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

# INTEGRATED MONITORING REVIEW CORRECTIVE ACTION PLAN New Heights Charter School of Brockton Monitoring Onsite Year: 2024-2025

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 Special Education and Civil Rights Monitoring Report dated June 13, 2025.

**Mandatory One-Year Compliance Date:** **6/13/2026**

**Summary of Required Corrective Action Plans in this Report**

| **Criterion** | **Criterion Title** | **Rating** |
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| SE 6 | Determination of transition services | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 9 | Timeline for determination of eligibility | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |

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| SPECIAL EDUCATION AND CIVIL RIGHTS  MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and staff interviews indicated that IEP Teams do not always discuss the student's transition needs annually and update transition information on the IEP, as appropriate. | | |
| **Description of Corrective Action:**  Lack of procedures and staff understanding of the requirements were the root causes for the noncompliance. When three-year evaluations were unexpectedly delayed, the charter school waited to schedule Team meetings until the evaluations were complete, resulting in Teams not meeting annually to discuss transition planning and update transition information on the IEP, as appropriate. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Evidence of individual student correction and compensatory service decisions for the identified students; compensatory services plans and progress reports, if applicable; updated procedures; evidence of staff training; copy of monitoring system; and results of the Department's record review. | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on the requirement to discuss transition needs annually and update the transition information in the IEP, as appropriate. The school will implement a timeline tracking system, reviewed at least quarterly by the Director of Special Education, to ensure continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit evidence of completed transition planning for the three identified students; IEP amendments, if applicable; any revised procedures; a copy of the monitoring system to track transition timelines; and staff training materials.  By November 21, 2025, the school will submit evidence that all relevant special education staff have been trained on the requirements, procedures, and internal monitoring system.  By January 30, 2026, the Department will conduct a review of a sample of records to ensure the requirements are met. For any identified non-compliance, the school will conduct a root cause analysis and implement appropriate corrective actions. | | |
| **Progress Report Due Date(s):**  09/15/2025  11/21/2025  01/30/2026 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documents, student records, and staff interviews indicated that the charter school does not always inform the parent and the student, one year prior to the student reaching age 18, of the decision-making rights that will transfer from the parent to the student upon the student's 18th birthday. In addition, upon reaching the age of 18, the school does not always document the student's decision to share or delegate decision-making or obtain consent from the student with decision-making authority to continue the student's special education program. | | |
| **Description of Corrective Action:**  Lack of age of majority procedures, notice templates, staff training, and internal monitoring were the root causes of the non-compliance. The school did not have age of majority and decision-making notice templates, a process for providing the notice of transfer of rights, procedures or staff training on the age of majority requirements, or a system for tracking age of majority compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Evidence of individual student correction, updated procedures, evidence of staff training, copy of the age of majority tracking system, and results of the Department's record review | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on informing parents and students of the transfer of rights at least one year prior to the student turning 18, documenting adult student decision-making, and obtaining consent from adult students. The school will implement an age of majority tracking system, reviewed at least quarterly by the Director of Special Education, to ensure continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit evidence of documenting decision-making and obtaining consent from the identified adult students, revised procedures, a copy of the age of majority tracking system, and staff training materials.  By November 21, 2025, the school will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.  By January 30, 2026, the Department will conduct a review of a sample of records to ensure the requirements are met. For any identified non-compliance, the school will conduct a root cause analysis and implement appropriate corrective actions. | | |
| **Progress Report Due Date(s):**  09/15/2025  11/21/2025  01/30/2026 | | |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and staff interviews indicated that within 45 school working days after receipt of the parent's written consent to an initial evaluation or re-evaluation, the charter school does not always determine whether the student is eligible for special education and provide the parent with a proposed IEP and proposed placement. | | |
| **Description of Corrective Action:**  Lack of adequate staffing, lack of internal monitoring systems, and a backlog of evaluations from the 2023-2024 school year were the root causes for the noncompliance. The school has now contracted a school psychologist and will be identifying backup organizations that can step in when a need arises due to unexpected staffing changes. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Evidence of individual student corrections and compensatory service decisions for the identified students; compensatory services plans and progress reports, if applicable; evidence of plans to address future staffing needs; any updated procedures; evidence of staff training; copy of monitoring system to track eligibility timelines; and results of the Department's record review. | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on the requirements for convening a Team, determining eligibility, and, for eligible students, providing a proposed IEP and placement within 45 school days from receipt of parent consent to an initial evaluation or re-evaluation. The school will implement an evaluation timeline tracking system, reviewed at least quarterly by the Director of Special Education, to ensure continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit evidence of Team meetings, eligibility determinations, IEP provision, and compensatory services determinations for the identified students; student-specific compensatory services plans and progress reports, if applicable; evidence of proactive plans to address future staffing needs; revised procedures; a copy of the monitoring system to track evaluation timelines; and training materials.  By November 21, 2025, the school will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.  By January 30, 2026, the Department will conduct a review of a sample of records to ensure the requirements are met. For any identified non-compliance, the school will conduct a root cause analysis and implement appropriate corrective actions. | | |
| **Progress Report Due Date(s):**  09/15/2025  11/21/2025  01/30/2026 | | |

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and staff interviews indicated that the charter school does not always ensure a re-evaluation is conducted every 3 years. | | |
| **Description of Corrective Action:**  Lack of adequate staffing, lack of internal monitoring systems, and a backlog of evaluations from the 2023-2024 school year were the root causes for the noncompliance. The school has now contracted a school psychologist and will be identifying backup organizations that can step in when a need arises due to unexpected staffing changes. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Evidence of individual student corrections and compensatory service decisions for the identified students; compensatory services plans and progress reports, if applicable; evidence of plans to address future staffing needs; any updated procedures; evidence of staff training; copy of monitoring system to track evaluation timelines; and results of the Department's record review. | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on the requirements for conducting a re-evaluation for eligible students every 3 years. The school will implement an evaluation timeline tracking system, reviewed at least quarterly by the Director of Special Education, to ensure continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit evidence of completed evaluations, Team meetings, and compensatory services determinations for the identified students; student-specific compensatory services plans and progress reports, if applicable; evidence of proactive plans to address future staffing needs; revised procedures; a copy of the monitoring system to track evaluation timelines; and staff training materials.  By November 21, 2025, the school will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.  By January 30, 2026, the Department will conduct a review of a sample of records to ensure the requirements are met. For any identified non-compliance, the school will conduct a root cause analysis and implement appropriate corrective actions. | | |
| **Progress Report Due Date(s):**  09/15/2025  11/21/2025  01/30/2026 | | |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and staff interviews indicated that the charter school does not always ensure that a Team meeting is held at least annually, on or before the anniversary date of the IEP to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  Lack of procedures and staff understanding of the requirements were the root causes for the noncompliance. When three-year evaluations were unexpectedly delayed, the charter school waited to schedule Team meetings until the evaluations were complete, resulting in Teams not meeting on or before the anniversary date of the IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Evidence of individual student corrections and compensatory service decisions for the identified students; compensatory services plans and progress reports, if applicable; updated procedures; evidence of staff training; copy of monitoring system; and results of the Department's record review. | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on the requirement for Teams to ensure the IEP Team meets at least annually, on or before the anniversary date of the IEP, to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. The school will implement an annual review timeline tracking system, reviewed at least quarterly by the Director of Special Education, to ensure continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit evidence of review and revision of the IEP and compensatory services determinations for the identified students; student-specific compensatory services plans and progress reports, if applicable; any revised procedures; a copy of the monitoring system to track annual review timelines; and staff training materials.  By November 21, 2025, the school will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.  By January 30, 2026, the Department will conduct a review of a sample of records to ensure the requirements are met. For any identified non-compliance, the school will conduct a root cause analysis and implement appropriate corrective actions. | | |
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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and staff interviews indicated that the charter school does not always provide the parent with the proposed IEP and proposed placement immediately following the development of the IEP. | | |
| **Description of Corrective Action:**  Staff turnover, staff scheduling, and lack of adequate training were the root causes leading to the non-compliance. The school is working to adjust case manager schedules to allow for dedicated time for IEP writing following Team meetings in addition to improving training. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Compensatory service decisions; compensatory services plans and progress reports, if applicable; any updated procedures; evidence of staff training; copy of monitoring system to track IEP provision timelines; and results of the Department's record review. | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on the requirements for providing the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice immediately following the development of the IEP. The school will also provide ongoing staff training on writing an IEP that meets all requirements and includes all relevant information from the Team meeting. The school will also review staff schedules to ensure there is dedicated time for IEP writing. The school will implement an IEP provision timeline tracking system, reviewed at least quarterly by the Director of Special Education, to ensure continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit evidence of compensatory services determinations for the identified students; student-specific compensatory services plans and progress reports, if applicable; any revised procedures; a copy of the monitoring system to track IEP provision timelines; and staff training materials.  By November 21, 2025, the school will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.  By January 30, 2026, the Department will conduct a review of a sample of records to ensure the requirements are met. For any identified non-compliance, the school will conduct a root cause analysis and implement appropriate corrective actions. | | |
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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documents and staff interviews indicated that the charter school's Curriculum Accommodation Plan does not include direct and systematic instruction in reading. Additionally, the charter school does not provide reading supports within the general education program.  Prior Noncompliance - Corrective Action Under Review: During the 2024-2025 monitoring review conducted by the Office of Language Acquisition (OLA), it was determined that the charter school does not consistently offer adequate and appropriate services for linguistic minority students. OLA issued an ELE 5 Program Placement and Structure finding in March 2025 indicating the following:  The school does not have an English as a Second Language (ESL) curriculum that integrates the WIDA 2020 standards; and  The school lacks the English Learner Education (ELE) staffing capacity to effectively provide essential components of an effective ELE program.  Corrective action for the ELE 5 finding will be reviewed and approved by OLA through the charter school's Continuous Improvement and Monitoring Plan (CIMP). | | |
| **Description of Corrective Action:**  Lack of qualified reading instructors and a direct and systematic reading curriculum were the root causes leading to the non-compliance. The school has a multi-tiered system of support in place; however, the only staff qualified to provide direct reading instruction are special educators with full caseloads of eligible students. | | |
| **Title/Role(s) of Responsible Persons:**  Principal | | **Expected Date of Completion:**  01/30/2026 |
| **Evidence of Completion of the Corrective Action:**  Revised Curriculum Accommodation Plan; any updated procedures; evidence of staff training; and evidence of implementation of direct and systematic reading supports within the general education program.  Corrective action for the ELE 5 finding will be reviewed and approved by OLA through the charter school's Continuous Improvement and Monitoring Plan. | | |
| **Description of Internal Monitoring Procedures:**  Annually, the school will train all relevant staff on school's Curriculum Accommodation Plan, including direct and systematic reading instruction available within the general curriculum. The school will document reading supports provided and monitor student progress. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 07/18/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By September 15, 2025, the school will submit a revised Curriculum Accommodation Plan, revised procedures, a description of the direct and systematic reading instruction that will be available within the general education program; and staff training materials.  By November 21, 2025, the school will submit evidence that all relevant staff have been trained on the Curriculum Accommodation Plan, procedures, and internal monitoring system.  By January 30, 2026, the school will submit evidence implementing direct and systematic reading instruction within the general education program.  Corrective action for the ELE 5 finding will be reviewed and approved by the Office of Language Acquisition through the charter school's Continuous Improvement and Monitoring Plan. | | |
| **Progress Report Due Date(s):**  09/15/2025  11/21/2025  01/30/2026 | | |