal system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance.    Conduct an internal review of 10 records of students whose parents’ primary language is not English for evidence that special education documents are translated and interpretation is provided during IEP meetings. This sample must be drawn from those records with IEP activities that occurred after all corrective actions have been implemented.  **\*Please note when conducting internal 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 records reviewed; b) Date of the review;**  **c) Name of person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit a description of the system linking information about family language needs to student special education activities, including the date of the system's implementation and the staff responsible for its oversight. This progress report is due **November 20, 2015.**    Submit evidence of staff training, including an agenda, training materials, and signed attendance sheets, indicating name and role of staff by **November 20, 2015.**  Submit translated documents for individual students identified on the Student Record Worksheet. This progress report is due **November 20, 2015.**  Submit a description of the internal oversight system, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of the review of student records. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the non-compliance. This progress report is due **February 12, 2016.** | | | |
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| 11/20/2015 | 02/12/2016 |  |  |

| **SE Criterion # 32 - Parent advisory council for special education** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Staff and parent interviews indicated that the district routinely includes members of the parent advisory council for special education in the planning, development, and evaluation of the school district’s special education programs. |

| **SE Criterion # 41 - Age span requirements** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Interviews and a review of documents indicated that the ages of the youngest and oldest students in the following special education instructional groupings at Saugus High School differ by more than 48 months: two (2) periods of English, one (1) period of History, one (1) period of Life Skills, two (2) periods of Math, two (2) periods of Science, and one (1) period of academic support. Document review and interviews verified that the district did not submit a written request for approval of a wider age range to the Department in cases where the district believes a request is justified. | | | |
| **Department Order of Corrective Action:** | | | |
| Develop an internal oversight and tracking system to ensure that the ages of the youngest and oldest student in any high school special education instructional grouping do not differ by more than 48 months and to submit written requests for approval of a wider age span as needed to the Department throughout the school year, beginning with September 2015. The tracking system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit a description of the oversight system for periodic review, including the date of the system's implementation and the staff responsible for the oversight. This progress report is due **November 20, 2015.**  Submit the results of a review of the high school’s instructional groupings from the district’s internal oversight and tracking system, along with evidence that the district has addressed the age span issue or submitted a written request for an age span waiver approval from the Department as needed by **November 20, 2015.** | | | |
| **Progress Report Due Date(s):** | | | |
| 11/20/2015 |  |  |  |

| **SE Criterion # 43 - Behavioral interventions** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records demonstrated that for students whose behavior impedes their learning or the learning of others, IEP Teams consistently develop behavior plans and/or conduct functional behavior assessments (FBAs) prior to placing the students in a more restrictive setting or in an Interim Education Alternative Setting (IAES). |

| **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** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records and staff interviews indicated that the district no longer places middle and high school special education students in an IAES for behaviors other than those identified by federal law without providing behavioral support or conducting a manifestation determination. According to a review of suspension data and staff interviews, the high school administration consistently includes in-house suspension data for students whose series of suspensions are shorter than 10 consecutive days but constitute a pattern that represent a change in placement. |

| **SE Criterion # 47 - Procedural requirements applied to students not yet determined to be eligible for special education** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records, documents, and staff interviews indicated that when a student who is suspected of having a disability is suspended beyond 10 days, the district makes all educational and legal protections available until the student is subsequently determined not to be eligible. Student records demonstrated that the district conducts an expedited evaluation to determine eligibility; if the student is found eligible for special education, he/she continues to receive all procedural protections. |

| **SE Criterion # 48 - Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student schedules and staff interviews demonstrated that all students with IEPs at the Belmonte Middle School have access to music classes. |

| **SE Criterion # 55 - Special education facilities and classrooms** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A facility review at Oakdale Elementary School demonstrated that speech/language therapy, physical therapy, and occupational therapy are provided in instructional spaces appropriate for the services being conducted and the number of students served. |