|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Public School Monitoring** |

# INTEGRATED MONITORING REVIEW CORRECTIVE ACTION PLAN Natick Public Schools Monitoring Onsite Year: 2024-2025

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 Integrated Monitoring Review Report dated 04/30/2025.

**Mandatory One-Year Compliance Date:** **04/30/2026**

## Summary of Required Corrective Action Plans in this Report

| **Criterion** | **Criterion Title** | **Rating** |
| --- | --- | --- |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |

|  |
| --- |
| INTEGRATED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records indicated that the district does not always provide the parent with a proposed IEP and proposed placement immediately following the development of the IEP. | | |
| **Description of Root Cause Analysis:**  A root cause analysis indicated that the non-compliance was a result of a lack of  district oversight of the requirements of provision of the Individualized Education  Program (IEP) to parents/guardians. Although the district does utilize an internal  tracking sheet to monitor IEP timeline dates, additional oversight at the district  and building level administrator level is required to ensure compliance. The  district plan for correction includes the following action steps to support goal  achievement:  Implementation of a tracking system:   * Develop and maintain a centralized system to monitor the dates of IEP meetings and ensure timely distribution of IEP documents. * At the conclusion of each IEP Team meeting, the Team Chair or   designated staff members will record the meeting date in a centralized tracking log maintained by the Student Services Department.   * The tracking log will include key information: student name, date of IEP meeting, deadline for issuing the proposed IEP (two calendar weeks), and the date the IEP is sent to the parent/guardian.   Staff Training:   * Provide training for all special education staff on the timeline requirements and procedural expectations for IEP dissemination.   Ongoing Compliance Checks:   * Conduct monthly internal audits of IEP records to ensure adherence to the two-week timeline.   Communication Protocol:  Establish a clear communication protocol to ensure that parents receive a written summary of decisions at the end of each Team meeting and are informed of when to expect the full proposed IEP. The Notice of Proposed School District Action (N1) accompanying each IEP explicitly states the date the IEP was sent, reinforcing transparency and documenting compliance. | | |
| **Title/Role of Responsible Person:**  Erin Miller, Director of Student Services | | **Expected Date of Completion:**  04/10/2026 |
| **Evidence of Completion of the Corrective Action:**  The district will submit the following documentation to demonstrate progress  towards compliance:   * A copy of updated procedures used to ensure compliant IEP timelines. * Evidence of staff training provided to all special education staff, including * training materials (e.g., agendas, presentation slides, handouts), signed   attendance sheets or other verification forms indicating staff participation and  acknowledgment of content understanding.   * A compliance tracking report demonstrating adherence to timelines. | | |
| **Description of Internal Monitoring Procedures:**  To ensure compliance with the requirement that parents/guardians receive the  proposed IEP and proposed placement immediately following the development of  the IEP. The district will implement the following internal monitoring process:   * Weekly reviews of the tracking log will be conducted by the district’s Student   Services administrative assistant and monitored by the Director of Student  Services to identify any upcoming deadlines.   * A monthly audit of a random sample of completed IEPs is conducted by the   Director or Assistant Director of Student Services to verify timeliness of issuance.   * Any instances of delay are documented, investigated, and used as part of * ongoing staff training and process improvement. * In the event of noncompliance, the Student Services team will implement   immediate corrective measures, which may include staff follow-up,  documentation review, and process reinforcement to prevent recurrence. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 06/16/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Reports:**  By August 1, 2025, the district will submit updated procedures and protocols on the requirements of immediate provision the IEP to the parent.  By October 3, 2025, the district will submit evidence (agenda, training materials, and attendance sheets) of training provided to relevant staff on the updated procedures and protocols.  By January 16, 2025, staff from the Office of Public School Monitoring (PSM) will conduct a review of student records for evidence that the district issues the proposed IEP and proposed placement to the parent immediately following the development of the IEP. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Upon completion of any such corrective actions, PSM staff will conduct an additional review of student records. | | |
| **Progress Report Due Dates:**  08/01/2025  10/03/2025  01/16/2026 | | |

|  |
| --- |
| INTEGRATED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documents indicated that the district's procedures for early literacy universal screening assessments do not address that within 30 school days of a screening result that is significantly below the relevant benchmarks, the school informs the student's parent/guardian of the results and provides the opportunity for a follow-up discussion.  Record review and staff interviews indicated that when screenings results are significantly below relevant benchmarks, the district does not consistently determine which actions within the general education program will meet the student's needs, including differentiated or supplementary evidence-based reading instruction and ongoing monitoring of progress. | | |
| **Description of Root Cause Analysis:**  A root cause analysis indicated that the non-compliance was a result of district early  literacy screening procedures that did not include the requirement that when a student’s  screening results are significantly below benchmarks, the parent/guardian will be  notified within 30 school days and provide an opportunity for a follow-up discussion.  The district plan for correction includes the following steps:   * The district will revise its early literacy universal screening procedures to include the requirement that, when a student’s screening results are significantly below   benchmarks, the parent/guardian will be notified within 30 school days.   * This notification will include screening results; an explanation of what the results mean and a written invitation for a follow-up discussion to address concerns and   next steps.   * District-wide training will be provided for relevant staff (e.g., literacy coaches,   interventionists, classroom teachers, and principals) to ensure consistent  implementation of this requirement. | | |
| **Title/Role of Responsible Person:**  Sue Balboni, Assistant Superintendent of  Teaching, Learning, and Innovation | | **Expected Date of Completion:**  04/10/2026 |
| **Evidence of Completion of the Corrective Action:**  The district will submit the following documentation to demonstrate progress towards  Compliance:   * Revised Early Literacy Universal Screening Procedures document * Copies of parent/guardian notification templates * Agenda and attendance for staff training sessions * Sample communication logs documenting notification and parent discussions | | |
| **Description of Internal Monitoring Procedures:**  Principals will conduct monthly reviews of screening results and verify that required  parent notifications are issued within 30 school days. Random audits will be performed  by the district curriculum department quarterly, reviewing 10% of students with below-  benchmark scores for documentation of parent notification and follow-up discussions.  Noncompliance will be addressed through additional coaching or administrative follow-  up. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 06/16/2025  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed corrective action plan does not address all parts of the identified noncompliance, specifically, the plan does not directly address that when screening results are significantly below relevant benchmarks, the district determines which actions within the general education program will meet the student's needs, including differentiated or supplementary evidence-based reading instruction and ongoing monitoring of progress. | | |
| **Department Order of Corrective Action:**  The district's updated procedures must address that when screenings results are significantly below relevant benchmarks, the district determines which actions within the general education program will meet the student's needs, including differentiated or supplementary evidence-based reading instruction and ongoing monitoring of progress. | | |
| **Required Elements of Progress Reports:**  By August 1, 2025, the district will submit updated procedures for early literacy to include when screening results are significantly below benchmarks, the district determines which actions within the general education program will meet the student's needs, including differentiated or supplementary evidence-based reading instruction and ongoing monitoring of progress.  By October 3, 2025, the district will submit evidence (agendas, training materials, and attendance sheets) of training provided to relevant staff on the updated procedures.  By January 16, 2025, staff from the Office of Public School Monitoring (PSM) will conduct a review of student records for evidence that 1) within 30 school days of a screening result that is significantly below the relevant benchmarks, the school informs the student's parent/guardian of the results and provides the opportunity for a follow-up discussion and 2) the district determines which actions within the general education program will meet the student's needs, including differentiated or supplementary evidence-based reading instruction and ongoing monitoring of progress. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Upon completion of any such corrective actions, PSM staff will conduct an additional review of student records. | | |
| **Progress Report Due Dates:**  08/01/2025  10/03/2025  01/16/2026 | | |