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

##### SPECIAL EDUCATION AND CIVIL RIGHTS

##### MONITORING REVIEW

## CORRECTIVE ACTION PLAN

Pittsfield Public Schools

Monitoring Onsite Year: 2023-2024

Program Area: Special Education and Civil Rights

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Special Education and Civil Rights Monitoring Report dated 09/28/2024.

**Mandatory One-Year Compliance Date:** **09/28/2025**

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

| **Criterion** | **Criterion Title** | **Rating** |
| --- | --- | --- |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 39 | Procedures used to provide services to eligible students enrolled in private schools at private expense | Partially Implemented |
| SE 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 43 | Behavioral interventions | Partially Implemented |
| SE 48 | Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 13 | Availability of information and academic counseling on general curricular and occupational/vocational opportunities | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews and interviews indicate that the district does not consistently document attendance at IEP Team meetings. In addition, when a member of the Team does not attend a Team meeting, the district does not consistently implement the following procedures: Documenting, in writing, that the district and parent agree that the attendance of the Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed; or Documenting, in writing, that the district and parent agree to excuse a required Team member's participation and the excused member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  The root cause for not consistently documenting attendance at IEP Team meetings and the written excusal of Team members is twofold. Prior to Zoom meetings all Team members were expected to sign an attendance sheet. This expectation became more problematic at virtual meetings. Additionally, the district lacked protocols that clearly state the expectation that attendance sheets and written excusals are completed at meetings and uploaded in Special Programs.  To address this noncompliance, the district will first revise procedures and protocols. The district will also develop a checklist to use at IEP meetings that includes documenting attendance and team member excusals. The district will provide training for all special education staff members on completing attendance sheets fully and consistently. The director of special education and special education accountability coordinators will provide oversight over this area of noncompliance. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Special Education Accountability Coordinators | | **Expected Date of Completion:**  01/17/2025 |
| **Evidence of Completion of Corrective Action:**   * Revised written procedures, protocols * Checklists for Team chairs that include attendance and Team member excusals * Training agenda and materials * Evidence of staff participation in training (staff signatures) | | |
| **Description of Internal Monitoring Procedures:**  Each quarter, the Special Education Director and/or Accountability Coordinators will each spot check ten IEPs at a variety of grade levels for compliance with required attendance documentation and excusal of Team members. For any noncompliance found, the Special Education Director will provide targeted staff training.  Annually, the district will provide training for all special education staff members on completing attendance sheets fully and consistently and will provide oversight over this area of noncompliance going forward.  PPS protocol/procedures around documentation of attendance and excusal at IEP meetings will be sent to staff as an update to the district’s Special Education Policies and Procedures Manual. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit procedures, protocols, and tools to ensure that the district documents attendance at IEP Team meetings. These procedures will also include the appropriate protocol to follow when a member of the Team does not attend a Team meeting:   * Documenting, in writing, that the district and parent agree that the attendance of the Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed; or * Documenting, in writing, that the district and parent agree to excuse a required Team member's participation and the excused member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting.   By February 14, 2025, the district will submit evidence of staff training on the district's procedures. Evidence will include training agenda, materials, and attendance sheets.  By May 23, 2025, the Department will conduct an onsite review of student records to ensure that attendance at IEP meetings is recorded and written excusals are maintained in student records. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews indicate that the district does not consistently determine whether the student is eligible for special education services within 45 school-working days after receipt of a parent's written consent to an initial evaluation or a re-evaluation. | | |
| **Description of Corrective Action:**  The root causes of the district’s inability to consistently determine whether a student is eligible for special education services within 45 school-working days after receipt of a parent's written consent to an initial evaluation or a re-evaluation are as follows:   * Parents do not always respond to meeting requests in a timely manner. * Testing is delayed due to scheduling concerns. * PPS uses technology (iPads) for testing. When the technology is not functioning correctly, it may cause delays in the completion of testing. * Student refusal * Reports are not completed in a timely manner. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Director of SEL  Psychologists | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**   * Train special education staff on eligibility timelines and compliance (sign in sheets, agendas) * Monthly tracking of evaluation timeline compliance (spreadsheet) * Scheduling priority given to special education testing in the schools (general notification around the importance for special education testing for initials and three-year evaluations * Consistently maintain testing hardware/software technology | | |
| **Description of Internal Monitoring Procedures:**   * Each quarter, the Special Education Director and/ or Accountability Coordinators will each spot check IEPs at a variety of grade levels for compliance with eligibility determinations for special education services within 45 school-working days after receipt of a parent's written consent to an initial evaluation or a re-evaluation. For any noncompliance found, the Special Education Director will provide targeted, individual staff training. * Technology staff will ensure that iPads are in good working order at all times. * Annually, the district will provide training for all special education staff around eligibility timelines and will provide oversight over this area of noncompliance going forward. * District protocol/procedures for eligibility timelines will be sent to staff as an update to the district’s Special Education Policies and Procedures Manual. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit procedures and protocols that ensure the district determines eligibility for special education services within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. The protocols will describe the internal monitoring system and how evaluation technology tools will be maintained.  By February 14, 2025, the district will submit evidence of staff training on the district's new procedures and protocols. Evidence will include a meeting agenda(s) and attendance sheets.  By May 23, 2025, the Department will conduct an onsite review of student records to ensure the district determines eligibility for special education services within 45 school-working days after receipt of the parent's written consent to an initial evaluation or re-evaluation. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews and interviews indicate that the district does not consistently ensure that progress report information sent to parents includes written information on the student's progress towards the annual goals in the IEP. | | |
| **Description of Corrective Action:**  The root causes of the district's inconsistent assurance that progress report information sent to parents includes written information on the student's progress towards the annual goals in the IEP are as follows:   * Procedures are not efficient or widely known * Expectations are not clear * Excessive workloads * Reports are not completed on time   To address this noncompliance, the district will provide targeted professional development on progress reports that emphasize the following topics:   * Overview of purpose of progress reports * When progress reports are required to be sent (and who prints them/sends them out) * Progress monitoring during the time frame prior to the due date of progress report specifically on each goal. How to track progress. What does it look like? * How to respond if a student has met the goal, or is not making progress towards the goal * Translating progress reports * How to complete progress reports in Special Programs * The IACs will maintain a spreadsheet of reminders to staff regarding when progress reports are due, when completed, and when they are sent out to parents for all students on their respective caseloads | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Special Education staff | | **Expected Date of Completion:**  02/28/2025 |
| **Evidence of Completion of the Corrective Action:**   * Training agenda, PowerPoint, and sign-in sheets * IAC spreadsheets with progress report due dates for all students on their respective caseloads * PPS protocol/procedures for progress reports | | |
| **Description of Internal Monitoring Procedures:**  Each quarter, the Special Education Director and/or Accountability Coordinators will each spot check IEPs at a variety of grade levels for compliance with eligibility determinations for assurance that progress report information sent to parents includes written information on the student's progress towards the annual goals in the IEP. For any noncompliance found, the Special Education Director will provide targeted, individualized staff training.   * Ongoing maintenance of progress reporting timeline spreadsheet by IACs * Annually, the district will provide training for all special education staff on progress report timelines and will provide oversight for this area of noncompliance going forward. * PPS protocol/procedures around the assurance that progress report information sent to parents includes written information on the student's progress towards the annual goals in their IEP will be sent to staff as an update to the district’s Special Education Policies and Procedures Manual. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit procedures and tools to ensure that the content of all progress reports sent to parents includes written information on the student's progress toward meeting each annual goal in the IEP.  By February 14, 2025, the district will submit evidence of staff training on the district’s procedures. Evidence will include training agenda, materials, and attendance sheets.  By May 23, 2025, the Department will conduct an onsite review of student records to ensure progress reports include written information on the student's progress toward each annual goal in the IEP. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews and interviews indicate that the district does not always provide the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP. | | |
| **Description of Corrective Action:**  The root causes for why the district does not always provide the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP are as follows:   * Expectations are not clear. * Compliance is not tracked consistently and effectively. * Internal structures are not in place to ensure accurate compliance tracking.   To address the noncompliance, the district will take the following actions:   * The district will develop a spreadsheet for each school maintained and updated the IAC to track the provision of the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP. * The district will provide targeted training on the provision of the proposed IEP and proposed placement along with the required notice to a parent immediately following the development of the IEP. * Expectations for the timely provision of the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP will be reviewed at monthly IAC meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Instructional and Accountability Coordinators  Principals | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**   * Training agenda * PD materials * Sign-in sheets | | |
| **Description of Internal Monitoring Procedures:**  Each quarter, the Special Education Director and/or Accountability Coordinators will each spot check IEPs at a variety of grade levels for compliance with the consistent provision of the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP. For any noncompliance found, the Special Education Director will provide targeted, individualized staff training.  Ongoing maintenance of the spreadsheets that track the provision of the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP by IACs.  Annually, the district will provide training for all special education staff on the provision of immediately providing the parent with the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP and will provide oversight over this area of noncompliance going forward.  PPS protocol/procedures around the provision of the proposed IEP and proposed placement along with the required notice to the parent immediately following the development of the IEP will be sent to staff as an update to the district’s Special Education Policies and Procedures Manual. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit procedures that include the internal monitoring system to ensure that the district issues a proposed IEP and proposed placement to the parent/guardian immediately following the development of the IEP.  By February 14, 2025, the district will submit evidence of staff training on the district's procedures. Evidence will include training materials, agenda, and attendance sheets.  By May 23, 2025, the Department will conduct a review of student records to ensure the district issues a proposed IEP and proposed placement to the parent immediately following the development of the IEP. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews and interviews indicate that the district does not always consider the least restrictive environment for students. Specifically, for students at Crosby Educational Academy Approved Public Day School, inclusion in the general education program is based on the student's ability to comply with the school-wide behavior management system rather than a decision made by the student's IEP Team. The behavior management system indicates that for a student to be "eligible for inclusion in general education classrooms" the student must meet and maintain specific levels of school-wide behavioral expectations that are not tailored to individual student need.  Furthermore, on July 9, 2024, the Department's Problem Resolution System (PRS) issued a Letter of Finding in response to a complaint alleging that the IEP Team for a student attending Crosby Educational Academy Approved Public Day School did not consider the least restrictive environment for the student. Specifically, PRS found that the district did not provide documentation demonstrating that the IEP Team had alternative placement options to consider when making the placement decision for this student.  Please see SE 34 for more information regarding the district's lack of a continuum of services for students with disabilities that may have social, emotional, or behavioral needs. | | |
| **Description of Corrective Action:**  The root cause for the noncompliance is the fact that behavioral plans interventions do not consistently provide for inclusion opportunities as identified by the IEP Team but are rather based on a program-wide behavior plan.  Crosby Educational Academy IEP Teams need to create Behavior Intervention Plans for Crosby Academy students that are rooted in individual student need and the IEP Team's vision for inclusion rather than adherence to a predetermined standard of behavior. Because safety is a key concern, IEP Teams need to craft plans that ensure that students are exhibiting safe behaviors in the Academy setting that will carry over into the general education setting as a prerequisite to inclusion opportunities. Staff will be trained on equitable access to inclusion opportunities. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Assistant Superintendent  Superintendent | | **Expected Date of Completion:**  05/31/2025 |
| **Evidence of Completion of the Corrective Action:**   * Behavior Intervention Plans for Crosby Academy students that are rooted in individual student need and the IEP Team's vision for inclusion rather than adherence to a predetermined standard of behavior * Agendas, training materials, and sign-in sheets for trainings on equitable access to inclusion opportunities | | |
| **Description of Internal Monitoring Procedures:**   * Ongoing monitoring of behavior intervention plans * Annual training of staff on equitable access to inclusion opportunities | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  Corrective actions regarding individual student corrections are required in response to the July 2024 noncompliance finding made by the Department’s Problem Resolution System (PRS) and will be monitored by PRS.  By January 3, 2025, the district will submit procedures addressing the least restrictive environment for all students. The procedures will make clear that access to the least restrictive environment is determined by the student’s IEP Team and is not based solely on the student’s ability to adhere to a school-wide behavior management system.  By January 3, 2025, the district will update the Crosby Educational Academy school-wide behavior management system and remove the requirement that students must meet and maintain specific levels of school-wide behavioral expectations to be "eligible for inclusion in general education classrooms."  By February 14, 2025, the district will submit evidence of staff training on the district's procedures and revised Crosby Educational Academy’s school-wide behavior management system. Evidence will include training materials, agenda, and attendance sheets.  By May 23, 2025, the Department will conduct a review of student records for evidence that the IEP Team considered the individual needs of each student when determining the least restrictive environment, and the decision is not based solely on the student’s ability to meet and maintain school-wide behavioral expectations. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **Rating:**  Partially Implemented |
| **Department Findings:**  The Department's Problem Resolution System (PRS) issued two separate Letters of Finding in October 2023 and December 2023, indicating that the district did not implement all accepted elements of the IEP without delay, per 603 CMR 28.05(7)(b). Corrective Action Plans were submitted by the district and both corrective action plans remain under review by PRS as of the issuance of this Draft Report.  Furthermore, in one record reviewed by the Office of Public School Monitoring, it was found that the district changed the placement of a student from the Approved Public Day School to full inclusion without parental consent. As a result of this placement change, the student did not receive all mutually agreed upon services set forth in the IEP. | | |
| **Description of Corrective Action:**  The root causes of the district's inconsistent implementation of all accepted elements of the IEP without delay are as follows:   * Not all service providers are made aware that an IEP has been accepted (signed) and that services should begin immediately * Services are sometimes delayed due to lack of service providers, and * Written notification to the parent is not consistently sent * Expectations are not clear   To address the noncompliance, the district will take the following actions:   * Each IAC will develop a tracking tool (spreadsheet) designed to monitor the implementation of student IEPs and the specific accommodations, modifications, and supports that must be provided to each student. IACs will notify related service providers when a signature is received. * The district will provide IEP implementation training to IACs and service providers. * The district will review tracking tools and if non-compliance is found, the Director of Special Education will work with school-based staff to ensure the timely implementation of specific accommodations, modifications, and supports. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Instruction and Accountability Coordinators (IACs) | | **Expected Date of Completion:**  05/16/2025 |
| **Evidence of Completion of the Corrective Action:**   * Training agenda, materials, and sign-in sheets * Results of a review of completed tracking tools | | |
| **Description of Internal Monitoring Procedures:**   * Ongoing monitoring the implementation of tracking tools to ensure compliance with the timely implementation of all IEP services * Annually training on the timely implementation of all IEP services * District protocol/procedures for the timely implementation of all IEP services will be sent to staff as an update to the district’s Special Education Policies and Procedures Manual. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not address the finding related to the placement of the individual student identified by the Department. | | |
| **Department Order of Corrective Action:**  Please see required elements of progress reports. | | |
| **Required Elements of Progress Report(s):**  Corrective actions following the issuance of two separate Letters of Finding in October 2023 and December 2023 regarding the district’s implementation of all accepted elements of the IEP are monitored by the Department’s Problem Resolution System (PRS).  By January 3, 2025, the district will submit evidence that the student identified by the Department is in the placement corresponding to the last signed IEP. Evidence will include the signature page of IEP, service delivery grid, and signed placement page as well as a description of the student’s placement including the name of the school and the daily schedule that includes special education services.  By May 23, 2025, the Department will conduct a review of student records for evidence that the district is implementing all accepted elements of the IEP without delay. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 25 Parental consent | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews, document review, and interviews indicate that some general education students receive special education services in English Language Arts and Mathematics, outside of the general education classroom, without parental consent. These groups are taught by a special education teacher and include special education students receiving such services as listed on their IEP Service Delivery Grid C.  Additionally, student record reviews indicate that when a parent fails or refuses to provide consent for special education services, the district does not document attempts to secure the consent of the parent through multiple attempts using a variety of methods, which may include letters, written notices sent by certified mail, electronic mail (e-mail), telephone calls, or, if appropriate, TTY communications to the home, home visits at times the parent is likely to be present, or by seeking assistance from a community service agency to secure parental consent. | | |
| **Description of Corrective Action:**  The root cause of the district's inconsistent documentation of attempts to secure the consent of the parent through multiple attempts using a variety of methods is as follows:   * Expectations are not clear * Procedures are not articulated * Training in this area is lacking * Scheduling is not consistently accurate   Training around expectations with the district’s procedure for obtaining parental consent to the IEP (signatures) shall be provided. Such expectations are as follows:   * 1st attempt: DocuSign; 2nd Attempt: Phone call and USPS mail; 3rd attempt: Certified mail * After 30 days, the IEP is considered rejected and sent to BSEA, but staff will also continue to try to get signature using multiple modalities. * Seek assistance of school staff, including teachers, counselors, service providers and administrators and outside agencies with whom the student or student's family is involved * If a progress meeting or a Team meeting is held and the IEP is still not signed, staff will work with the family to get it signed at the meeting * If the IEP is still not signed at the time of the next meeting, staff will have the parent sign the document(s) at that meeting. * Maintain a spreadsheet or other tool to document all attempts to secure parental consent to the IEP, placement, and services.   The Pittsfield Team will identify the root cause of general education students being placed in “C grid” classes by 12/13/24. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Instruction and Accountability Coordinators | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**   * Training agenda and sign-in sheets * Tool to track IEP signatures | | |
| **Description of Internal Monitoring Procedures:**   * Annual training around the district's procedure for obtaining parental consent to the IEP (signatures) * Ongoing review of signature tracking tools * District protocol/procedures on multiple attempts for obtaining parent signatures on the IEP, through a variety of modalities, will be sent to staff as an update to the district’s Special Education Policies and Procedures Manual. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By December 20, 2024, the district will submit a root cause analysis of the district’s provision of special education services to general education students without parental consent. The description should include data reviewed and conclusions reached. Additionally, the district will submit an action plan that addresses the root cause and includes a timeline for specific steps the district will take to address the non-compliance. Subsequent progress reports will be determined based on the district’s action plan.  By January 3, 2025, the district will submit procedures for documenting multiple attempts to secure parental consent, using a variety of methods, when a parent fails or refuses to provide consent for special education services.  By January 3, 2025, the district will submit evidence that student records identified during the original onsite record review include documentation of multiple attempts, using a variety of methods, to obtain parent consent for special education services. The district will also submit evidence of parental response to the IEP, if any, which may include a signed IEP.  By February 14, 2025, the district will submit evidence of staff training on the district’s procedures. Evidence will include training agenda, materials, and attendance sheets.  By May 23, 2025, the Department will conduct a review of student records to ensure the district documents multiple attempts to secure parental consent, using a variety of methods, when a parent fails or refuses to provide consent for special education services. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  12/20/2024  01/03/2025  02/14/2025  05/23/2025 | | |

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| **Criterion & Topic:**  SE 34 Continuum of alternative services and placements | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews and interviews indicate that the district lacks a continuum of services and placements to support students with disabilities that may have social, emotional, or behavioral needs. Specifically, interviews indicate that eligible students with social, emotional, and/or behavioral needs are often placed in more restrictive environments, such as the district's two Approved Public Day Schools, due to a lack of services, supports, and programs in less restrictive environments. | | |
| **Description of Corrective Action:**  The root cause is that the district has not met the increased needs of students with social/emotional concerns since the beginning of Covid in 2020. Tiered services need to be strengthened across settings.  The district will convene a group of administrators, teachers, and other stakeholders. They will review data and input from various stakeholders, such as students, parents/guardians, teachers, staff, and administrators, to determine the district’s need for a more robust continuum of services and programs to address the needs of students with social-emotional disabilities.  This group will develop a report that lists data reviewed, including but not limited to student demographic data, use of restraints, in-school and out-of-school suspension rates, SST referrals to more restrictive settings, and stakeholder survey results.  This report will articulate conclusions the group reached about the need for additional placement and services options for students with social emotional needs, what such program(s) should look like and what staff training will be necessary to implement new program(s.) This report will also articulate changes in programming that have been implemented due to identified need.  The superintendent will present the group’s recommendations to the school committee for policies, program changes, and budget resource allocations needed for appropriate programming across the district to address the social emotional needs of students. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special education  See also SE 20 for additional staff | | **Expected Date of Completion:**  05/31/2025 |
| **Evidence of Completion of the Corrective Action:**   * Meeting agenda(s), meeting dates, and sign-in sheets * The report * School Committee agenda with Superintendent’s (or designee's) presentation of the group’s recommendations | | |
| **Description of Internal Monitoring Procedures:**   * Ongoing monitoring around all IEP Team's consistent consideration of the least restrictive environment for students. * Annual staff training around the need for all students to be placed in the least restrictive environment * Ongoing oversight of the appropriateness of district's continuum of services for students with social and emotional disabilities. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit the name and role of the administrators, teachers, and other stakeholders who will determine which programs, services and supports must be developed to ensure that the district provides a continuum of services and placements to effectively meet the needs of students with social, emotional, and/or behavioral needs in the least restrictive environment.  By February 14, 2025, the district will submit a detailed action plan regarding the continuum of services for students with disabilities that have social, emotional, or behavioral needs. The action plan will make clear the programs, services, and supports that will be added to the continuum, along with details of improvements to the programs, services, and supports currently available. The action plan will also address the development of procedures to ensure the ongoing evaluation and monitoring of the continuum. The timeline for development and implementation will be included in the action plan.  Subsequent progress reports will be identified upon receipt of the action plan. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025 | | |

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

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| **Criterion & Topic:**  SE 39 Procedures used to provide services to eligible students enrolled in private schools at private expense | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicate the district does not consistently provide ongoing timely and meaningful consultation with private school representatives, representatives of parents of parentally- placed private school students with disabilities, and parents of homeschooled students. | | |
| **Description of Corrective Action:**  The root causes for the district’s inconsistent provision of ongoing timely and meaningful consultation with private school representatives, representatives of parents of parentally placed private school students with disabilities, and parents of homeschooled students are as follows:   * There is one private school within Pittsfield’s catchment area (Miss Hall's, a college prep, boarding and day school for girls 9-12.) * Even with child find, very few evaluated students qualify for Special Education services. * Consultation with Miss Hall's happens annually but not consistently throughout the year when no students are receiving Special Education services. * Consultation with parents of parentally placed private school students with disabilities is not possible when none exist. * Consultation with homeschool parents can be difficult to schedule   Pittsfield does provide IEP services to students who live in Pittsfield but are placed in another district’s equitable services catchment area when that district chooses not to expend Proportionate Share funds on specific, individual IEP services. Pittsfield consistently spends proportionate share funds for homeschooled students and/or parentally-placed private school students. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Out of District Coordinator | | **Expected Date of Completion:**  05/31/2025 |
| **Evidence of Completion of the Corrective Action:**   * Schedules for Child Find * Schedules for consultation meeting * Invitations to consultation meetings * Affirmation letters from consultation meetings * Student service plans, for students receiving services | | |
| **Description of Internal Monitoring Procedures:**  Ongoing monitoring of the following:   * Schedules for Child Find * Schedules for consultation meeting * Invitations to consultation meetings * Affirmation letters from consultation meetings * Student service plans for students receiving services | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 39 Procedures used to provide services to eligible students enrolled in private schools at private expense | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit procedures for the district to provide ongoing timely and meaningful consultation with private school representatives, representatives of parents of parentally- placed private school students with disabilities, and parents of homeschooled students.  By February 14, 2025, the district will submit signed, written affirmation from participating private school officials and parents of students who are home-schooled demonstrating that timely and meaningful consultation has occurred. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025 | | |

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

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| **Criterion & Topic:**  SE 40 Instructional grouping requirements for students aged five and older | | **Rating:**  Partially Implemented |
| **Department Findings:**  Pittsfield Public Schools failed to submit all required instructional grouping information. Of the submissions provided, three substantially separate groupings, one at Crosby Elementary School and two at Pittsfield High School, do not have a licensed special education teacher. One study-skills grouping at Taconic High School exceeded the maximum group size with fourteen students, one teacher, and one paraprofessional. | | |
| **Description of Corrective Action:**  Because the District failed to provide the DESE with all required instructional grouping information, the Director of Special Education will submit to the DESE as indicated:   * Completion of the Instructional Grouping and Age Span Spreadsheet (Group A - SE 40-SE 41) 2023-24 for each school with one or more substantially separate programs * A description of all substantially separate programs in the district including a description of the program itself, entrance and exit criteria, and a student profile. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  12/06/2024 |
| **Evidence of Completion of the Corrective Action:**   * Instructional grouping information that was not submitted for the initial report. * Description of each substantially separate program | | |
| **Description of Internal Monitoring Procedures:**  The district will consistently submit all information requested of the Pittsfield Public Schools by the Department of Elementary and Secondary Education in a timely fashion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include all instructional groupings in the description. | | |
| **Department Order of Corrective Action:**  Please see required elements of progress reports. | | |
| **Required Elements of Progress Report(s):**  By January 3, 2025, the district will submit all required instructional grouping information using the Department’s “Instructional Grouping and Age Span Worksheet,” which is found in the WBMS Document Library. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  01/03/2025 | | |

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

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| **Criterion & Topic:**  SE 41 Age span requirements | | **Rating:**  Partially Implemented |
| **Department Findings:**  See SE 40 regarding the lack of instructional grouping information. | | |
| **Description of Corrective Action:**  Because the District failed to provide the DESE with all required instructional grouping information, the Director of Special Education will submit to the DESE as indicated:   * Completion of the Instructional Grouping and Age Span Spreadsheet (Group A - SE 40-SE 41) 2023-24 for each school with one or more substantially separate programs * A description of all substantially separate programs in the district including a description of the program itself, entrance and exit criteria, and a student profile. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  12/06/2024 |
| **Evidence of Completion of the Corrective Action:**   * Instructional grouping information that was not submitted for the initial report. * Description of each substantially separate program | | |
| **Description of Internal Monitoring Procedures:**  The district will consistently submit all information requested of the Pittsfield Public Schools by the Department of Elementary and Secondary Education in a timely fashion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include all instructional groupings in the description. | | |
| **Department Order of Corrective Action:**  Please see required elements of progress reports. | | |
| **Required Elements of Progress Report(s):**  See required elements of progress reports for SE 40. | | |
| **Progress Report Due Date(s):**  01/03/2025 | | |

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

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| **Criterion & Topic:**  SE 43 Behavioral interventions | | **Rating:**  Partially Implemented |
| **Department Findings:**  Please see SE 20 regarding the school-wide behavior management system at Crosby Educational Academy Approved Public Day School and SE 34 regarding a lack of a continuum of services for students with disabilities that may have social, emotional, and behavioral needs. | | |
| **Description of Corrective Action:**  The root cause is that the district has not met the increased needs of students with social/emotional concerns since the beginning of Covid in 2020. Tiered services need to be strengthened across settings.  The district will convene a group of administrators, teachers, and other stakeholders. They will review data and input from various stakeholders, such as students, parents/guardians, teachers, staff, and administrators, to determine the district’s need for a more robust continuum of services and programs to address the needs of students with social-emotional disabilities.  This group will develop a report that lists data reviewed, including but not limited to student demographic data, use of restraints, in-school and out-of-school suspension rates, SST referrals to more restrictive settings, and stakeholder survey results.  This report will articulate conclusions the group reached about the need for additional placement and services options for students with social emotional needs, what such program(s) should look like and what staff training will be necessary to implement new program(s.) This report will also articulate changes in programming that have been implemented due to identified need.  The superintendent will present the group’s recommendations to the school committee for policies, program changes, and budget resource allocations needed for appropriate programming across the district to address the social emotional needs of students. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education  Teacher/s  Crosbey Educational Academy Director  Superintendent  Instruction and Accountability Coordinators (IACs) | | **Expected Date of Completion:**  05/31/2025 |
| **Evidence of Completion of the Corrective Action:**   * Meeting agenda(s), meeting dates, and sign-in sheets * The report * School Committee agenda with Superintendent’s (or designee's) presentation of the group’s recommendations | | |
| **Description of Internal Monitoring Procedures:**   * Ongoing monitoring around all IEP Team's consistent consideration of the least restrictive environment for students. * Annual staff training around the need for all students to be placed in the least restrictive environment * Ongoing oversight of the appropriateness of district's continuum of services for students with social and emotional disabilities. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 43 Behavioral interventions | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Approved | |
| **Required Elements of Progress Report(s):**  Please see SE 20 and SE 34 for required elements of progress reports. | | |
| **Progress Report Due Date(s):**  12/20/2024  01/03/2025  02/14/2025  05/23/2025 | | |

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

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| **Criterion & Topic:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record reviews, document review, and interviews indicate that students attending Crosby Educational Academy Approved Public Day School do not have an equal opportunity to participate in the general education program. Please see SE 20 regarding access to general education opportunities being limited by the student's ability to comply with the school-wide behavior management system rather than a decision made by the student's IEP Team. | | |
| **Description of Corrective Action:**  The root cause for the noncompliance is the fact that behavioral plans interventions do not consistently provide for inclusion opportunities as identified by the IEP Team, but rather are based on a program-wide behavior plan.  Crosby Educational Academy IEP Teams need to create Behavior Intervention Plans for Crosby Academy students that are rooted in individual student need and the IEP Team's vision for inclusion rather than adherence to a predetermined standard of behavior. Because safety is a key concern, IEP Teams need to craft plans that ensure that students are exhibiting safe behaviors in the Academy setting that will carry over into the general education setting as a prerequisite to inclusion opportunities. Staff will be trained on equitable access to inclusion opportunities. | | |
| **Title/Role(s) of Responsible Persons:**  Crosby Educational Academy Director  Director of Special Education | | **Expected Date of Completion:**  05/31/2025 |
| **Evidence of Completion of the Corrective Action:**   * Behavior Intervention Plans for Crosby Academy students that are rooted in individual student need and the IEP Team's vision for inclusion rather than adherence to a predetermined standard of behavior * Agendas, training materials, and sign-in sheets for trainings on equitable access to inclusion opportunities | | |
| **Description of Internal Monitoring Procedures:**   * Ongoing monitoring of behavior intervention plans * Annual training of staff on equitable access to inclusion opportunities | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  Please see SE 20 and 34 for required elements of progress reports. | | |
| **Progress Report Due Date(s):**  01/03/2025  02/14/2025  05/23/2025 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **Rating:**  Partially Implemented |
| **Department Findings:**  Observations and interviews indicate that Crosby Educational Academy Approved Public Day School is not equal in all physical respects to the average standards of general education facilities and classrooms. Specifically, Crosby Educational Academy Approved Public Day School does not receive the same level of building maintenance support as other district facilities resulting in dirt and other debris on the floors, rugs, and walls; broken and ripped furniture; overflowing trash cans; and broken cabinets and shelving. Additionally, interviews indicate that supplies of toilet paper, paper towels, and hand soap are only replenished and installed at Crosby Educational Academy Approved Public Day School when instructional staff contact custodial services who deliver the supplies, but they are not regularly replenished or installed as they are for all other school buildings.  Additionally, observations and interviews indicate that Crosby Educational Academy Approved Public Day School, Crosby Elementary School, Morningside Community School, Stearns Elementary School, and Eagle Educational Academy have time-out and/or sensory rooms that are not clean, safe, sanitary, or appropriate for the purposes of calming. | | |
| **Description of Corrective Action:**  The root cause of the noncompliance is that Crosby Educational Academy Approved Public Day School does not receive the same level of building maintenance support as other district facilities. This lack results in dirt and other debris on the floors, rugs, and walls; broken and ripped furniture; overflowing trash cans; and broken cabinets and shelving. Additionally, hygienic and other supplies are reported to be inconsistently replenished at the Crosby Educational Academy. The district will provide maintenance services on an ongoing basis to the Crosby Educational Academy to ensure that district-wide standards of physical plant cleanliness and good repair are in evidence to the same degree at the Crosby Educational Academy as at other physical plants within the Pittsfield Public School District. The district will provide hygienic and other supplies on an ongoing basis to the Crosby Educational Academy to ensure that district-wide standards of replenishment of such supplies are in evidence to the same degree at the Crosby Educational Academy as at other physical plants within the Pittsfield Public School District.  The district will identify the root cause of the substandard time out and sensory rooms by 12/13/24. | | |
| **Title/Role(s) of Responsible Persons:**  Head custodian  Custodial staff  Director of Safety  Superintendent  Director of Special Education | | **Expected Date of Completion:**  02/28/2025 |
| **Evidence of Completion of the Corrective Action:**   * Schedules showing ongoing maintenance of physical plant concerns at the Crosby Educational Academy. * Schedules showing ongoing replenishment of hygienic and other supplies at the Crosby Educational Academy. | | |
| **Description of Internal Monitoring Procedures:**   * Ongoing monitoring of maintenance of physical plant concerns at the Crosby Educational Academy. * Ongoing monitoring of replenishment of hygienic and other supplies at the Crosby Educational Academy. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By December 20, 2024, the district will submit the root cause of the concerns identified in the time-out and sensory rooms at Crosby Educational Academy Approved Public Day School, Crosby Elementary School, Morningside Community School, Stearns Elementary School, and Eagle Educational Academy. Additionally, the district will submit an action plan to address these concerns.  By January 3, 2025, the district will submit an internal review of the Crosby Educational Academy Approved Public Day School that includes a summary of cleanliness, facility safety, and any additional issues found. The district will submit an action plan to address all identified issues, including those found by the Department, to ensure it is equal in all physical respects to the average standards of general education facilities and classrooms across the district. The plan will also outline the provision of cleaning and maintenance services.  By February 14, 2025, the Department will conduct an onsite visit to Crosby Educational Academy Approved Public Day School to ensure it is equal in all physical respects to the average standards of general education facilities and classrooms in the district. The Department will observe the identified time-out and sensory rooms at Crosby Educational Academy Approved Public Day School, Crosby Elementary School, Morningside Community School, Stearns Elementary School, and Eagle Educational Academy to ensure they are clean, safe, sanitary, and appropriate for the purposes of calming. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  12/20/2024  01/03/2025  02/14/2025 | | |

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

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| **Criterion & Topic:**  CR 13 Availability of information and academic counseling on general curricular and occupational/vocational opportunities | | **Rating:**  Partially Implemented |
| **Department Findings:**  During the 2023-2024 monitoring review conducted by the Office of Language Acquisition (OLA), it was determined that the district does not ensure that English Learners (ELs) are taught to the same academic standards and curriculum as all students; are provided with the same opportunities to master such standards as all students; and have access to the full range of programs. OLA issued an ELE 5 Program Placement and Structure finding in May 2024 that indicated ELs do not always have access to rigorous, grade-level content instruction, and content teachers do not always use sheltered content instruction strategies.  Corrective action required will be reviewed and verified by OLA. | | |
| **Description of Corrective Action:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP)  approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition  (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain  communication with OLA throughout the progress reporting stage to track the district’s  progress towards correction of noncompliance. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent  ELL Coordinator  ELL Liaison  Translation Coordinator  School Principals  Data Manager | | **Expected Date of Completion:**  05/01/2025 |
| **Evidence of Completion of the Corrective Action:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP)  approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition  (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain  communication with OLA throughout the progress reporting stage to track the district’s  progress towards correction of noncompliance. | | |
| **Description of Internal Monitoring Procedures:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP)  approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition  (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain  communication with OLA throughout the progress reporting stage to track the district’s  progress towards correction of noncompliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 13 Availability of information and academic counseling on general curricular and occupational/vocational opportunities | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Corrected | |
| **Basis for Decision:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage to track the district’s progress towards correction of noncompliance. | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **Rating:**  Partially Implemented |
| **Department Findings:**  During the 2023-2024 monitoring review conducted by OLA, it was determined that the district does not consistently offer adequate and appropriate services for ELs. For example, OLA found that: Not all identified ELs receive ESL services; District procedures pertaining to proficiency benchmark requirements are not consistently implemented throughout the district; and The district does not always provide essential components of an effective ELE program. Corrective action required will be reviewed and verified by OLA. | | |
| **Description of Corrective Action:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP)  approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition  (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain  communication with OLA throughout the progress reporting stage to track the district’s  progress towards correction of noncompliance. | | |
| **Title/Role(s) of Responsible Persons:**  Assistant Superintendent  ELL Coordinator  ELL Liaison  Translation Coordinator  School Principals  Data Manager | | **Expected Date of Completion:**  05/01/2025 |
| **Evidence of Completion of the Corrective Action:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP)  approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition  (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain  communication with OLA throughout the progress reporting stage to track the district’s  progress towards correction of noncompliance. | | |
| **Description of Internal Monitoring Procedures:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP)  approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition  (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain  communication with OLA throughout the progress reporting stage to track the district’s  progress towards correction of noncompliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 12/05/2024  **Correction Status:** Corrected | |
| **Basis for Decision:**  Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in May 2024.  Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage to track the district’s progress towards correction of noncompliance. | | |