MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Public School Monitoring

TIERED FOCUSED MONITORING REVIEW

CORRECTIVE ACTION PLAN

Charter School or District: Boston Green Academy Horace Mann Charter School (District)

TFM Onsite Year: 2022-2023 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 Tiered Focused Monitoring Report dated 10/21/2023.*

Mandatory One-Year Compliance Date: 10/21/2024

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **FMR Rating** |
| SE 32 | Parent advisory council for special education | Partially  Implemented |
| SE 54 | Professional development | Partially  Implemented |
| SE 56 | Special education programs and services are  evaluated | Not  Implemented |
| CR 3 | Access to a full range of education programs | Partially  Implemented |
| CR 10C | Student Discipline | Partially  Implemented |
| CR 17A | Use of physical restraint on any student enrolled  in a publicly-funded education program | Partially  Implemented |
| CR 24 | Curriculum review | Partially  Implemented |
| CR 25 | Institutional self-evaluation | Not  Implemented |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **FMR Rating:**  Partially Implemented |
| **Department TFM Findings:**  A review of documents and administrative interviews indicated that although the charter school collaborated with Boston Public Schools during the 2022-2023 school year to provide a workshop on the rights of students and their parents/guardians under state and federal special education laws, the charter school has not established a special education parents advisory council (SEPAC). The charter school was previously on a SEPAC waiver that is now expired and continues to work towards establishing a SEPAC. | | |
| **Description of Corrective Action:**  The issue of non-compliance was that BGA ?has not established a special education parents advisory council (SEPAC).? Boston Green Academy (BGA) conducted a root cause analysis to determine the root causes for the identified issue of noncompliance. The analysis indicated that BGA had a waiver in past years due to a lack of parental interest in establishing a SEPAC at the school level. In addition to being members of the general BGA Parent Council, parents of students with disabilities at BGA are also members of the larger Boston Public Schools SEPAC. Regardless, the school increased its efforts to form a BGA- specific SEPAC since returning to in-person instruction during the COVID-19 pandemic.  Last year, (2022) outreach efforts intensified and with the assistance of our Family Engagement Coordinator, this past October 12, 2023, BGA SEPAC leadership elections took place and BGA has an established SEPAC as of October 12, 2023.  Corrective steps have already been taken to address the root causes described above, and to ensure future compliance to meet the requirements related to the establishment and continuation of a BGA SEPAC. These steps included conducting parent outreach through newsletters, social media postings, emails, and phone calls to elicit parental interest and participation in the SEPAC. Some parents expressed interest, and volunteered to run for offices. A vote was conducted and these positions were filled. The SEPAC met, developed by-laws, and established a calendar of meetings and events. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; Family Engagement Coordinator | | **Expected Date of Completion:**  12/12/2023 |
| **Evidence of Completion of the Corrective Action:** Newsletter and social media postings, emails, and call logs Copy of SEPAC by-laws  Names of SEPAC officers and positions: Calendar of SEPAC meetings and event | | |
| **Description of Internal Monitoring Procedures:**  Continuing after the completion deadline, the school administration will support the SEPAC to ensure the continuity of the SEPAC by assisting with organizing and running meetings, providing relevant training for parents of students with disabilities, joining SEPAC meetings and activities. The school will continue to involve the SEPAC in advising the board of trustees on matters that pertain to the education and safety of students with disabilities and meeting regularly with school officials to participate in the planning, development, and evaluation of the special education programs. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023 | |

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|  | **Correction Status:** Not Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will submit a copy of the SEPAC by-laws, a list of SEPAC officers, a yearly meeting schedule and minutes of any meetings already conducted.  By March 04, 2024, the school will submit evidence of obtaining SEPAC input towards the planning, development, and evaluation of the school's special education programs.  By April 08, 2024, the school will submit evidence of providing, in cooperation with the SEPAC, a workshop on student and parent rights under state and federal special education law. | |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024  04/08/2024 | |

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| **Criterion & Topic:**  SE 54 Professional development | | **FMR Rating:**  Partially Implemented |
| **Department TFM Findings:**  A review of documents and staff interviews indicated that the training for transportation providers of eligible students requiring special transportation does not include the provision of written information on the nature of student needs that may cause difficulties, along with information on appropriate emergency measures. | | |
| **Description of Corrective Action:**  Boston Green Academy conducted a root cause analysis and determined that it relied on Boston Public Schools Transportation Department to provide the required formal training their bus drivers and monitors needed. While BGA provided verbal information to drivers and monitors of BGA students, the school has been made aware that this is insufficient. Based upon that analysis, the school has identified corrective actions necessary to address the root causes and to ensure future compliance. This includes revising procedures for sharing information with transportation providers, ensuring that prior to transporting students the school will provide written information on the nature of the students? needs, along with information on the appropriate methods of meeting those needs. The school will conduct training for transportation providers and submit evidence of the provision of written information on the nature of student-specific needs and the appropriate methods of meeting those needs. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; Director of Operations | | **Expected Date of Completion:**  09/06/2024 |
| **Evidence of Completion of the Corrective Action:**  Copy of updated procedures  Samples of written information provided to transportation providers Signed attendance sheets and training materials | | |
| **Description of Internal Monitoring Procedures:**  Annually, the Special Education Director will review the transportation files of students receiving specialized transportation to ensure appropriate written information is provided to bus drivers and monitors prior to transporting students. The written information will include the nature of any student-specific needs and appropriate methods of meeting those needs. When a student transfers into the school during the year, the Special Education Director will review the student file and share written information as required. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will revise its procedures for sharing information with transportation providers to ensure that, prior to transporting students, the school will provide written information on the nature of the students' needs along with information on the appropriate methods of meeting those needs. | | |

**Progress Report Due Date(s):**

01/08/2024

03/04/2024

By March 04, 2024, the school will conduct training for all transportation providers and submit evidence of the provision of written information on the nature of student-specific needs and the appropriate methods of meeting those needs.

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **FMR Rating:**  Not Implemented |
| **Department TFM Findings:**  A review of documents and staff interviews indicated that the charter school does not regularly evaluate its special education programs and services. | | |
| **Description of Corrective Action:**  BGA conducted an analysis of data, policies, and procedures to determine the root causes as to why the school does not regularly evaluate its special education programs and services. The analysis indicated that BGA was unaware that a formal evaluation must be specifically and regularly conducted for its special education programs and services. The special education programs at the school are reviewed and assessed simultaneously along with all instructional programs at the school by a team of teachers and administrators who conduct multiple walkthroughs throughout the school year to look at all aspects of the education of all students, including students with disabilities in inclusive and sub-separate classrooms. Based upon that analysis, the school has identified corrective actions necessary to address the issue identified in SE-56 and will ensure future compliance to meet the requirements related to regularly evaluating its special education programs and services.  By January 8, 2024, the school will submit evidence of a walk-through of special education programs to assess special education service delivery at the school.  By February 29, 2024, the school will develop and issue survey(s) to administrators, Team chairs, special education teachers, eligible students, and parents of eligible students to gather information on special education programs and service delivery in the school.  By May 09, 2024, the school will review the survey results and submit a Special Education Program Evaluation Report that includes recommendations with stakeholder input and an action plan to address any identified areas of need. Additionally, the school will submit a description of a plan for evaluating special education programs beyond the completion date. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; Director of Instruction, Curriculum and Assessment | | **Expected Date of Completion:**  05/09/2024 |
| **Evidence of Completion of the Corrective Action:**  Notes from special education programs walk through  Copies of survey(s) developed and issued for stakeholder feedback Summary of survey results  Special education program evaluation report that includes stakeholder recommendations and an action plan for implementing the recommendations | | |
| **Description of Internal Monitoring Procedures:**  By May 09, 2024, and beyond, the school will keep track of scheduled program evaluations to ensure that special education programs and services are evaluated every other year. The school will utilize the evaluation results to create action plans and implement them to improve the programs. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023 | |

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|  | **Correction Status:** Not Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will submit evidence of conducting a root cause analysis and a summary of a walk-through of special education programs to assess special education service delivery in the school.  By March 04, 2024, the school will develop and issue survey(s) to administrators, Team chairs, special education teachers, eligible students, and parents of eligible students to gather information on special education programs and service delivery in the school.  By May 09, 2024, the school will review the survey results and submit a Special Education Program Evaluation Report that includes recommendations with stakeholder input and an action plan to address any identified areas of need. Additionally, the school will submit a plan for ensuring the evaluation of special education programs is conducted periodically as required. | |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024  05/09/2024 | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | **FMR Rating:**  Partially Implemented |
| **Department TFM Findings:**  An analysis of special education placement data and staff interviews indicated that not all students have equal access to the full range of general education programs. Specifically, IEP Teams do not consistently consider the least restrictive environment for students with disabilities; data demonstrated the following:  Approximately 48.7% of eligible special education students are served in full inclusion placements, a rate significantly lower than the state rate of approximately 67.2%.  Approximately 44% of eligible special education students are served in substantially separate placements, a rate significantly higher than the state rate of approximately 13.2%. | |
| **Description of Corrective Action:**  The school will conduct an analysis of data, policies, and procedures to determine the root causes for the identified issues of noncompliance. Based upon that analysis, the school will identify corrective actions necessary to address the identified root causes, ensuring that IEP teams consistently consider the least restrictive environment for all students with disabilities and maintain compliance with pertinent regulations.  By January 08, 2024, the Department will provide school leadership with training on conducting a root cause analysis for the identified noncompliance, prioritization, action plans, and progress monitoring. Following the training, the school will assemble an appropriate team that will include school administration, special education staff, and general education teachers who will analyze data, conduct a root cause analysis, and develop an action and progress monitoring plan.  By February 29, 2024, the team will conduct a data analysis and identify and prioritize actionable root causes. Evidence will include meeting agendas, data analysis results, and summary of the root cause analysis and prioritization.  By March 09, 2024, the team will develop and submit an action plan to address overall inclusion rates for eligible students. Subsequent progress reports will be based on the steps outlined in the action plan, including training on supporting eligible students in the general education classroom. | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | **Expected Date of Completion:**  03/09/2024 |
| **Evidence of Completion of the Corrective Action:**  List of team members and their roles Results of data analysis  Root cause analysis and prioritization Action plan  Documentation of ongoing progress monitoring | |
| **Description of Internal Monitoring Procedures:**  Each quarter, the Special Education Director will review the school's special education placement data to ensure continued progress in addressing the overall inclusion rates for eligible students. The results will be discussed with school leadership. Additionally, the school will provide professional development to all relevant staff on least restrictive environment requirements and the provision of appropriate support to all students in the general education classroom. Other initiatives will be implemented based on the root | |

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| cause analysis, action plan, and results from ongoing progress monitoring. | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023  **Correction Status:** Not Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the Department will provide the school leadership with training on conducting a root cause analysis for the identified noncompliance, prioritization, action plans, and progress monitoring. Following the training, the school will assemble an appropriate team that will include school administration, special education staff, and general education teachers and other stakeholders who will analyze data, conduct a root cause analysis, and develop an action and progress monitoring plan.  By March 04, 2024, the team will conduct a data analysis and identify and prioritize actionable root causes. Evidence will include meeting agendas, data analysis results, and summary of the root cause analysis and prioritization.  By May 09, 2024, the team will develop and submit an action plan to address overall inclusion rates for eligible students. Subsequent progress reports will be based on the steps outlined in the action plan, including staff training on supporting eligible special education students in the general education classroom. | |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024  05/09/2024 | |

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| **Criterion & Topic:**  CR 10C Student Discipline | **FMR Rating:**  Partially Implemented |
| **Department TFM Findings:**  A review of documents, staff interviews, and an analysis of student discipline data indicated that although the charter school has a data collection system that allows for the disaggregation of data by race, ethnicity, gender, socio-economic status, English language learner status, and disability status, the school does not consistently assess the extent and impact of suspensions on selected student populations and determine whether it is necessary or appropriate to modify disciplinary practices due to an over-reliance on suspensions. A review of student discipline data demonstrated the following:  The discipline rate for all students is approximately 12.1%, a rate significantly higher than the state rate of approximately 4.2%.  The discipline rate for Black and African American students is approximately 16.6%, a rate significantly higher than the rate for all other student racial groups at the school of approximately 8.6%.  The discipline rate for students with disabilities is approximately 16.3%, a rate significantly higher than the state rate of approximately 7.6%. | |
| **Description of Corrective Action:**  BGA conducted an analysis of data, policies, and procedures to determine the root causes for identified issues of noncompliance. The analysis indicated that the school did not evaluate the student suspension data deeply to assess the impact on students and consider more suitable alternative methods to suspension. Based upon that analysis, the school has identified corrective actions necessary to address the root causes and ensure future compliance to meet the requirements related to evaluating its special education programs and services.  By January 08, 2024, the school will develop procedures to ensure that disciplinary data is periodically assessed to determine the extent and impact of disciplinary actions on selected student populations so that disciplinary practices can be modified to address any discrepancies.  By February 29, 2024, the school will provide training for appropriate staff on the newly developed procedures and alternatives to suspension.  By May 09, 2024, the school will conduct a root cause analysis and develop an action and monitoring plan to address the identified disciplinary rate for all students, as well as the discrepancies identified for the suspension of Black and African American and students with disabilities.  By July 01, 2024, the school will conduct progress monitoring activities that include analysis of discipline data to gauge the effectiveness of the action plan. Subsequent progress updates may be required based on the results of the data analysis. | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; Director of Instruction & Curriculum; Dean of Students; Principal | **Expected Date of Completion:**  07/01/2024 |
| **Evidence of Completion of the Corrective Action:**  Procedures to assess data  Training materials, agenda, and attendance Results of the root cause analysis  Action and progress monitoring plan | |

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| Results of subsequent data analysis | |
| **Description of Internal Monitoring Procedures:**  Continuing after the completion deadline, the Special Education Director, the Director of Curriculum, Instruction, and Assessment together with the school principal will periodically review discipline data to assess the extent and impact of disciplinary actions on selected student populations and implement alternative behavioral interventions to address any discrepancies in student removals. Additionally, the school will provide annual training for relevant staff on student discipline requirements. Other initiatives will be implemented based on the root cause analysis, action plan, and results from ongoing progress monitoring. | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023  **Correction Status:** Not Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will submit evidence of conducting a root cause analysis and new procedures to ensure that discipline data is periodically assessed to determine the extent and impact of disciplinary actions on selected student populations so that disciplinary practices can be modified to address any discrepancies.  By March 04, 2024, the school will provide training for appropriate staff on the newly developed procedures and alternatives to suspension. Additionally, the school will submit specific strategies that will be implemented to address the discrepancies identified in the suspension of Black/African American students and students with disabilities.  By May 09, 2024, the school will conduct progress monitoring activities that include analysis of discipline data to assess the effectiveness of the action plan. Subsequent progress reports may be required based on the results of the data analysis. | |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024  05/09/2024 | |

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **FMR Rating:**  Partially Implemented |
| **Department TFM Findings:** | | |
| **Description of Corrective Action:**  The school has identified corrective actions necessary to address the finding of noncompliance including revising the physical restraint prevention and behavior support procedures consistent with regulations under 603 CMR 46.00. The school will discuss the proposed changes in the physical restraint prevention and behavior support policy and procedures with the board of trustees for approval. Additionally, school leadership will disseminate the revised restraint prevention and behavior support procedures to the school community. The school will also submit evidence of training for all staff on the revised restraint prevention and behavior support procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; School Principal; Dean of Students | | **Expected Date of Completion:**  10/01/2024 |
| **Evidence of Completion of the Corrective Action:**  Revised restraint prevention and behavior support procedures  School board of trustees meeting agenda and minutes demonstrating approval Training materials, agendas, and signed attendance sheets  Documentation of dissemination including link to updated website | | |
| **Description of Internal Monitoring Procedures:**  Continuing after the completion deadline, the school will conduct an annual review of the physical restraint policy and procedures to ensure ongoing compliance with current state and federal regulations. The school will also ensure that all staff receive the required annual training. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will submit revised restraint prevention and behavior support procedures that are consistent with regulations under 603 CMR 46.00 and obtain the Board of Trustees' approval of the updated policy and procedures.  Additionally, school will submit evidence of dissemination of the revised physical restraint prevention and behavior support procedures to the school community.  By March 04, 2024, the school will submit evidence of training for all staff on the revised physical restraint prevention and behavior support procedures. | | |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024 | | |

TIERED FOCUSED MONITORING REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  CR 24 Curriculum review | | **FMR Rating:**  Partially Implemented |
| **Department TFM Findings:** | | |
| **Description of Corrective Action:**  Boston Green Academy (BGA) conducted an analysis of data, policies, and procedures to determine the root causes for identified issues of noncompliance. The analysis indicated that although teachers are expected to continually assess all educational material for biases prior to using in class, the school was not cognizant of a requirement to provide evidence that individual teachers follow a formal protocol to review all educational materials after the adoption of a vetted curricula. Based upon that analysis, BGA has identified corrective actions necessary to address the root causes and ensure future compliance to meet the requirements related to evaluating its special education programs and services.  By January 08, 2024, The school will submit evidence that individual teachers have been trained on school procedures for reviewing instructional and educational materials for simplistic and demeaning generalizations and providing balance and context using appropriate activities, discussions and/or supplementary materials. The school will also submit evidence that staff have been trained on any school curriculum review protocols and tools as well as the school's internal monitoring procedures.  By February 29, 2024, BGA will submit the results of internal monitoring to ensure the curriculum review procedures are being implemented. BGA will provide further teacher training and support, as needed, following the results of the internal monitoring. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; Director of Instruction, Curriculum and Assessment | | **Expected Date of Completion:**  02/29/2024 |
| **Evidence of Completion of the Corrective Action:**  Protocol for individual teacher review of educational materials Internal monitoring tools  Administrator and teacher training materials, agenda, and signed attendance sheets Samples of completed internal monitoring tools | | |
| **Description of Internal Monitoring Procedures:**  Continuing after the completion deadline, individual teachers in the school will review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. In addition, the school will ensure that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in the materials. The school will also develop a tracking system to track individual teachers? review of curriculum materials. Should there be any instances of non-compliance identified, the Special Education Director will conduct a root cause analysis and take appropriate corrective actions to address the issue(s) based upon that analysis. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023  **Correction Status:** Not Corrected | |

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| **Basis for Decision:** |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will submit evidence that individual teachers have been trained on the school's procedures, tools and protocols for reviewing educational materials for simplistic and demeaning generalizations and providing balance and context using appropriate activities, discussions and/or supplementary materials for any stereotypes identified in learning materials. The school will also submit evidence that staff have been trained on the school's internal monitoring procedures.  By March 04, 2024, the school will submit the results of internal monitoring to ensure the curriculum review procedures are being consistently implemented. The school will provide further teacher training and support, as needed, following the results of the internal monitoring. |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024 |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | **FMR Rating:**  Not Implemented |
| **Department TFM Findings:** | |
| **Description of Corrective Action:**  BGA will conduct an analysis of data, policies, and procedures to determine the root causes for the identified issue of noncompliance. Based upon that analysis, the school will identify corrective actions necessary to address the root causes and ensure future compliance to meet the requirements related to evaluating its special education programs and services.  By January 08, 2024, the school will receive training from the Department on conducting institutional self-evaluation. The training will include assembling an appropriate team, preparing, and sharing data, determining root causes, developing and implementing an action plan, and monitoring progress. Following the training, the school will develop procedures to ensure that an institutional self-evaluation occurs annually.  By February 29, 2024, the school will assemble an appropriate data team to analyze relevant student data including graduation rates, special education placement, discipline rates, and any other relevant program access data. The team will also obtain stakeholder input on student access by surveying athletics administrators, teachers, parents, and students. The team will use this information to identify any gaps or discrepancies in access.  By May 09, 2024, the school leadership and the data team will develop a summary of the institutional self-evaluation that includes the root cause analysis and prioritization, action plan, and a progress monitoring plan. The school will maintain documentation of the progress monitoring activities and any additional actions taken to ensure equitable access. | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education; Director of Operations; School Principal | **Expected Date of Completion:**  05/09/2024 |
| **Evidence of Completion of the Corrective Action:**  List of team members by role Evaluation procedures  Data analysis, including survey results  Institutional self-evaluation summary - (including identified discrepancies; root cause analysis & prioritization, action plan, progress monitoring plan) | |
| **Description of Internal Monitoring Procedures:**  Continuing after the completion deadline, the school will annually conduct an institutional self-evaluation of its 6-12 program 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. The school leadership will implement appropriate actions as indicated by the results of the self-evaluation to address any access gaps. | |

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| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/21/2023  **Correction Status:** Not Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  By January 08, 2024, the school will receive training from the Department on conducting institutional self-evaluation. The training will address assembling an appropriate team, preparing, and sharing data, determining root causes, developing and implementing an action plan, and monitoring progress. Following the training, the school will develop procedures to ensure that an institutional self-evaluation occurs annually.  By March 04, 2024, the school will assemble an appropriate data team to analyze relevant student data including graduation rates, special education placement, discipline rates, participation in athletics and extracurricular activities and any other relevant data. The team will also obtain stakeholder input on student access by surveying athletics directors, teachers, parents, and students. The team will use this information to identify any gaps or discrepancies in access.  By May 09, 2024, the school leadership and the data team will develop a summary of the institutional self-evaluation that includes the root cause analysis and prioritization, action plan, and a progress monitoring plan. The school will maintain documentation of the progress monitoring activities and any additional actions taken to ensure equitable access. | |
| **Progress Report Due Date(s):**  01/08/2024  03/04/2024  05/09/2024 | |