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|  | ESE Logo | **COORDINATED PROGRAM REVIEW**  **MID-CYCLE REPORT**  **District:** **Sandwich Public Schools**  **MCR Onsite Date:** **05/26/2016**  **Program Area: Special Education** |
|  |  | Mitchell D. Chester, Ed.D.  Commissioner of Elementary and Secondary Education |
| COORDINATED PROGRAM REVIEW **MID-CYCLE REPORT** | | |

| **SE Criterion # 3A - Special requirements for students on the autism spectrum** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records and staff interviews set forth that whenever an evaluation indicates that a student has a disability on the autism spectrum, the IEP Team is considering and specifically addressing the following:  1) The verbal and nonverbal communication needs of the student;  2) The need to develop social interaction skills and proficiencies;  3) The needs resulting from the student's unusual responses to sensory experiences;  4) The needs resulting from resistance to environmental change or change 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; and  7) Other needs resulting from the student's disability that impact progress in the  general curriculum, including social and emotional development.  Staff utilize a checklist at the Team meetings in order to ensure that all required areas are addressed. This information is included within each student's IEP goals and objectives. |

| **SE Criterion # 18A - IEP development and content** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records indicated that IEP Teams are not consistently addressing all required elements of the IEP. Specifically, the district is not consistently completing the Schedule Modification section and appropriately documenting whether or not a student requires an abbreviated schedule or longer school day and/or school year. Also, for students identified as having a disability on the autism spectrum, IEPs are incomplete in that the district does not note social/emotional needs in the Present Levels of Educational Performance (PLEP) B section and does not always address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | | |
| **Department Order of Corrective Action:** | | | |
| Provide training for all special education staff to ensure that all elements of the IEP are consistently discussed during Team meetings and addressed within the IEP. Training should include completion of the Schedule Modification section and, for students identified with a disability on the autism spectrum, completion of PLEP B and addressing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing.  For those student records identified by the Department, reconvene the IEP Teams to consider and document in the IEP schedule modifications, social/emotional needs in PLEP B, and the skills and proficiencies needed to avoid and respond to bullying, harassment or teasing.  Develop an internal oversight and tracking system for ensuring appropriate completion of all required IEP elements. The tracking system should include oversight by the Director of Special Education to ensure ongoing compliance.  Develop a report of the results of an internal review of student records, in which IEPs were written subsequent to implementation of all corrective actions, to ensure appropriate completion of all elements of the IEP.  **\*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 the 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 special education staff training to include the training materials, dated meeting agenda, and staff attendance sheet by **October 7, 2016**.  For those records previously identified by the Department, submit signed N3A Team Meeting Attendance Sheets, Notices of Proposed School District Action (N1), and updated copies of the IEPs. All evidence should be submitted by **October 7, 2016**.  Submit a description of the internal oversight and tracking system along with the name and role of staff involved by **October 7, 2016**.  Submit the results of a review of student records and include the following:  1. The number of records reviewed;  2. The number of records in compliance;  3. For any records not in compliance, determine the root cause; and  4. The specific corrective actions taken to remedy the non-compliance.  Please submit the above information by **December 12, 2016**. | | | |
| **Progress Report Due Date(s):** | | | |
| 10/07/2016 | 12/12/2016 |  |  |

| **SE Criterion # 26 - Parent participation in meetings** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| The district submitted the special education student roster as required by the Department. |

| **SE Criterion # 51 - Appropriate special education teacher licensure** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Document review and staff interviews indicated that one special education teacher at the elementary level is not appropriately licensed. | | | |
| **Department Order of Corrective Action:** | | | |
| Submit current licensure information for the special education teacher whose name was previously provided to the district. If the teacher is no longer employed by the district, compose a statement of assurance indicating this.  Develop an internal oversight and tracking system for ensuring appropriate licensure for all special education teachers. The tracking system should include oversight by the Director of Special Education to ensure ongoing compliance. | | | |
| **Required Elements of Progress Reports:** | | | |
| Submit evidence of current licensure or a statement of assurance indicating that the teacher is no longer employed by the district. Submit a description of the internal oversight and tracking system along with the name and role of staff involved by **October 7, 2016**. | | | |
| **Progress Report Due Date(s):** | | | |
| 10/07/2016 |  |  |  |