

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY
EDUCATION
Program Quality Assurance Services**

COORDINATED PROGRAM REVIEW

CORRECTIVE ACTION PLAN

Charter School or District: Andover

CPR Onsite Year: 2013-2014

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 Coordinated Program Review Final Report dated 10/17/2014.

Mandatory One-Year Compliance Date: 10/17/2015

Summary of Required Corrective Action Plans in this Report

Criterion	Criterion Title	CPR Rating
SE 2	Required and optional assessments	Partially Implemented
SE 3A	Special requirements for students on the autism spectrum	Partially Implemented
SE 4	Reports of assessment results	Partially Implemented
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 8	IEP Team composition and attendance	Partially Implemented
SE 9	Timeline for determination of eligibility and provision of documentation to parent	Partially Implemented

Criterion	Criterion Title	CPR Rating
SE 12	Frequency of re-evaluation	Partially Implemented
SE 13	Progress Reports and content	Partially Implemented
SE 14	Review and revision of IEPs	Partially Implemented
SE 18A	IEP development and content	Partially Implemented
SE 18B	Determination of placement; provision of IEP to parent	Partially Implemented
SE 19	Extended evaluation	Partially Implemented
SE 20	Least restrictive program selected	Partially Implemented
SE 22	IEP implementation and availability	Partially Implemented
SE 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	Partially Implemented
SE 25	Parental consent	Partially Implemented
SE 26	Parent participation in meetings	Partially Implemented
SE 29	Communications are in English and primary language of home	Partially Implemented
SE 40	Instructional grouping requirements for students aged five and older	Partially Implemented
SE 41	Age span requirements	Partially Implemented
SE 51	Appropriate special education teacher licensure	Partially Implemented
SE 54	Professional development	Partially Implemented
SE 55	Special education facilities and classrooms	Partially Implemented
CR 3	Access to a full range of education programs	Partially Implemented
CR 6	Availability of in-school programs for pregnant students	Partially Implemented
CR 7	Information to be translated into languages other than English	Partially Implemented
CR 8	Accessibility of extracurricular activities	Partially Implemented
CR 9	Hiring and employment practices of prospective employers of students	Partially Implemented

Criterion	Criterion Title	CPR Rating
CR 10A	Student handbooks and codes of conduct	Partially Implemented
CR 10B	Bullying Intervention and Prevention	Partially Implemented
CR 12A	Annual and continuous notification concerning nondiscrimination and coordinators	Partially Implemented
CR 14	Counseling and counseling materials free from bias and stereotypes	Partially Implemented
CR 15	Non-discriminatory administration of scholarships, prizes and awards	Partially Implemented
CR 16	Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion	Partially Implemented
CR 17A	Use of physical restraint on any student enrolled in a publicly-funded education program	Partially Implemented
CR 21	Staff training regarding civil rights responsibilities	Partially Implemented
CR 23	Comparability of facilities	Partially Implemented
CR 24	Curriculum review	Partially Implemented
CR 25	Institutional self-evaluation	Partially Implemented

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 2 Required and optional assessments	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records and staff interviews indicated that assessments are not consistently provided for the areas of suspected disability or to document the history of the student's educational progress in general education. Additionally, the assessments by teachers with current knowledge regarding the student's specific abilities related to Massachusetts Curriculum Frameworks and the Common Core standards, as well as attention skills, participation behaviors, communication skills, memory and social relations with peers and adults are not provided consistently.	
Description of Corrective Action: Director of Student Services will review with program heads & ETF's at the January 2015's monthly meeting suspected areas of disability and necessary assessments required. In addition, the need for Educational Assessment A & B to be completed with each evaluation to document the student's educational progress in general education will be covered. Focus will center on the need to present this information in the Team meeting and include the forms in packet for the central office file. Program Heads will discuss at next special education staff meetings (at respective levels) the district's procedure to complete Educational Assessments A & B with all evaluations in order to document the history of the student's progress in general education. Special education teachers and/or ETF's will at a grade level meeting or common planning time discuss the completion of Ed Assessment A & B with the general education teachers. Contents of Ed A & B and staff responsibilities will be discussed. Creation of Procedural Manual for all ETF's will include a section on assessments (by 9/01/2015)	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's Sped Teachers Data Management Secretary	Expected Date of Completion: 03/01/2015
Evidence of Completion of the Corrective Action: Copies of agendas, attendance sheets & handouts regarding training on assessments needed for area(s) of suspected disability and Ed. Assessment A & B. Procedural manual for ETF's (by 9/01/2015)	
Description of Internal Monitoring Procedures: Data Management secretary in the Student Services Office will contact ETF and appropriate program head when packet is sent to Student Services to be processed for file when Ed Assessment A & B forms are missing for any initial and reevaluation packet.	

Annual review of the subject matter at ETF/Program Head Meeting.

Random file checks by Director of Student Services annually.

Procedural Manual for ETF's (by 9/01/2015)

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:

SE 2 Required and optional assessments

Corrective Action Plan Status: Approved

Status Date: 12/04/2014

Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

Provide evidence of the completion of all assessments listed on the consent forms and for areas of suspected disability for each of the students listed on the Student Record Worksheet. This information is due with the February 6, 2015 progress report.

By February 6, 2015, submit the revised procedures to ensure that students are assessed in all areas of the suspected disability and completion of Educational Assessments A and B, along with evidence of staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheets and copies of the materials presented. Please submit this to the Department on or before by February 6, 2015.

By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.

By May 27, 2015, submit the results of an administrative review of 5 student records for each Team Chair. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015

05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 3A Special requirements for students on the autism spectrum	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that the district does not consistently implement the procedures for IEP Teams to discuss and consider the following for students on the autism spectrum: 1) verbal and nonverbal communication needs; 2) social interaction skills and proficiencies; 3) unusual responses to sensory experiences; 4) resistance to environmental change or change in daily routines; 5) engagement in repetitive activities and stereotyped movements; 6) positive behavioral interventions; and 7) other needs impacting progress in the general curriculum, including social and emotional development.	
Description of Corrective Action: A checklist will be developed that includes each of the 7 skill areas listed in this area. Director of Student Services will provide training to the Special Ed Program Heads & ETF's by February 2015. Discussion will include ways in which to identify and provide evidence that each of these areas has been considered, including but not limited to evaluations conducted in specific areas of need, such as O.T., P.T., Speech and Language, consultation from BCBA's etc. ASD checklist form will be added to the IEP checklist form (sent with original documents to Student Services for each meeting). Creation of procedural manual for all ETF's will include ASD checklist and information regarding SE 3A (completed by 9/01/2015)	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 04/30/2015
Evidence of Completion of the Corrective Action: Copy of the checklist Agenda & attendance sheet from ETF/Program Head meeting focusing special requirements for students with ASD. Packet checklist (attached to original documents from meeting) including the ASD checklist. Procedural manual (by 9/01/2015)	
Description of Internal Monitoring Procedures: Data Management secretary in the Student Services Office will contact ETF and appropriate program head when packet is sent to Student Services to be processed for file when ASD checklist is missing in any packet when the student's disability is Autism.	

Copy of the ASD checklist will be included in the beginning of the year packet of necessary forms for staff at the beginning of each school year.

Director of Student Services will randomly complete file review checks for compliance of students with Autism to ensure the ASD checklist is included. A record log of the files reviewed will be kept and level of compliance will be recorded and submitted to DESE.

Procedural manual for ETF's (created by 9/01/2015)

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 3A Special requirements for students on the autism spectrum

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

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.

By February 6, 2015, and using the Department's guidance as the basis for its revision, submit the district's revised procedures to ensure that IEP Teams appropriately develop IEPs for students identified with ASD, including initial IEP development, annual IEP development, and for re-evaluations, along with evidence of special education staff training. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.

By May 27, 2015, conduct an internal review of approximately 5 records for ASD students with IEP development conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where IEP Teams considered and specifically addressed the seven content areas in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 4 Reports of assessment results	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that assessment reports are not consistently completed two days prior to the IEP Team meeting. In addition, the educational and achievement assessments do not always include the procedures employed, the diagnostic impression, the student's needs defined in common, educationally relevant terms and the explicit means of meeting those needs.	
Description of Corrective Action: Director of Student Services will hold mini-workshops in district with groups of related service staff responsible for completing evaluations (speech-language pathologists, school psychologists, occupational therapists, etc) regarding report writing and necessary information required to be included in evaluation reports, such as procedures employed, diagnostic impression, and specific recommendations for each individual student. The workshop will include using educationally relevant terms and the explicit means of meeting those needs. Special education program heads will provide the same workshop information to all special education teachers, who are responsible for academic achievement evaluations.	
Title/Role(s) of Responsible Persons: Director of Student Services Special Ed. Program Heads	Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Copies of agenda, attendance sheets, & workshop handouts.	
Description of Internal Monitoring Procedures: Special Education Program Heads (administrators) will conduct random samplings of evaluation reports for review and recommendations quarterly.	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 4 Reports of assessment results	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
Required Elements of Progress Report(s): By February 6, 2015, submit the updated procedures related to content and preparation of assessment reports two days prior to the /Team meeting for related service providers' and special educators assessment summaries (procedures employed, diagnostic impressions and student needs and how to meet the needs in educationally relevant terms), as well as evidence of related service staff and special education staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheets and copies of the materials presented. By February 6, 2015, submit the description of the internal oversight and tracking system	

and identify the person(s) responsible for the oversight, including the date of the system's implementation.

By May 27, 2015, conduct an administrative review of approximately 2 student records per assessor for procedures employed in the assessment summary and timely preparation of the assessment report. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015

05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 6 Determination of transition services	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that students with significant disabilities and students with initial eligibility determinations that are ages 14 and over are precluded from attending Team meetings. Additionally, the Transition Planning Form is not consistently completed and revised annually.	
Description of Corrective Action: Training/meeting with all middle school and high school ETF's regarding the need to invite all students over the age of 14 to their Team meetings. The student should be listed on the attendance sheet and meeting invitation. A copy of the meeting invitation inviting the student needs to be included with the parents' copies. Review of requirement to discuss transition planning at all team meeting when the student is turning 14 or older within that IEP period. The Team will create and/or update existing transition plan at all annual meetings. Input from the student regarding his/her post secondary vision will be included. If parent refuses to let the student participate in the Team meeting, then that must be documented in the IEP and N1. Middle school, high school and intensive needs program heads will review transition planning with all middle and secondary special education staff. Creation of a procedural manual for ETF's will include section on transition planning (completed by 9/01/2015)	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Attendance, agenda, & any applicable handouts from ETF/program head meeting and special education staff meetings. Sampling of middle school & high school transition plans Sampling of attendance sheets from Team meetings in which the student is over age of 14 Procedural manual for ETF's (completed by 9/01/2015)	
Description of Internal Monitoring Procedures: Annually, hold training for middle & secondary special education staff on transition planning. Review of files (specifically transition plans and attendance sheets) by middle school, high school & intensive needs program heads (administrators). Procedural manual for ETF's (by 9/01/2015)	

CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 6 Determination of transition services	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
<p>Required Elements of Progress Report(s): By February 6, 2015, submit a narrative description of the corrective actions taken for each student identified in the Student Record Issues Worksheet. Please include documentation identified in the worksheet.</p> <p>By February 6, 2015, submit the updated procedures for inviting 14 year old students to IEP Team meetings and the process used to update Transition Planning Forms annually, along with evidence of staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheets and copies of the materials presented.</p> <p>By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.</p> <p>By May 27, 2015, submit the results of an administrative review of 5 student records for students 14 years of age and older. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.</p> <p>*Please note when conducting administrative 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, with their role(s) and signature(s).</p>	
<p>Progress Report Due Date(s): 02/06/2015 05/27/2015</p>	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority	CPR Rating: Partially Implemented
Department CPR Findings: Review of documents, student records and staff interviews indicated that notice for the transfer of parental rights at the age of majority is not provided to both the parent and the student one year prior to the student reaching age 18. Review of student records and staff interviews also indicated that consent from the student is not always obtained upon reaching the age of majority, in the absence of court action to the contrary, for continued implementation of the IEP.	
Description of Corrective Action: The process & procedure for Transfer of Rights and Age of Majority will be reviewed with the high school ETF's at monthly meeting by the high school program head. Review decision making procedure if students choose to delegate decision-making to his/her parent and any legal court documentation needed by the parent if parents seek to legally keep decision-making. Same training/discussion will occur with out of district coordinator during one of the weekly consult meetings with the Director of Student Services. At the annual review meeting or reevaluation meeting prior to the student turning 18 years students and parents will be apprised of the need to make the age of majority decision once the student turns 18. In the meeting discussing transfer of rights, notice of transfer of rights will be reflected under additional information of the IEP and within the N1. The transfer of rights forms will be included in the IEP packet sent to Student Services. Creation of procedural manual for all ETF's & OOD Coordinator will include section on transfer of rights and age of majority.	
Title/Role(s) of Responsible Persons: Director of Student Services HS Program Head ETF's OOD Coordinator Support Secretaries	Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Copies of attendance & hand outs from meetings with ETF's & OOD Coordinator. Log of the monthly emails sent by the information data secretary informing necessary staff of students turning 17. Procedural manual (by 9/01/2015)	
Description of Internal Monitoring Procedures: Data Information secretary in the Student Services office sends a monthly email alert to all ETF's, program head administrators, and special education support secretaries monthly of the students turning 17.	

Data information secretary processes IEP packets and will notify high school ETF's or program head of missing Transfer of Rights forms in packets sent where students are 17 years old. Log of these cases will be kept and shared with Director of Student Services to ensure compliance.

Random file checks bi-annually of students 17 year old or older by the Director of Student Services and/or high school program head (administrator). Log of compliance/documentation for transfer of rights and/or age of majority forms sent to DESE.

Procedural manual (by 9/01/2015) for all ETF's & OOD Coordinator

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: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

Prior to developing the school's revised procedures, review Administrative Advisory SPED 2011-1, http://www.doe.mass.edu/sped/advisories/11_1.html.

By February 6, 2015, submit the revised procedures to provide notice of the transfer of educational decision-making at age of majority to students and parents one year prior to the student turning 18, and to obtain consent consistent with the student's choice for decision-making upon the student's attainment of AOM. Provide a copy of the training agenda and signed attendance sheets as evidence of high school staff training regarding notifying the student and parent/guardian one year prior to the student reaching age 18.

By February 6, 2015, submit a narrative description of the corrective actions taken for each student identified in the Student Record Issues Worksheet. Please include documentation identified in the worksheet.

By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.

By May 27, 2015, submit the results of an administrative review of high school student records for evidence that 1) students and parents have been notified one year in advance of the age of majority and 2) when the student has sole or shared decision-making, the district has obtained the student's consent to continue the IEP. Indicate the number of records reviewed at the high school, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.

*Please note when conducting administrative 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, with their role(s) and signature(s).

Progress Report Due Date(s):

02/06/2015

05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 8 IEP Team composition and attendance	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that required general education and special education teachers were not consistently present for IEP Team meetings and the excusal document was not completed, nor did the absent members provide written reports for the Team to consider prior to the meeting. Interviews revealed that staffs are not aware of the excusal process.	
Description of Corrective Action: Director of Student Services will review the procedure for Team composition and attendance with ETF's & Program Heads at monthly ETF meeting in December 2014. Review of who needs to attend IEP meetings along with regulation for excusal of a Team member from not attending the meeting. Copy of the excusal form will be provided to the ETF's and discussion about written input required from any Team member not able to attend the meeting. Discussion of needing parental permission to excuse a required team member early from a Team meeting. Program Heads will continue this training/discussion at special education staff meetings by January 31, 2015 with all special education teachers and related service providers. Excusal form will be added to district's IEP checklist form. Director of Student Services will discuss Team composition & attendance of necessary Team members at IEP meetings. Creation of procedural manual for all ETF's (by 9/01/2015) will include a section on IEP Team composition/attendance. Copy of the excusal form will be included in manual.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Copies of agenda & attendance sheets from ETF meeting. Copies of agenda & attendance from special education monthly meeting with respective level program head. Copy of Team member excusal form. Procedural manual (by 9/1/2015)	
Description of Internal Monitoring Procedures: Quarterly random file reviews to monitor compliance by Director of Student Services and/or program heads (administrators). Log of detailed summary of the district record review indicating compliance and non-compliance. Ongoing review of subject at monthly staff meetings with ETF's, special education	

teachers & related service providers.

Yearly review of team composition with principals at leadership meeting.

Procedural manual for ETF's to reference for compliance and access to necessary forms (9/01/2015)

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 8 IEP Team composition and attendance

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

Prior to developing the district's corrective actions, review the Department's guidance on required IEP Team members and the excusal process at http://www.doe.mass.edu/sped/IDEA2004/spr_meetings/?section=keypoints_team.

By February 6, 2015, and using the Department's guidance as its basis, submit the district's revised procedures to ensure that IEP Teams education staff training on these procedures. This documentation will include the revised procedures, signed attendance of education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.

By May 27, 2015, conduct an internal review of student records from each building with IEP Teams convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with all required Team members or evidence of appropriate use of excusal process. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 9 Timeline for determination of eligibility and provision of documentation to parent	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records and staff interviews indicated that despite the current tracking system, the district does not consistently meet the 45 day timeline for eligibility determination.	
Description of Corrective Action: Training/discussion regarding time lines for meeting within a reevaluation or initial evaluation by end of January 2015 at one of the monthly ETF meetings. Discussion of importance of documenting attempts to schedule meetings within the 45 day time line (in cases where parents cancel or delay process of meeting). A district tracking sheet will be generated to ensure consistency among all schools which includes the 30 (testing) and 45 (meeting) time lines. ETF will schedule the meeting early on in the evaluation process to ensure all Team members are available to attend Team meeting within the timeline. ETF's will keep a log of all evaluation cases. The log will include student, time line dates, meeting dates and notes (reason meeting wasn't held within timeline). This log will be sent to program heads quarterly for review. Director of Student Services will review case loads and timelines at monthly meeting with School Psychologists. Psychologists have list of all reevaluation meetings along with timelines. ETF's notify psychologists once consent is signed and provide the evaluation tracking sheet. Director of Student Services has communication in place for psychologists to inform their program head or Director of Student Services when assigned too many evaluations within same timelines. Director or program head will approve reassigning evaluation(s) as necessary to consultants or other district psychologists in order to remain in compliance with timelines. Program heads will review evaluation timelines with special education teachers & related service providers at monthly staff meeting. Creation of procedural manual for ETF's (by 9/01/2015) will include information regarding time line regulations.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Attendance & agenda of ETF & psychologist meetings Attendance & agenda from special education staff monthly meetings with program heads. Creation of procedural manual for ETF's (by 9/01/2015)	
Description of Internal Monitoring Procedures:	

Evaluation time line log completed by ETF's will be reviewed quarterly by program heads. Random record reviews by Program heads for compliance of time line will occur bi-annually.
 Procedural manual for ETF's (by 9/01/2015)

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
 SE 9 Timeline for determination of eligibility and provision of documentation to parent

Corrective Action Plan Status: Partially Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:
 Because this criterion was cited in the previous mid-cycle review, the district must conduct a root cause analysis to determine why IEP Teams are consistently not convened within the 45-day timeline for an eligibility determination.

Department Order of Corrective Action:
 Conduct a root cause analysis to determine why IEP Team meetings are not consistently convened within 45 working school days after receipt of signed parental consent. Upon identification of the cause(s), please indicate the corrective actions to address the issue(s) of delayed IEP Team meetings.

Develop an internal oversight and tracking system to ensure that IEP Team meetings are consistently convened within 45 school working days of receipt of signed parent's consent to an initial evaluation or re-evaluation. 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 Report(s):
 By February 6, 2015, submit the results of the district's root cause analysis, including the corrective actions and the associated timelines.

By February 6, 2015, submit a description of the internal oversight and tracking system that identifies the person(s) responsible for oversight of the timelines and the training provided to the persons responsible for oversight.

By May 27, 2015, conduct a review of student records for eligibility timelines from each building. Select a sample of three student records for each level, e.g., the preschool, elementary, middle, high school and out of district placements with the most recent IEP activity either an initial evaluation to determine eligibility, or a reevaluation. Review the records to determine whether the 45 day timeline has been met. Submit the number of student records reviewed by school level, the number of records that complied with the requirements and for any record found in continued noncompliance, determine the root cause(s) of the noncompliance and provide the district's plan to remedy the identified noncompliance.

*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department onsite upon request: a) List of student names, building names and grade levels of the records reviewed: b) the date of the review: c) Name(s) of the person(s) who conducted the review, their role(s) and their signature(s).

Progress Report Due Date(s):
 02/06/2015
 05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 12 Frequency of re-evaluation	CPR Rating: Partially Implemented
<p>Department CPR Findings: Review of student records and parent surveys indicated that at the time a re-evaluation is due, the district often allows a private independent educational evaluation to be completed instead of conducting the district evaluation. Districts are required to assess in all areas of suspected disabilities, as well as specific abilities in relation to learning standards of the Massachusetts Curriculum frameworks, the general education curriculum, attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. In addition, the district is required to document the history of the student's educational progress in the general curriculum. When an external evaluation is performed prior to the district assessment, certain assessment tools cannot be used for an extended period of time by the district and thus a full evaluation is missing the school components. Evaluation Consent (N1A) forms indicated 'opt for outside' and have several months for a document return date on the Notice of Proposed School District Action (N1) forms.</p>	
<p>Description of Corrective Action: Training with ETF's at December 2014 monthly meeting regarding need of the district to conduct their own evaluations for all reevaluation and initial evaluations. In order to determine eligibility, the district must complete evaluations in all areas of the suspected disabilities as well as complete Ed Assessment forms A & B to document student's progress in relation to the general education curriculum.</p> <p>See SE 2</p> <p>Educate the community/parents regarding the regulations of district needing to complete own evaluations when determining eligibility (i.e. school committee presentation, SEPAC meeting). Discuss with parents case by case individually as situation of outside evaluations arise.</p> <p>Document when parents refuse to provide evaluation consent or reject the district's proposal to complete a reevaluation or an initial evaluation.</p> <p>When parents have an outside evaluation completed at time of a reevaluation, team will meet to consider the recommendations and propose our own evaluations as well. Evaluators for the district will review the outside testing and utilize different evaluation measures so not to repeat same tests.</p>	
<p>Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's</p>	<p>Expected Date of Completion: 02/01/2015</p>
<p>Evidence of Completion of the Corrective Action: Attendance & agenda from ETF's meeting. Copy of PowerPoint presentation at School Committee meeting.</p>	
<p>Description of Internal Monitoring Procedures: Regular review with ETF's and special education staff regarding the need for the district to complete its own evaluations.</p>	

See SE 2

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 12 Frequency of re-evaluation

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

By February 6, 2015, submit the updated procedures to ensure that re-evaluations are conducted every 3 years unless the parent and district agree it is not necessary.

By February 6, 2015, submit evidence of staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheets and copies of the materials presented. Please submit this to the Department by February 6, 2015.

Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation. Submit this information by February 6, 2015.

See SE 2 that addresses Educational Assessment A & B and all areas of suspected disabilities.

By May 27, 2015, submit the results of an administrative review of student records whose reevaluation to determine continued eligibility for special education occurred following the implementation of all corrective actions. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.

*Please note when conducting administrative 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, with their role(s) and signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 13 Progress Reports and content	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that the district does not consistently provide progress reports at least as often as report cards are provided. In addition, not every goal in a student's IEP has a written narrative addressing progress.	
Description of Corrective Action: The Student Services Office will create and distribute a chart indicating when special education progress reports are due at each level (preschool, elementary, middle, & high school). Each level has different reporting periods due to some levels being on trimester, some on quarters, others on semesters. This will be created during an administrative program head leadership meeting with the Director of Student Services. The progress report due dates will be reviewed with each building principal or assistant principals, ETF's and all special education staff including related service providers. It will be reviewed at January's ETF monthly meeting. Program Heads will review with their respective level special education staff during the January monthly staff meeting. Creation of a Procedural Manual for all ETF's will include section on progress reports (9/01/2015)	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads Principals	Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Chart indicating when progress reports will be generated at each level Agenda & attendance sheets from ETF meeting and special education staff meeting. Sample of progress reports completed at each level will be shared with DESE for compliance that each goal has a written narrative addressing progress. Procedural manual for all ETF's (by 9/01/2015)	
Description of Internal Monitoring Procedures: Progress reports at each level for each reporting period will be reviewed randomly by Program Heads and/or the Director of Student Services. Log of compliance for each goal being reported will be kept and shared with DESE. Chart with progress report due dates will be completed and shared at the beginning of each school year with all special education staff at all levels. Procedural manual for all ETF's (by 9/01/2015)	
<p align="center">CORRECTIVE ACTION PLAN APPROVAL SECTION</p>	
Criterion: SE 13 Progress Reports and content	Corrective Action Plan Status: Approved Status Date: 12/04/2014

	Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
<p>Required Elements of Progress Report(s): By February 6, 2015, submit the updated procedures related to progress reports along with evidence of staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheets and copies of the materials presented.</p> <p>By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.</p> <p>By May 27, 2015, submit the results of an administrative review of student records for frequency and content for progress reports. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.</p> <p>For the summaries of academic achievement and functional performance, by May 27, 2015, submit the results of a separate administrative review of student records for provision of the academic summary. Indicate the number of records reviewed for in-district and out-of-district high school aged-out and/or graduated students. Please include the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.</p> <p>*Please note when conducting administrative 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, with their role(s) and signature(s).</p>	
<p>Progress Report Due Date(s): 02/06/2015 05/27/2015</p>	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 14 Review and revision of IEPs	CPR Rating: Partially Implemented
<p>Department CPR Findings: Review of student records and staff interviews indicated that Team meetings are not always held before the anniversary date of the IEP and the district does not consistently document the reason for postponing the Team meeting. Review of student records and staff interviews also indicated that amendments are sometimes used to extend the IEP rather than meet annually. Also, when amendments are provided after an IEP has been accepted, only the amendment pages are sent to the parent, not the complete IEP with changes incorporated.</p>	
<p>Description of Corrective Action: Review of this regulation with all ETF's at monthly ETF/program head meeting. Discussion will include the inappropriate use of amendments to extend the dates of an IEP. Agenda will include amendments, specifically that copy of the active IEP needs to be send home with the proposed amendment not just the amendment and IEP pages affected by the amendment changes.</p> <p>Information Data secretary at the Student Services Office will create data reports (from Aspen-X2) of all IEP's by school that are expired. Program Heads will review these cases with the building ETF's to determine the cause of the expired IEP (scheduling issues with Team, rejected or partially rejected IEP, or tracking issue by ETF, etc). The program head will work with the ETF's to implement a plan to meet anniversary dates of the IEP's and proper documentation of reason for the delay in holding the meeting.</p>	
<p>Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's</p>	<p>Expected Date of Completion: 02/01/2015</p>
<p>Evidence of Completion of the Corrective Action: Attendance, agenda, and any applicable handouts from ETF/program head meeting.</p> <p>Tracking reports compiled by the Information Data Secretary in the Student Services Office (from Aspen-X2) of IEP dates to indicate which IEP's are overdue.</p> <p>Sample file reviews by program heads.</p> <p>Procedural manual for ETF's (available 9/01/2015)</p>	
<p>Description of Internal Monitoring Procedures: File reviews by Program Heads and/or Director of Student Services for compliance. Documentation of in correct use of amendments to extend IEP dates will be logged. Program Heads will address this issue with any ETF (school) that continues to be out of compliance and assist the ETF in devising a tracking plan for planning for reevaluation in time (before IEP expires) or to hold annual review meeting #3 to propose an IEP and then hold the reevaluation meeting within that time line.</p>	

Tracking of meeting data reports by the Information data secretary in the Student Services Office to indicate which IEP's are overdue. Program heads will review with building ETF's the reasons why those IEP's are overdue.

Creation of procedural manual for ETF's (by 9/01/2015)---will include information regarding time lines and use of amendments.

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 14 Review and revision of IEPs

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

By February 6, 2015, submit the district's revised procedures to ensure that annual IEP Team meetings are convened on or before the anniversary date of the current IEP and discontinuation of the use of amendments to extend IEP dates, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.

By February 6, 2015, submit a description of the district's oversight & tracking system with periodic reviews, along with the name/role of the designated person.

By May 27, 2015, conduct an internal review of approximately 10 records with annual reviews convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where the IEP Team meeting was convened on or before the anniversary date of the current IEP. Please ensure that the practice of using amendments to extend the IEP date has been discontinued. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 18A IEP development and content	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that students on the autism spectrum and students with social skills needs who may be vulnerable to bullying, harassment and teasing do not always have skills and proficiencies identified on the IEP to address or avoid bullying, harassment and teasing.	
Description of Corrective Action: Training for ETF's and all special education staff regarding the need of the Team to consider whether a student on the autism spectrum with social skill deficits may be vulnerable to bullying, harassment and/or teasing. If the team determines that the student is vulnerable then the Team needs to review the proposed goals and determine whether additional information needs to be added or does the IEP address the concern as developed. Statements regarding individualized concerns and interventions to address the risk of bullying, harassment and teasing will be written under additional information in the IEP. In addition, the ETF can refer to the checklist of required areas to consider for students with Autism. See SE 3A Program Heads will review this subject with all special education staff at monthly staff meeting.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 03/31/2015
Evidence of Completion of the Corrective Action: Copies of the attendance, agenda and applicable handouts from the ETF/Program Head meeting and special education staff meetings. Sample of IEP's of students identified with Autism from all levels will be reviewed by program heads and/or the Director of Student Services. Copies will be provided to DESE.	
Description of Internal Monitoring Procedures: Consistent review of this subject at monthly ETF/program head meetings will occur (at least quarterly). Random file review of IEP's for students identified on the Autism Spectrum at all levels by Director of Student Services and/or Program Heads. Creation of manual for all ETF's with necessary regulation information (by 9/01/2015)	

CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 18A IEP development and content	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
<p>Required Elements of Progress Report(s): By February 6, 2015, please reconvene the IEP Teams for development of bullying, harassment and teasing proficiencies, skills and supports of individual students identified by the Department in the Student Record Issues Worksheet. Submit the relevant documentation with the progress report or via Additional Documents.</p> <p>Prior to developing the district's corrective actions, review the Department's guidance on IEP development to prevent bullying, teasing, and harassment for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing, available at http://www.doe.mass.edu/sped/advisories/11_2ta.html and http://www.doe.mass.edu/bullying/considerations-bully.html.</p> <p>By February 6, 2015, using the Department's guidance as the basis for its revision, submit the district's procedures to ensure that IEP Teams appropriately identify skills and proficiencies needed to avoid and respond to bullying, teasing and harassment for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.</p> <p>By May 27, 2015, conduct an internal review of approximately 5-6 records for students on the autism spectrum, students whose disability affects social skills development, or students whose disability makes him or her vulnerable to bullying, harassment, or teasing for evidence that IEP Teams have appropriately considered the skills & proficiencies and documented them in the IEP. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.</p> <p>*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).</p>	
<p>Progress Report Due Date(s): 02/06/2015 05/27/2015</p>	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 18B Determination of placement; provision of IEP to parent	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that IEPs are not always provided to parents immediately (within 3-5 days) or within two weeks when parents receive summary notes and a service delivery grid at the conclusion of the Team meeting. Additionally, staff interviews and student records indicated that only one copy and two signature pages of the IEP and placement are provided to parents rather than two complete copies of the IEP.	
Description of Corrective Action: Review of regulation and training will be provided by January's monthly ETF/program head meeting regarding the time line to provide parents with IEP's following a Team meeting. District has a summary form that is utilized which is provided to the parents at the meeting. This form outlines the goal areas and service delivery grid. Directive at ETF/program head meeting will be to provide 2 complete copies of the IEP to parents. Discussion will occur regarding the need to document on the N1 the enclosures (2 complete IEP's, etc.) since ETF's are responsible for sending proposed IEP's home to parents. Program Heads will regularly monitor the time line for each of their responsible schools to ensure compliance by regular meetings with ETF's and file reviews. The Program Head will meet regularly with any ETF that continues to struggle with compliance in order to develop a system to ensure compliance. Program heads will educate all special education staff of this regulation at monthly staff meetings to ensure staffs are aware of the need to comply with this regulation. Student Services will create a procedural manual for ETF's (by 9/01/2015). It will include a section on time lines.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Attendance sheets, agenda & any handouts will be provided from ETF/PH meeting and special education staff meetings. Copy of district's Team meeting summary form Random file review to ensure compliance with timelines (date on N1 is within the time line from the meeting date). Samples from each level and/or school will be included. Procedural manual for all ETF's (by 9/01/2015)	
Description of Internal Monitoring Procedures: Frequent review (at least quarterly) of time line to provide parent with proposed IEP after the Team meeting at ETF/Program Head monthly meetings.	

Ongoing file review checks by Director of Student Services and/or program heads. If compliance issues continue at any particular level and/or school, a plan will be implemented for the program head to meet weekly with that ETF to devise system to ensure IEP's are sent to parents within the necessary time lines.

Procedural manual for all ETF's (by 9/01/2015)

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 18B Determination of placement;
provision of IEP to parent

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

By February 6, 2015 submit the district's revised procedures to ensure that, following the IEP development meeting, the district provides two (2) copies of the proposed IEP and placement within 3-5 days without a Team summary or within ten (10) school working days with a Team summary to the parents, along with evidence of staff training. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.

By May 27, 2015, conduct an internal review of approximately 10 records with IEP development conducted following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where the district documented that it sent two (2) copies of the proposed IEP & placement to the parents. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 19 Extended evaluation	CPR Rating: Partially Implemented
Department CPR Findings: Staff interviews indicated that the district utilizes 45 day evaluations at a collaborative setting as an "extended evaluation" even though the district has not initiated its own evaluation.	
Description of Corrective Action: Student Services Office will develop a procedure and provide training for special education staff, principals, assistant principals, and related service providers regarding the purpose and use of extended evaluations. Extended evaluations will be used only when district has completed its own evaluation and determines the Team needs additional information. Training will stress the concern that current practice of using extended evaluation in a collaborative setting changes a student's placement. Student Services will create a procedural manual for all ETF's (by 9/01/2015) and will include a section on extended evaluations.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads	Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Attendance sheets, agendas & copy of handout Procedural manual for ETF's (by 9/01/2015)	
Description of Internal Monitoring Procedures: Review of subject at monthly ETF/program head meetings at least quarterly. Random file reviews/checks (all levels) by Director of Student Services and/or program heads to ensure compliance. Copies of extended evaluation forms will be shared with DESE. Procedural manual (by 9/01/2015)	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 19 Extended evaluation	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
Required Elements of Progress Report(s): By February 6, 2015, submit the revised procedures for extended evaluation used to train Team Chairs & other relevant personnel, along with the agenda, handouts and signed attendance sheets.	

By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.

By May 27, 2015, conduct an administrative review of records for any students who have had an extended evaluation following the implementation of all corrective actions. Report the number of records reviewed, the number in compliance with the procedures and any steps the district will take to correct any areas of noncompliance.

*Please note when conducting administrative 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, with their role(s) and signature(s).

Progress Report Due Date(s):

02/06/2015

05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 20 Least restrictive program selected	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records found that the Nonparticipation Justification statements in the IEP are not always individualized and do not document any consideration of harmful effects by removing a student from the general education classroom.	
Description of Corrective Action: Review & discussion of need to individualize and document effects of removing a student from the general education setting under the Nonparticipation Justification section of the IEP at monthly ETF/program head meeting in January 2015. Review the importance for the Team to discuss/consider the LRE environment in which the student can access the curriculum taking into account all aspects of learning (language, social emotional, social skills, behavior needs, etc.). The Team needs consider all impacts when determining a student needs be removed from the general education setting. ETF is responsible for reviewing the proposed IEP and ensuring the nonparticipation justification statement contains individualized details as to why the student must be removed from gen. ed. setting.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Attendance sheet, agenda & any handouts from meeting	
Description of Internal Monitoring Procedures: Annual review of Nonparticipation Justification statements in IEP's and the need to individualize the statement to the needs of the student at monthly ETF/program head meetings. Program heads will work with ETF's on examples and assist in cases. Random file reviews (all levels) to check this section of the IEP for compliance.	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 20 Least restrictive program selected	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
Required Elements of Progress Report(s): By February 6, 2015, submit the district's revised procedures to ensure that IEP Teams appropriately justify the removal of students from the general education classroom in IEPs, along with evidence of special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of	

training materials.

PLEASE NOTE: the district will submit examples of non-participation justification statements used in training for the Department's review.

By May 27, 2015, conduct an internal review of student records from each building with IEP development meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number of records where IEP Teams appropriately explain why the student's removal is considered critical to the his/her program and the basis for the Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily when the student is removed from the general education classroom. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015

05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 22 IEP implementation and availability	CPR Rating: Partially Implemented
<p>Department CPR Findings: Review of student records and staff interviews indicated that not all eligible students start the school year with an IEP in effect. Review of documents and staff interviews indicated that the district does not inform parents in writing of delayed services due to a lack of personnel or space and does not offer alternative methods to meet the goals on the accepted IEP.</p>	
<p>Description of Corrective Action: The Student Services Office will revise the system for tracking and notifying parents to respond to proposed IEP's within the 30 day time lines. The revised tracking system will be reviewed with all ETF's and program heads at monthly meeting. ETF's will send email reminder with scanned letter reminding parent of due date 15-20 days into the time line. At day 30, if parent has not responded to the IEP, the ETF will contact the senior secretary (Colleen Sheehan) at the Student Services Office. The Student Services Office (Colleen) will send a letter from the Director of Student Services to the parent regarding need for response to the IEP and the a review of the options the parents have in responding. If district does not have a response from the parent by day 35-40 the IEP will be filed as rejected with the BSEA.</p> <p>ETF's and/or principals will inform their program head when a situation arises in their schools in which there is a delay in the implementation of services to a student and inform the program head of the reason for the delay in providing services. The missed services will be documented and parent will be contacted about the delay. A log of all delayed services and necessary compensatory services will be generated by each program head. A plan for compensatory services will be provided once the issues are resolved.</p> <p>Creation of a Procedural manual (by 9/01/2015) for all ETF's. The manual include a section addressing SE 22.</p>	
<p>Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's Principals</p>	<p>Expected Date of Completion: 04/01/2015</p>
<p>Evidence of Completion of the Corrective Action:</p> <ul style="list-style-type: none"> - Attendance & agenda from ETF/program head meeting reviewing procedures - Copy of district letter ETF's will send home - Copy of the district letter from the Director of Student Services - Copy of correspondence to parents regarding delay in services and compensatory services. - Procedural manual (by 9/01/2015) for all ETF's. 	
<p>Description of Internal Monitoring Procedures: Procedures for parent responses to IEP's within the time line and need to inform parents of delays in services & documentation of compensatory services will be reviewed annually at the start of the school year.</p>	

Mentoring of Program Heads to ETF's

Procedural manual (by 9/01/2015) for all ETF's.

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 22 IEP implementation and availability

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

By February 6, 2015, submit the district's process to ensure each student begins the year with a current, signed IEP and a copy of written notice to inform parents of delayed IEP services, ensuring that the process and notice include all elements required by regulation.

By February 6, 2015, submit evidence of special education staff training on these procedures. This documentation will include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.

By February 6, 2015, submit a description of the district's oversight and tracking system for each student beginning the year with a current, signed IEP with periodic reviews, along with the name/role of the designated person.

By May 27, 2015, using the district's tracking process to identify a sample, review all records where a delay in IEP services occurred. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where parents were notified of a delay in services and sent a written notice. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.

*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

<p>Criterion & Topic:</p> <p>SE 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</p>	<p>CPR Rating: Partially Implemented</p>
<p>Department CPR Findings:</p> <p>Review of student records indicated that the Notice of Proposed School District Action (N1) form did not always address the federally required questions such as what rejected options were considered and why each option was rejected, what evaluation procedure, test record or report was used as a basis for the proposed action, and other factors that were relevant to the school district's decision.</p>	
<p>Description of Corrective Action:</p> <p>The Director of Student Services will discuss with Program Heads at our weekly leadership team meetings the need to provide more details and specific information in the N1's following a Team meeting. Focus will be on including details to answer all required questions in the N1 form.</p> <p>Director of Student Services along with the program heads will discuss with ETF's at monthly meeting the need to answer all required questions in all N1's. Following this mini-workshop on writing specific N1's, the program heads will follow up individually with each ETF and review/discuss actual N1's written by each ETF.</p> <p>Creation of procedural manual for all ETF's (by 9/01/2015). It will include a section on IEP's and N1.</p>	
<p>Title/Role(s) of Responsible Persons:</p> <p>Director of Student Services Program Heads ETF's</p>	<p>Expected Date of Completion: 04/30/2014</p>
<p>Evidence of Completion of the Corrective Action:</p> <p>Attendance & agenda from ETF monthly meeting indicating subject was reviewed. Log of meeting dates of individual ETF's meeting with Program Heads to review actual N1's. Random sample of N1's Procedural manual for ETF's (by 9/01/2015)</p>	
<p>Description of Internal Monitoring Procedures:</p> <ul style="list-style-type: none"> - Frequent review of N1's at monthly ETF meetings (at least on agenda quarterly). - Mentoring of Program Heads with individual ETF's regarding N1's. - Program Heads will determine which ETF's need further as stance with writing specific N1's addressing all required questions. - Director of Student Services will randomly pull N1's to review from all levels (preschool, elementary, middle & high school). - Procedural manual for ETF's (by 9/01/2015) 	

CORRECTIVE ACTION PLAN APPROVAL SECTION	
<p>Criterion: SE 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</p>	<p>Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected</p>
<p>Basis for Decision:</p>	
<p>Department Order of Corrective Action:</p>	
<p>Required Elements of Progress Report(s): By February 6, 2015, submit the district's revised procedures to ensure that notices are documented in student records and contain all federally required information, along with evidence of special education staff training on these procedures. This documentation will include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.</p> <p>By May 27, 2015, conduct an internal review of student records from each building for students with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with notices that are appropriately developed. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.</p> <p>*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s).</p>	
<p>Progress Report Due Date(s): 02/06/2015 05/27/2015</p>	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 25 Parental consent	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that not all evaluations consented to by the parent are conducted. In addition, review of student records and staff interviews indicated that the district does not have procedures to document the varied and multiple attempts to secure consent to the IEP.	
Description of Corrective Action: Implement procedure for tracking of parent response to proposed IEP's. ETF will send reminder email or notice to parent before the 30 days the IEP response is due. If IEP is not returned within 30 days, the ETF will notify the senior secretary at Student Services Office and she will mail a letter from Director of Student Services reminding them their response to the IEP is due, to contact Student Services if the need another copy of the proposed IEP and that if no response with another week the district will file the IEP as no response with the BSEA. District tracking sheet for reevaluation and initial evaluations ---SEE SE 9 --- will track consented evaluations and district evaluator assigned to complete each evaluation to prevent missing an evaluation. If parent or Team determine to eliminate an evaluation after consent is provided, then documentation in writing from the parent agreeing needs to be included to document in the file. Data management secretary processes the IEP packets sent to Student Services for the main file. If an evaluation report is missing, she will notify the ETF and respective Program Head (administrator). Creation of Procedural manual (by 9/01/2015) for all ETF's will include section on assessments and parent consent for evaluations and IEP's.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's Senior Secretary	Expected Date of Completion: 04/30/2014
Evidence of Completion of the Corrective Action: Attendance sheet & agenda from ETF meeting discussing parental consent. District tracking sheet. Letter sent from Student Services for parental non response to IEP Procedural manual (by 9/01/2015) for all ETF's	
Description of Internal Monitoring Procedures:	

- District tracking sheet
- Letter for IEP response
- Regular review of district's procedure for parents not responding to IEP and requirement that all evaluations parents consented to be completed unless parent(s) withdraw their consent in writing.
- Quarterly file reviews by program heads and/or Director of Student Services for compliance of all evaluations completed that were consented to by parent.
- Log kept by Student Services with copies of "reminder" letter to parents to respond to the IEP.
- Procedural manual (by 9/01/2015) for all ETF's

CORRECTIVE ACTION PLAN APPROVAL SECTION

Criterion:
SE 25 Parental consent

Corrective Action Plan Status: Approved
Status Date: 12/04/2014
Correction Status: Not Corrected

Basis for Decision:

Department Order of Corrective Action:

Required Elements of Progress Report(s):

By February 6, 2015, submit the updated procedures ensuring that evaluations are conducted following the receipt of parental consent and that the attempts and methods to obtain parental consent to the IEP are documented in the student record. Provide evidence of staff training on these procedures, which includes but is not limited to a training agenda, signed attendance sheets and copies of the materials presented.

By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.

By May 27, 2015, the results of an administrative review of student records for evaluation consent prior to completing evaluations and to determine that attempts and a variety of methods to secure parental consent to the IEP are documented in the student record. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before by May 27, 2015.

*Please note when conducting administrative 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, with their role(s) and signature(s).

Progress Report Due Date(s):

02/06/2015
05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 26 Parent participation in meetings		CPR Rating: Partially Implemented
Department CPR Findings: Review of student records indicated that when parents were not in attendance at the Team meeting there were no documented attempts to have parents participate through an alternate means, such as a phone conference.		
Description of Corrective Action: Training with ETF's at December 2014 meeting regarding documenting attempts to have parents attend Team meetings. Need to be flexible to change meeting dates/times to accommodate parents' schedules when requested. Provide parents a 2-3 opportunities to reschedule meeting. Provide parents with 2-3 meeting options in writing when having difficulty scheduling meeting. Provide option of parent(s) participating via phone if necessary in order to obtain parent participation. Document parent participation attempts under additional information section of IEP and in N1. Newer ETF's have mentoring around compliance issues by program head. Program Heads will review with all special education staff at monthly department meetings.		
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's		Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Agenda & attendance sheet from ETF and special ed. staff meetings. Team meeting attendance sheets (conference calls indicated when applicable) Additional information section of IEP's to document parent participation attempts.		
Description of Internal Monitoring Procedures: Frequent review of need for parent participation with ETF's and special education staff. Mentor process for new ETF's with program head (administrator). File reviews by Student Services Director and/or program heads to monitor documentation of parent participation.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: SE 26 Parent participation in meetings	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit the updated procedures for documenting the variety of methods used to ensure the parent participates in the IEP Team meeting. Provide evidence of staff training on these procedures, which includes but is not limited to a training agenda, signed attendance sheets and copies of the materials presented.		

By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.

By May 27, 2015, submit the results of an administrative review of student records for parent participation and the documentation of the variety of methods to secure parent participation. Indicate the number of records reviewed at each level (preschool, elementary, middle, high and out-of-district), the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.

*Please note when conducting administrative 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, with their role(s) and signature(s).

Progress Report Due Date(s):

02/06/2015

05/27/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 29 Communications are in English and primary language of home	CPR Rating: Partially Implemented
Department CPR Findings: Review of student records and staff interviews indicated that important documents are not always translated for parents whose primary language is not English. Also, the interpreters used to translate at IEP meetings are not always familiar with special education.	
Description of Corrective Action: The Student Services Office will identify student cases in which English is not the primary language of the home and contact the families to determine whether they require documents translated in a language other than English. The Student Services Department will maintain a list of such families indicating the language of translation needed. All ETF's at the building levels will be provided with this information in order to plan ahead for translation and interpreters. Training of ETF's by Director of Student Services about need to translate documents for families where English is not the primary language. Student Services Senior Secretary coordinates all translation of documents. ETF's and/or program heads inform the Senior secretary of translation needs. Translation services (Google Translate online & interpreting agencies) are utilized to translate documents (forms, IEP's evaluations etc.). Review the special education process for APS staff that assist in interpreting during IEP meetings. Utilize staff that are familiar with the special education process as interpreters. Contract with agencies for interpreters for meetings when trained staff are unavailable.	
Title/Role(s) of Responsible Persons: Director of Student Services Program Heads ETF's	Expected Date of Completion: 04/01/2015
Evidence of Completion of the Corrective Action: Forms completed by families documenting whether they need translated documents. Attendance sheet & agenda for ETF meeting discussing need translate documents. Copies of translated IEP's or documents for families.	
Description of Internal Monitoring Procedures: Quarterly file reviews by Director of Student Services and/or Program Heads for compliance of translated documents. Director of Student Services will verify all IEP's and progress reports for all families who requested translations. Annual review of special education process for APS staff that interpret in meetings.	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 29 Communications are in English	Corrective Action Plan Status: Approved Status Date: 12/04/2014

and primary language of home	Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
<p>Required Elements of Progress Report(s): By February 6, 2015, submit a narrative description of the corrective actions taken for each student identified in the Student Record Issues Worksheet. Please include documentation identified in the worksheet.</p> <p>By February 6, 2015, submit the updated procedures for translating all important documents into the family's home language. Provide evidence of staff training (Principals, Team chairs and English Learner Education teachers) on these procedures, which will include but not be limited to a training agenda, signed attendance sheets and copies of the materials presented.</p> <p>By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.</p> <p>By May 27, 2015, submit the results of an administrative review of student records for translation of important documents and interpretation at IEP meetings. Indicate the number of records reviewed at each level (elementary, middle and secondary, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance.</p> <p>*Please note when conducting administrative 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, with their role(s) and signature(s).</p>	
<p>Progress Report Due Date(s): 02/06/2015 05/27/2015</p>	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 40 Instructional grouping requirements for students aged five and older	CPR Rating: Partially Implemented
Department CPR Findings: Review of documents indicated that instructional groupings for students on IEPs at Doherty Middle School who are outside of the general education classroom for 60% or less of the students' schedule exceed the group size requirements as follows: Doherty Middle School Wed. 8:45 Gr. 6 1 teacher OIA 20 students Doherty Middle School Tu period 1 Gr. 6 1 teacher OIA 14 students Doherty Middle School Th 8 Gr. 6 1 teacher OIA 14 students Doherty Middle School Mon. 7:53 Gr. 7 1 teacher OIA 18 students Doherty Middle School Wed. period 8 Gr. 8 1 teacher OIA 17 students	
Description of Corrective Action: The classes found out of compliance at Doherty Middle School have been corrected since they were from last school year (2013-2014). To ensure compliance, the Middle School Program Head will review all special education class schedules to ensure compliance for instructional grouping.	
Title/Role(s) of Responsible Persons: Principal Middle School Program Head ETF	Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: Copies of special education class schedules for special education students at Doherty Middle School who are outside of the general education classroom for 60% or less of the students' scheduled day.	
Description of Internal Monitoring Procedures: Middle School Program Head and/or ETF will assist building administration (principal & assistant principal) in scheduling all special education classes to ensure compliance. Director of Student Services will review with the Doherty School principal and assistant principal the regulations regarding class size for special education classes.	
<p align="center">CORRECTIVE ACTION PLAN APPROVAL SECTION</p>	
Criterion: SE 40 Instructional grouping requirements for students aged five and older	Corrective Action Plan Status: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision: The district must develop an oversight/monitoring method to ensure ongoing compliance with special education instructional groupings at the Doherty Middle School.	
Department Order of Corrective Action: Develop an internal oversight and tracking system to ensure that the student-staff ratios in any special education instructional grouping are within regulatory limits and to submit written notification to the Department and the parents of all group members of the decision to increase the instructional group size and the reasons for such decision.	
Required Elements of Progress Report(s):	

By February 6, 2015, submit the instructional grouping sheets, using the document from the WBMS Document Library, for all classes with only IEP students at the Doherty Middle School.

By February 6, 2015, submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date of the system's implementation.

Progress Report Due Date(s):

02/06/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 41 Age span requirements	CPR Rating: Partially Implemented
Department CPR Findings: Review of documents found age spans beyond 48 months without an approved waiver in the Andover High School (Block 2B Gold, Grades 10-12).	
Description of Corrective Action: High school Excel program health class has been split into two separate classes. Students are now grouped within the 48 month age span requirement. Creation of procedural manual for all ETF's (by 9/01/2015)	
Title/Role(s) of Responsible Persons: High School Principal Director of Student Services High School Program Head	Expected Date of Completion: 12/01/2014
Evidence of Completion of the Corrective Action: Copy of class list (students) with their date of birth listed. Procedural manual for ETF's (by 9/01/2015)	
Description of Internal Monitoring Procedures: Special Education Program Head at Andover High School will review all special education class lists each semester to ensure compliance with the 48 month age span. Procedural manual for all ETF's (by 9/01/2015)	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 41 Age span requirements	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	
Department Order of Corrective Action:	
Required Elements of Progress Report(s): Review the age span waiver requirements with the ETFs and Principals for each building and provide the signed attendance sheet and the agenda by February 6, 2015. Submit the current list for each of the Excel classes at Andover High School by February 6, 2015.	
Progress Report Due Date(s): 02/06/2015	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 51 Appropriate special education teacher licensure		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents indicated that three special educators have expired licensure.		
Description of Corrective Action: All special educators have renewed their licenses. Two of the names of the individuals with expired licenses are unknown to the District. The district has a process in place to ensure that licenses do not lapse. Karla Kohl in the Human Resources Office runs report monthly by expiration date, license, and job title to generate a report of staff with licenses expiring. Karla contacts staff members who have not yet renewed their license. She cross checks the licenses areas with the job title/position the person is employed within the district.		
Title/Role(s) of Responsible Persons: HR Director HR Information Specialist Director of Student Services		Expected Date of Completion: 02/01/2015
Evidence of Completion of the Corrective Action: The district's human resource office will have on file a copy of the renewed teaching licenses.		
Description of Internal Monitoring Procedures: HR procedure to monitor: Designated HR staff member (Karla Kohl) routinely (monthly) runs a report from EDLAR to monitor all professional staff requiring licenses for expiration. HR will notify staff whose DESE licenses are expiring/expired to renew their licenses. HR maintains a binder with all current licenses for all professional staff.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: SE 51 Appropriate special education teacher licensure	Corrective Action Plan Status: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision: Special education teacher EG's initial license was granted in 2003, with no indication of renewal.		
Department Order of Corrective Action: Provide documentation that EG's prek-9 special needs license has been renewed.		
Required Elements of Progress Report(s): By February 6, 2015, submit documentation that EG's prek-9 special needs license has been renewed. By February 6, 2015, submit the HR's list for checking licenses, along with the notice to staff regarding license expiration.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 54 Professional development	CPR Rating: Partially Implemented
Department CPR Findings: Review of documents and staff interviews indicated that required special education topics (state and federal special education requirements, analyzing and accommodating diverse learning styles and methods of collaboration) are not addressed with general education staff. Review of documents also indicated that training for transportation providers did not include emergency procedures.	
Description of Corrective Action: 1. ETF's and/or Program Heads will present & discuss special education topics (accommodations, differentiation, MA & federal requirements, district's DECAP, co-teaching, etc) at a minimum of 4 faculty meetings annually. 2. At least monthly discussions among grade level teams during common planning time regarding specific students and implementation of accommodations, co-teaching strategies, and/or differentiation of instruction for students. 3. All transportation providers (drivers & monitors) will be trained in emergency procedures. Training will be provided for all new hires along with annual review of emergency procedures for all transportation staff.	
Title/Role(s) of Responsible Persons: Principals Director of Student Services Program Heads ETF's Transportation Coordinator	Expected Date of Completion: 04/30/2015
Evidence of Completion of the Corrective Action: Agenda's for each school faculty meetings. Signed attendance sheets for each school. Minutes from common planning time relative to topic Copy of handouts/PowerPoint presentations (as applicable) Copy of agenda/handouts and attendance sheets from transportation training.	
Description of Internal Monitoring Procedures: Documentation (agendas, handouts, attendance) of all training including dates will be completed by April 30, 2015 Director of Student Services will include SE 54 on beginning of school year agenda with program heads & ETF's to ensure implementation each year.	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: SE 54 Professional development	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision:	

Department Order of Corrective Action:
Required Elements of Progress Report(s): By February 6, 2015, submit evidence of general education and special education teachers training on special education state and federal laws and regulations, local special education policies and procedures, analyzing and accommodating diverse learning styles and methods of collaboration. This documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.
Progress Report Due Date(s): 02/06/2015

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: SE 55 Special education facilities and classrooms	CPR Rating: Partially Implemented
<p>Department CPR Findings: Observations indicated the following facilities issues: Andover High School has signage on Room 376 where speech and language services are provided creating stigmatization; West Elementary has a speech assistant providing services in the hallway with auditory and visual distractions; and Shawsheen Elementary has shared instructional space simultaneously for English language learners and students receiving speech and language services, which is not equal to general education programs due to competing auditory and visual distractions.</p>	
<p>Description of Corrective Action: Signage at Andover High School indicating Speech & Language Classroom on room 376 has been removed.</p> <p>Speech Language Assistant has been reassigned to another classroom space not in the hallway at West Elementary School.</p> <p>The ELL and speech/language learning spaces have dividers and separate entry doors within the shared learning space at Shawsheen Elementary School. A more permanent solution won't be in place until after this school year. The Shawsheen School will not be in operation for the 2015?16 school-year. These students will be reassigned to neighborhood elementary schools according to the redistricting plan.</p>	
<p>Title/Role(s) of Responsible Persons: Building Principals Director of Student Services Special Education Program Heads</p>	<p>Expected Date of Completion: 06/30/2015</p>
<p>Evidence of Completion of the Corrective Action: Photos of outside of the speech/language room at the high school and the new speech/language service space at West Elementary from different angles. The elementary students from Shawsheen School are redistricted to neighborhood schools. Invite DESE Chairperson for a site visit.</p>	
<p>Description of Internal Monitoring Procedures: Monitor by building principals, special education program heads and director of student services.</p> <p>Director of Student Services will discussion/review compliance for teaching spaces to be free of auditory & visual distractions and the stigmatization of signs indicating special education classrooms with district principals annually (before the start of each school year). Special education program heads and/or Director of Student Services will routinely make site visits to ensure compliance.</p>	
<p>CORRECTIVE ACTION PLAN APPROVAL SECTION</p>	
<p>Criterion: SE 55 Special education facilities and classrooms</p>	<p>Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected</p>
<p>Basis for Decision:</p>	

Department Order of Corrective Action:
<p>Required Elements of Progress Report(s): By February 6, 2015, submit a floor plan for West Elementary indicating where speech and language services are held and the schedules for each group in the shared space at Shawsheen Elementary School.</p> <p>By May 27, 2015, a representative of the Department will visit the district to review cited facilities, including the high school.</p>
<p>Progress Report Due Date(s): 02/06/2015 05/27/2015</p>

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 3 Access to a full range of education programs		CPR Rating: Partially Implemented
Department CPR Findings: Review of district documents revealed that "gender identity" as a protected category was not included regarding students access to a full range of education programs.		
Description of Corrective Action: Review and update all district policies, communications, and handbooks to insure the inclusion of 'gender identity'		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching		Expected Date of Completion: 01/31/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity'		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 3 Access to a full range of education programs	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit evidence of dissemination and training for staff on the updated nondiscrimination statement with the added category of gender identity, including a training agenda, signed attendance sheets and copies of the materials.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 6 Availability of in-school programs for pregnant students		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents indicated that a physician's certification is required for pregnant students to continue their education and participate in extracurricular programs, but is not required of all students for other physical or emotional conditions.		
Description of Corrective Action: Update policy JIE, Pregnant Students		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; School Committee		Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Updated policy		
Description of Internal Monitoring Procedures: Yearly review of policy manual for currency.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 6 Availability of in-school programs for pregnant students	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit the revised procedures for pregnant students to participate in school and evidence of training for middle and high school staff on these procedures, including the agenda and signed attendance.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 7 Information to be translated into languages other than English		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents and student records indicated that the district does not translate the code of conduct into the major languages for students and parents/guardians whose primary language is not English.		
Description of Corrective Action: Translate elementary, middle, and high school code of conducts in the three high incidence languages. Provide notification of receipt in the student file, with the building principal, and with the ESL teacher.		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; ESL Coordinator		Expected Date of Completion: 01/31/2015
Evidence of Completion of the Corrective Action: Complete document translations. File documentation of receipt of translated document.		
Description of Internal Monitoring Procedures: As part of the registration and identification process, families whose primary language is not English will be notified and receive the necessary translated documents.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 7 Information to be translated into languages other than English	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit evidence that the schools' codes of conduct have been translated into the primary languages of the district. The district can upload the translations or provide a link to the relevant district webpage.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 8 Accessibility of extracurricular activities		CPR Rating: Partially Implemented
Department CPR Findings: A review of the district's documents revealed that "gender identity" as a protected category was not included regarding accessibility of extracurricular activities.		
Description of Corrective Action: Review and update all district policies, communications, and handbooks to insure the inclusion of 'gender identity'		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching		Expected Date of Completion: 01/31/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity'		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 8 Accessibility of extracurricular activities	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit a sample of materials demonstrating the inclusion of gender identity as a protected category advertising extracurricular activities.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 9 Hiring and employment practices of prospective employers of students		CPR Rating: Partially Implemented
Department CPR Findings: Review of the district's documents and staff interviews indicated that prospective employers do not sign a nondiscrimination statement prohibiting discrimination based on race, color, national origin, sex, gender identity, handicap, religion and sexual orientation.		
Description of Corrective Action: Develop a non-discrimination statement to share with outside agencies. Create a sign off sheet that each of the outside agencies has received and will uphold the non-discrimination statement		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Human Resources Department		Expected Date of Completion: 01/31/2015
Evidence of Completion of the Corrective Action: Completed documents		
Description of Internal Monitoring Procedures: Yearly review of the statement and sign-off procedures for all outside hiring agents.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 9 Hiring and employment practices of prospective employers of students	Corrective Action Plan Status: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision: The nondiscrimination statement for this criterion relates specifically to employers recruiting at the school, work study sites and apprenticeship training sites or cooperative work experience sites.		
Department Order of Corrective Action: Develop a statement for employers and prospective employers to sign stating that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices and the statement specifically includes the following protected categories: race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. Disseminate the statement to appropriate high school staff with procedures for documenting work study experiences and any cooperative work experiences.		
Required Elements of Progress Report(s): By February 6, 2015, submit the revised employer statement, preferably examples that have been signed by employers who have employed students in any work study or cooperative work experience.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 10A Student handbooks and codes of conduct		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents indicated that the student handbook does not include students on Section 504 Accommodation Plans regarding the discipline of students with disabilities. In addition, the code of conduct does not include the nondiscrimination reference of M.G.L. c. 76, s. 5. Review of the student handbook also revealed that "gender identity" as a protected category was not included in the district's nondiscrimination policy.		
Description of Corrective Action: Review and update all district policies, communications, and handbooks to insure the inclusion of 'gender identity' Revise the wording in the student handbook to include those students on Section 504 Accommodation Plans - Section E, p. 63		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Principal		Expected Date of Completion: 02/28/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity' Disciplinary Procedures, Due Process and Appeal Rights sections in the handbooks are updated to include those students on Section 504 Accommodation Plans.		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 10A Student handbooks and codes of conduct	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By May 27, 2015, submit the revised handbook with the citation for M.G.L. c.76, s.5 for the code of conduct, and appropriate procedures for discipline of students with disabilities (students on Section 504 Plans), and due process procedures. Alternatively the district may provide a link to the relevant district webpage.		
Progress Report Due Date(s): 05/27/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 10B Bullying Intervention and Prevention		CPR Rating: Partially Implemented
Department CPR Findings: Review of the student handbook indicated that although the Bullying Prevention and Intervention Plan was updated, prior out-of-date language remains.		
Description of Corrective Action: Review the Bullying Prevention and Intervention Plan to ensure out-of-date language is removed. Update all documents and website.		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching, Principals		Expected Date of Completion: 02/28/2015
Evidence of Completion of the Corrective Action: All handbooks and website include the up-to-date language		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 10B Bullying Intervention and Prevention	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit the complete Bullying Prevention and Intervention Plan with the addition of the new requirements for staff. Alternatively, submit a link to the relevant district webpage.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 12A Annual and continuous notification concerning nondiscrimination and coordinators		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents indicated that the nondiscrimination notice does not include the protected category of "gender identity" and that the names, offices and contact information of coordinators for Title IX and Section 504 have not been published.		
Description of Corrective Action: Review and update all district policies, communications, and handbooks to ensure the inclusion of 'gender identity'. Review all policies, communications, and handbooks to ensure the appropriate contact information is clearly spelled out.		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching		Expected Date of Completion: 02/28/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity' and that all coordinators for Title IX and Section 504 are published on the website and in all student handbooks.		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 12A Annual and continuous notification concerning nondiscrimination and coordinators	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit evidence that the district's published materials to families includes the name(s), office address(es), and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 14 Counseling and counseling materials free from bias and stereotypes		CPR Rating: Partially Implemented
Department CPR Findings: Review of district documents revealed that counseling materials are not reviewed to determine that the materials are free from bias and stereotypes including the protected category of "gender identity".		
Description of Corrective Action: Review and update all district policies, communications, and handbooks to insure the inclusion of 'gender identity'		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Director of Guidance, Director of Social Workers		Expected Date of Completion: 02/28/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity'		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 14 Counseling and counseling materials free from bias and stereotypes	Corrective Action Plan Status: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision: The district has not developed a means to ensure that counseling materials are reviewed to ensure they are free from bias and stereotypes.		
Department Order of Corrective Action: Develop procedures for the review of counseling materials, ensuring that all protected categories including gender identity are included. Train counseling staff on the procedures to review counseling materials to ensure they are free from bias and stereotypes.		
Required Elements of Progress Report(s): By February 6, 2015, submit the process for review of counseling materials to ensure they are free from bias and stereotypes, along with evidence of training for staff on these procedures, including a training agenda, signed attendance sheets.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 15 Non-discriminatory administration of scholarships, prizes and awards		CPR Rating: Partially Implemented
Department CPR Findings: Review of district documents and policies regarding the administration of scholarships, prizes and awards revealed that "gender identity" as a protected category was not included.		
Description of Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity'		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Director of Guidance; High School Principal		Expected Date of Completion: 02/28/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity'		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 15 Non-discriminatory administration of scholarships, prizes and awards	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit the revised procedures for administration of scholarships, prizes and awards with the added protected category of "gender identity" as a protected category, along with evidence of staff training, including a training agenda, signed attendance sheets and copies of the materials.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion	CPR Rating: Partially Implemented
Department CPR Findings: Documents and staff interviews indicated that the district does not send annual written notice for two years to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and encourage participation.	
Description of Corrective Action: Write up a notification to have on file in the event that a student has not yet earned competency determination or for those who may transfer in from another district.	
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching, AHS Director of Guidance	Expected Date of Completion: 01/31/2015
Evidence of Completion of the Corrective Action: The notification will be on file in the guidance office	
Description of Internal Monitoring Procedures: Yearly update notification.	
CORRECTIVE ACTION PLAN APPROVAL SECTION	
Criterion: CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion	Corrective Action Plan Status: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision: The district's proposed corrective action does not specifically address the development of an annual outreach notice to students who have left the district's high school without a competency determination and who have not transferred to another school. The district is required to sent this notice to the last known address of the student for two consecutive years.	
Department Order of Corrective Action: Develop an annual outreach notice for all students who have left the district without earning a high school diploma, who have not attained a competency determination and who have not enrolled in another school or program to complete diploma requirements.	
Required Elements of Progress Report(s): By February 6, 2015, submit the district's procedure and annual notice that informs students of the availability of publicly funded post-high school academic support programs and encourages students to participate in the programs by February 6, 2015. By May 27, 2015, submit a list of students from 2013-2104 who left the district without a diploma and who were sent the annual notice informing them of the availability of publicly funded post-high school academic support programs and encouraging them to participate.	
Progress Report Due Date(s): 02/06/2015 05/27/2015	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program	CPR Rating: Partially Implemented
Department CPR Findings: Review of documents and staff interviews indicated that staff training on the use of physical restraint was not consistently provided annually within the first 30 days of school or for new staff hired after the beginning of school, within one month of employment. Many staff were unable to identify resource persons who could implement restraint procedures in their building.	
Description of Corrective Action: Identify key personnel in each school who may be placed in a situation requiring restraint training. Track initial training dates and two-year follow-up training dates Increase the number of certified in the district from 2 to at least 4 - 6. Schedule initial training in the fall; refresher training sessions throughout the school year; Each school post lists of trained teachers in staff rooms, in staff handbooks, and in appropriate offices in the buildings.	
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Principals	Expected Date of Completion: 04/30/2015
Evidence of Completion of the Corrective Action: Training schedule rotation completed - Increase in certified trainers will allow the district to provide and complete training within the first 30 days of school List of trained teachers posted in handbooks and classrooms. ALREADY IN PLACE - Initial training is being offered now to over 35 staff over a two-day period. Refresher training offered to over 65 staff over a two-hour period.	
Description of Internal Monitoring Procedures: On-going data base with information.	
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: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected
Basis for Decision: The district's proposed corrective action does not address the requirement to train new staff within 30 days of hire.	
Department Order of Corrective Action: Develop a means to ensure that all new staff members are trained in the district's physical restraint procedures within 30 days of hire.	
Required Elements of Progress Report(s): By February 6, 2015, submit a copy of the power point for training, a signed attendance for each building, the list of extended trained staff who can implement a restraint, and the procedure to ensure that all new hires are trained within 30 days of their first day of employment.	
Progress Report Due Date(s): 02/06/2015	

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 21 Staff training regarding civil rights responsibilities		CPR Rating: Partially Implemented
Department CPR Findings: The review of district documents and policies revealed that "gender identity" as a protected category was not included regarding civil rights responsibilities training for all school personnel on the prevention of discrimination and harassment.		
Description of Corrective Action: Review and update all district policies, communications, and handbooks to insure the inclusion of 'gender identity'. Maintain verification and evidence of training materials used in each school at the beginning of the school year.		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching, Principals		Expected Date of Completion: 05/31/2015
Evidence of Completion of the Corrective Action: All district policies, communications, and handbooks will be updated to include the language 'gender identity'. The district will provide all principals with the necessary training information and materials for faculty at the beginning of the school year.		
Description of Internal Monitoring Procedures: Comprehensive yearly review of policy, communication and handbooks will be established in the spring of every year. Yearly review of evidence of faculty training.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 21 Staff training regarding civil rights responsibilities	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): Provide the updated training materials that include gender identity and evidence of dissemination to all staff by February 6, 2015.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 23 Comparability of facilities		CPR Rating: Partially Implemented
Department CPR Findings: See SE 55.		
Description of Corrective Action: See SE 55		
Title/Role(s) of Responsible Persons: Building Principals Director of Student Services Special Education Program Heads		Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: See SE 55		
Description of Internal Monitoring Procedures: See SE 55		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 23 Comparability of facilities	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): See SE 55.		
Progress Report Due Date(s): 02/06/2015 05/27/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 24 Curriculum review		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents and staff interviews indicated that the district does not have a formal means for teachers to review educational materials for simplistic and demeaning generalizations on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation.		
Description of Corrective Action: Formally communicate the curriculum review cycle that is already in place with all staff to increase their awareness of the scope of the curriculum review cycle.		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Program Coordinators; Principals		Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Evidence and results of program evaluation and curriculum review. Evidence of the communication of the results of the review process and of the questions guiding such a review.		
Description of Internal Monitoring Procedures: Collection of materials from each of the content areas as they proceed through the 5-year review cycle. Year one - results of the program evaluation; Year two - program examination and selection process (directly addresses the finding); Year three - implementation and professional development; Year four - assessment and alignment; Year five - Revise implementation plan as needed.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 24 Curriculum review	Corrective Action Plan Status: Partially Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision: The district's proposed corrective action does not explicitly address the required individual teacher review of educational materials for simplistic and demeaning generalizations on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation.		
Department Order of Corrective Action: Develop a process by which individual teachers 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. The district will ensure that appropriate activities, discussions and/or supplementary materials are used to provide balance and context for any such stereotypes depicted in such materials.		
Required Elements of Progress Report(s): By February 6, 2015, submit the district's revised curriculum review process, which will include a means for individual teachers to 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, along with evidence of training of relevant staff. Evidence of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.		
Progress Report Due Date(s): 02/06/2015		

**COORDINATED PROGRAM REVIEW
CORRECTIVE ACTION PLAN**

Criterion & Topic: CR 25 Institutional self-evaluation		CPR Rating: Partially Implemented
Department CPR Findings: Review of documents and staff interviews indicated that the district does not annually review programs K-12 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.		
Description of Corrective Action: Formalize the communication and documentation of the work of the district Curriculum Advisory Board to inform all staff of the review process. Formalize the communication and the documentation of the review process completed by the extracurricular coordinators ensuring equal access for all. Formalize the communication and the documentation of the team selection process ensuring equal access for all students.		
Title/Role(s) of Responsible Persons: Assistant Superintendent for Learning and Teaching; Program Coordinators; Building Administrators		Expected Date of Completion: 06/30/2015
Evidence of Completion of the Corrective Action: Evidence of the documentation of the protocols and processes used by the district that ensures equal access for all students.		
Description of Internal Monitoring Procedures: Annual review of documentation.		
CORRECTIVE ACTION PLAN APPROVAL SECTION		
Criterion: CR 25 Institutional self-evaluation	Corrective Action Plan Status: Approved Status Date: 12/04/2014 Correction Status: Not Corrected	
Basis for Decision:		
Department Order of Corrective Action:		
Required Elements of Progress Report(s): By February 6, 2015, submit the district's plan to evaluate all aspects of its 6-8 program annually 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, along with evidence of training on this plan to relevant staff. Documentation of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. By May 27, 2015, submit evidence of implementation of the self-evaluation; this documentation can include meeting minutes, data analysis, memoranda, and reports, along with documentation of changes made to programming based on the self-evaluation.		
Progress Report Due Date(s): 02/06/2015 05/27/2015		