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

##### SPECIAL EDUCATION AND CIVIL RIGHTS

##### MONITORING REVIEW

## CORRECTIVE ACTION PLAN

South Hadley Public Schools

Monitoring Onsite Year: 2023-2024

Program Area: Special Education

All corrective action must be fully implemented, and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Special Education and Civil Rights Monitoring Report dated 08/10/2024.

**Mandatory One-Year Compliance Date:** **08/10/2025**

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

| **Criterion** | **Criterion Title** | **Rating** |
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| SE 9 | Timeline for determination of eligibility | Partially Implemented |
| SE 12 | Frequency of re-evaluation | 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 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 41 | Age span requirements | Partially Implemented |
| SE 49 | Related services | 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 9 Timeline for determination of eligibility | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and interviews indicate the district does not always determine whether a student is eligible for special education within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. | | |
| **Description of Corrective Action:**  Root cause analysis of district practices revealed a number of factors that contributed to the finding. First, prior to the 23-24 school year Special Education teachers conducted initial and reevaluations for the students on their caseload and those referred for evaluation. The district found that this contributed to many students not being evaluated within the required timelines because teachers were providing services to students and did not complete testing within 30 school days. During the 23-24 school year, two Evaluation Team Leaders (ETLs) were hired, one at the elementary level and one at the secondary level, and a 0.5 FTE Early Childhood Coordinator to conduct evaluations and chair eligibility meetings so that special education liaisons did not have to. This helped increase compliance until January when one of the district's psychologists was out on leave and then there was a significant increase in the number of parent referrals at the middle school.  Another factor that contributed to not meeting timeline requirements for initial and reevaluation meetings was the need for an improved system for assigning and monitoring the completion of assessments. Each psychologist and ETL was tracking their students without sharing or coordinating across the district to distribute the evaluations equally between evaluators. Procedures for tracking and monitoring the status of the evaluations, meetings, and IEP writing from the date of referral to the date the IEP is shared with the family will be put in place. The district is developing an Assessment Tracking Data System which will be used for assigning staff and monitoring completion of assessments. The Director of Student Services will regularly monitor and re-assign testing to allow for an even allocation of work and timely completion. The Director and ETLs will meet regularly to review the Assessment Tracking Data System noting instances where there may be potential non-compliance and the follow-up actions taken. Use of the Assessment Tracking Data System will be ongoing and will be accessible via the Special Education shared Google Drive. Implementation of the system will begin in the 2024-2025 school year. ETLs will be provided professional development training on the use of the Assessment Tracking Data System.  One other factor in the finding is that the meeting to determine whether a student is eligible for special education occurred after 45 school working days prior to the 23-24 school year when the ETLs were hired. Special education teachers often scheduled meetings on or after the 45-day requirement because they had difficulty coordinating the meeting within the required deadline; testing was not completed; or the parent and Liaison agreed to a later date but did not document in writing the agreed upon later date. Since hiring ETLs the meetings have been held before day 45 if the evaluations are completed however IEPs are not completed within the time frame. After the meeting is held and the student is found eligible the teachers and service providers that are contributing to writing the IEP do not always input their data on time.  The district is developing procedures, tools, and tracking systems for notifying staff regarding the completion of the sections of the IEP they are responsible for and reminding them of the due date.  By November 30, 2024, the district will submit procedures to meet evaluation and eligibility timelines.  By November 30, 2024, the district will submit evidence of training to ETLs, special education teachers, and related service providers on the district's procedures and use of internal monitoring and tracking tools. Evidence will include the training materials, agenda, and signed attendance sheets.  The Department will conduct an onsite review of student records, across all schools, for evidence of ongoing compliance evaluation timelines and provision of the IEP to parents within 45 school working days. 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. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List of evidence of completed corrective actions will include:  Procedures and internal monitoring and tracking tool  Training agenda, materials, and attendance | | |
| **Description of Internal Monitoring Procedures:**  Each year, on three dates over the course of the school year, the Director of Student Services will conduct a review of records of two evaluation IEP meetings, one initial and one re-evaluation, for each school. The Director of Student Services will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit procedures that ensure that it is determining whether students are eligible 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.  By November 30, 2024, the district will submit evidence of training to Evaluation Team Leaders, special education teachers, and related service providers on the district's procedures and use of internal monitoring and tracking tools. Evidence will include the training materials, agenda, and signed attendance sheets.  By February 7, 2025, the Department will conduct an onsite review of student records for evidence that the district determines whether the student is eligible 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):**  11/30/2024  02/07/2025 | | |

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

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and interviews indicate the district does not always conduct a re-evaluation every three years, in such cases, the parent and district did not agree that an evaluation was unnecessary. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for not conducting a re-evaluation every three years was lack of follow-up when parental consent is not received. When consent is not received from a parent within 30 days a second consent form is sent but there is no follow up beyond that. The Liaisons did not notify the Student Services Office and the BSEA was not notified. On several occasions it was noted that annual meetings were held but the parents did not sign a Waiver of testing.  By November 30, 2024, the district will submit procedures for tracking three-year re-evaluation due dates for each student in all buildings, including those students in out of district placements. The procedures will include an internal tracking and monitoring system to ensure future compliance and administrative oversight as well as sample letters to be sent to parents  By November 30, 2024, the district will submit evidence of training for Evaluation Team Leaders and Central Office Staff on the district's written procedures and tools for tracking and adhering to three-year re-evaluation timelines. Evidence will include the training materials, agendas, and signed attendance sheets.  The Department will conduct an onsite review of student records, across all schools, for evidence of ongoing compliance with three-year re-evaluation timelines. 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. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List evidence of completed corrective actions will include:  Procedures and tools  Tracking and Internal monitoring system  Training agenda, materials and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will review the IEP timeline tracking sheet weekly to ensure all required three-year reevaluation timelines are met and that appropriate documentation is completed. The Director of Student Services will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit procedures to ensure that re-evaluations are conducted every three years unless the parent and district agree that it is unnecessary. The procedures will include an internal tracking and monitoring system to ensure compliance and administrative oversight.  By November 30, 2024, the district will submit evidence of training for Evaluation Team Leaders and Central Office Staff on the district's procedures and tools for tracking and adhering to three-year re-evaluation timelines. Evidence will include the training materials, agendas, and signed attendance sheets.  By February 7, 2025, the Department will conduct an onsite review of student records for evidence of ongoing compliance with three-year re-evaluation timelines. 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):**  11/30/2024  02/07/2025 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records and interviews indicate the district does not always provide the proposed IEP and proposed placement along with the required notice to the parent/guardian immediately following the development of the IEP. | | |
| **Description of Corrective Action:**  Upon review of records and analysis of the IEPs that went out to parents beyond 10 working days, the district determined that the root cause of the district not always issuing proposed IEPs and proposed placements to the parent immediately following the development of the IEP is that faculty responsible for writing the IEP are not submitting the IEP to the ETL or central office to send to parent within the allocated period. The central office staff and Director do not always have knowledge that a meeting has been held and there is no tracking system in place.  Actions to address the root cause:  By November 30, 2024, the district will submit procedures to ensure the provision of the proposed IEP and proposed placement to parents immediately following the development of the IEP.  By November 30, 2024, the district will submit evidence of training for ETLs, Special Education teachers, and related service providers on the district's written procedures and tools. Evidence will include training agenda, materials, and signed attendance.  The Department will conduct a review of student records across all schools for evidence that 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. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List evidence of completed corrective actions will include:  Procedures and tools  Tracking and monitoring system  Training agenda, materials, and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services, or designee, will track the date of the IEP meeting and the date the IEP is sent to parents.  Each year, on three dates over the course of the school year, the Director of Special Education will conduct a review of 2 student records per school to ensure the appropriate provision of the IEP and placement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit procedures to ensure that the district issues a proposed IEP and proposed placement to the parent/guardian immediately following the development of the IEP.  By November 30, 2024, the district will submit evidence of training for Evaluation Team Leaders, Special Education teachers, and related service providers on the district's written procedures and tools. Evidence will include training materials, agenda, and signed attendance.    By February 7, 2025, the Department will conduct a review of student records, including those students identified during the initial onsite record review, for evidence that the district issues a proposed IEP and proposed placement to the parent/guardian 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):**  11/30/2024  02/07/2025 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of student records indicates when a student is removed from the general education classroom at any time, the Team does not always state why the removal is considered critical to the student's program and the basis for its conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  The district determined that the root cause of the IEP Team not always stating why the removal of a student from the general education classroom is critical to the student's program and the basis for its conclusion that the education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily is that the discussion does not occur as part of the Team process. Team members recommend "pull-out" services without clearly justifying the removal from the general education environment and if discussed, it is not summarized in the notes because it is not on the IEP Team meeting summary form.  Actions to address the root cause:  By November 30, 2024, the district will submit written procedures that ensure IEP Teams always consider to the maximum extent appropriate, students with disabilities will be educated with students without disabilities in the general education setting with supplementary aides and services. The written procedures will ensure considerations to be made prior to and during the IEP meeting when completing the Participation in the General Education Setting section of the new IEP and include the districts internal monitoring and review of the updated meeting summary form to include a statement as to why the team determined the removal was critical to the student's program. Additionally, procedures will include the district's internal monitoring and review of new forms to use at IEP meetings, specifically the Meeting Summary Form. The new Meeting Summary Form will be reviewed with all Specia Education teachers at September building-based department meetings and will be shared with all special education staff in the shared Special Education Google Folder. The completed form will be given to parents after an IEP meeting  By November 30, 2024, the district will submit evidence of training for Principals, Assistant Principals, general and special education teachers, and related service providers on the written procedures, use of tools, and internal monitoring system. Evidence will include the training materials, agenda, and signed attendance sheets with staff name, role, and signature.  The Department will conduct a review of student records across all schools for evidence that if a student is removed from the general education classroom at any time, the IEP Team always states why the removal is considered critical to the student's program. 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. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List of evidence of completed corrective actions will include:  Procedures and tools  Tracking and monitoring system  Training agenda, materials, and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will hold monthly meetings with building principals to monitor LRE data. The Director of Student Services will conduct quarterly reviews of student records to ensure the removal of students with disabilities from the regular educational environment only occurs if the nature or severity of the disability is such that education in regular classes with the use of supplementary aides and services cannot be achieved satisfactorily. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit procedures that ensure IEP Teams consider, to the maximum extent appropriate, how students with disabilities will be educated with students without disabilities in the general education setting with supplementary aides and services.  By November 30, 2024, the district will submit evidence of training for Principals, Assistant Principals, general and special education teachers, and related service providers on the procedures. Evidence will include the training materials, agenda, and signed attendance sheets.    By February 7, 2025, the Department will conduct a review of student records, including those students identified during the initial onsite record review, for evidence that if a student is removed from the general education classroom at any time, the IEP Team considers to the maximum extent appropriate, how the student will be educated with students without disabilities in the general education setting with supplementary aides and 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):**  11/30/2024  02/07/2025 | | |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **Rating:**  Partially Implemented |
| **Department Findings:**  Staff interviews indicate the district does not always provide the related services on the accepted IEP as soon as possible and does not immediately inform parents in writing of the delayed services, reasons for delay, actions that the school district is taking to address the lack of personnel or offer alternative methods to meet the goals on the accepted IEP. Specifically, speech and language therapy, occupational therapy, physical therapy, and services from a Board-Certified Behavioral Analyst are not always provided due to a lack of personnel. | | |
| **Description of Corrective Action:**  The district has determined that two factors are the root cause for not providing related services on the accepted IEP as soon as possible or not informing parents in writing of the delayed service, reasons for delay, action that the school district is taking to address the lack of personnel or offer alternative methods to meet the goals on the accepted IEP. First, there were staff that quit and new staff was hired but on two consecutive occasions accepted and then backed out to the job offer. Families should have been notified but were not. The second reason is that the Office of Student Services is not notified of staff attendance and therefore were not informing parents.  To address the root cause of the identified non-compliance, the district will complete the following corrective actions:  By November 30, 2024, the district will submit written procedures to ensure the provision of related services on accepted IEPs, including internal monitoring, notifying parents/guardians of missed IEP services, and compensatory services obligated to the student.  By November 30, 2024, the district will submit evidence of training for building Principals and Assistant Principals, Special Education teachers, and service providers on the district's procedures for the provision of services, notification to parent/guardians and providing compensatory services and training on the internal monitoring system. Evidence will include the training materials, agendas, and signed attendance sheets.  By November 30, 2024, the district will submit evidence of training for building Principals and Assistant Principals, on the district's procedures for notification special education staff absences.  The Department will conduct a review of student records for evidence that students receive the related services on the accepted IEP as soon as possible, that parent/guardians are informed immediately in writing of any delayed services, reasons for delay, and actions that the school district is taking to address delays. 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. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List evidence of completed corrective actions will include:  Procedures, tools  Tracking and monitoring system  Training agenda, materials and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will review a weekly missed services calendar provided by each service provider. Building administration will also be responsible for providing staff with time for compensatory services. The Director of Student Services will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit procedures to ensure that there is no delay in implementation of the IEP due to lack of classroom space or personnel, and that the district shall provide as many of the services on the accepted IEP as possible and shall immediately inform the parent in writing of any delayed services, reasons for delay, actions that the school district is taking to address the lack of space or personnel and offer alternative methods to meet the goals on the accepted IEP, and upon agreement of a parent/guardian, the school district shall implement alternative methods immediately until the lack of space or personnel issues are resolved.  By November 30, 2024, the district will submit evidence of training for building Principals and Assistant Principals, Special Education teachers, and service providers on the district's procedures. Evidence will include the training materials, agendas, and signed attendance sheets.  By February 7, 2025, the Department will conduct a review of student records for evidence that students receive the related services on the accepted IEP as soon as possible, that parent/guardians are informed immediately in writing of any delayed services, reasons for delay, and actions that the school district is taking to address delays. 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):**  11/30/2024  02/07/2025 | | |

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| **Criterion & Topic:**  SE 40 Instructional grouping requirements for students aged five and older | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documents indicates that five instructional groupings at the high school exceed the regulatory student to staff ratios for eligible students receiving services outside the general education classroom. | | |
| **Description of Corrective Action:**  A root cause analysis indicated that lack of support staff at the high school was the reason five instructional groupings exceeded the regulatory student to staff ratios for eligible students receiving services outside the general education classroom. Job postings were placed numerous times throughout the year on SchoolSpring and Indeed, but the district did not have any applicants for the high school open positions and the District failed to notify the Department and families  To address the root cause of the identified non-compliance, the district will complete the following corrective actions:  By November 30, 2024, the district will submit written procedures that ensure compliance with the size and composition requirements of instructional groupings for eligible students. This plan will include a description of procedures for addressing the following:  \* Internal district systems that track and monitor instructional grouping sizes;  \* Alerts to relevant staff when ratios are non-compliant; and  \* Provision of written notification to the Department and the parents of all group members.  By November 30, 2024, the district will submit evidence of training provided to Principals, Assistant Principals, and Special Education Teachers in all four buildings on the instructional grouping requirements and monitoring and tracking procedures. Evidence will include the training materials, agenda, and signed attendance sheets with staff name, role, and signature.  By November 30, 2024, the district will submit an updated Special Education Instructional Grouping and Age Span document for school year 2024-2025, which can be found in the WBMS Document Library. For any instructional groupings exceeding the regulatory student-to-staff ratios for eligible students receiving services outside the general education classroom, the district will submit notification to the Department and notify families. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List of evidence of completed corrective actions will include:  Procedures  Tracking and monitoring system  Training agenda, materials and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The district will hold quarterly meetings with Director of Student Services, the High School Special Ed Department Chair and building based team leaders to review the Instructional Groupings document and ensure instructional group sizes follow state regulations. The Director of Student Services will follow up with the building Principals to review the Instructional Groupings document. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit procedures that ensure compliance with the size and composition requirements of instructional groupings for eligible students. The procedures will include internal district systems that track and monitor instructional grouping sizes, a procedure to alert relevant staff when ratios are non-compliant, and a provision to provide written notification to the Department and the parents of affected students.  By November 30, 2024, the district will submit evidence of training provided to Principals, Assistant Principals, and Special Education Teachers in all four buildings on the instructional grouping requirements and monitoring and tracking procedures. Evidence will include the training materials, agenda, and signed attendance.  By November 30, 2024, the district will submit special education instructional groupings for school year 2024-2025. For any instructional groupings exceeding the regulatory student-to-staff ratios for eligible students receiving services outside the general education classroom, the district will submit notification to the Department and notify families. Subsequent progress reports will be based on any identified noncompliance with age span requirements. | | |
| **Progress Report Due Date(s):**  11/30/2024 | | |

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| **Criterion & Topic:**  SE 41 Age span requirements | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documentation indicates the ages of the youngest and oldest students in eight instructional groupings at the high school differ by more than 48 months. The district did not submit written requests for approval of wider age ranges to the Department. | | |
| **Description of Corrective Action:**  In investigating non-compliance, the District determined that it did not apply for a waiver or notify parents of the age span that was greater than 48 months. South Hadley does not have enough students to offer more than one section for many of our special education classes at the high school. One student could be in multiple classes with the same cohort of students and be greater than or less than 48 months in age difference than the oldest or youngest student in the class and therefore, causing multiple classes to be out of compliance.  To address the root cause of the identified non-compliance, the district will complete the following corrective actions:  By November 30, 2024, the district will submit evidence of training for the high school special education staff on age span requirements and the process of applying for a waiver. Evidence will include the training materials, agenda, and signed attendance sheets with staff name, role, and signature.  By November 30, 2024, the district will submit an updated list of the age spans in all special education instructional groupings for students aged five and older. If any groupings exceed a 48-month age span, the district will make a written request to the Department for waiver. Subsequent progress reports will be based on any identified noncompliance with age span requirements | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  04/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List of evidence of completed corrective actions will include:  Tracking and monitoring system  Training agenda, materials and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The district and building leadership team, inclusive of the Principal, Assistant Principals, Special Education Department Chair, and Special Education Liaisons, will review at the beginning and middle of the year (September and January) the instructional groupings and look at the age span. The building administration will also be responsible for reviewing groupings with the Director of Guidance if students move into the district and are scheduled into Special Education classes. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 41 Age span requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By November 30, 2024, the district will submit evidence of training for the high school special education staff on age span requirements and the process of applying for a waiver. Evidence will include the training materials, agenda, and signed attendance sheets.  By November 30, 2024, the district will submit special education instructional groupings for school year 2024-2025. For any instructional groupings exceeding the regulatory student-to-staff ratios for eligible students receiving services outside the general education classroom, the district will submit notification to the Department and notify families. Subsequent progress reports will be based on any identified noncompliance with age span requirements. | | |
| **Progress Report Due Date(s):**  11/30/2024 | | |

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| **Criterion & Topic:**  SE 49 Related services | | **Rating:**  Partially Implemented |
| **Department Findings:**  Please see SE 22 regarding the provision of required related services. | | |
| **Description of Corrective Action:**  See SE 22. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/30/2025 |
| **Evidence of Completion of the Corrective Action:**  List of evidence of completed corrective actions will include:  Procedures and tools  Tracking and monitoring system  Training agenda, materials and signed attendance | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will review a weekly missed services calendar provided by each service provider. Building administration will also be responsible for providing staff with time for compensatory services. The Director of Student Services will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 49 Related services | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  Please see SE 22. | | |
| **Progress Report Due Date(s):**  11/30/2024  02/07/2025 | | |

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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 the Office of Language Acquisition (OLA), it was determined that the district does not consistently offer adequate and appropriate services for linguistic minority students.  OLA issued an ELE 5 Program and Placement finding in June 2024 indicating that the district does not consistently support an English as a Second Language (ESL) curriculum for ESL instruction.  Additionally, it was indicated that district practices do not always provide for essential components of an effective ELE program including the following:  Time for ESL collaboration with content teachers to identify language objectives and student needs;  Provision of appropriate supports and scaffolds for some English learners (ELs) in content courses; and  Provision of effective oversight and monitoring of the ELE program.  Corrective action required will be reviewed and verified by OLA. | | |
| **Description of Corrective Action:**  Please see the district's proposed Continuous Improvement and Monitoring Plan (CIMP) submitted to the Office of Language Acquisition (OLA) on September 6, 2024. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/30/2025 |
| **Evidence of Completion of the Corrective Action:**  Please see the district's proposed Continuous Improvement and Monitoring Plan (CIMP) submitted to the Office of Language Acquisition (OLA) on September 6, 2024. | | |
| **Description of Internal Monitoring Procedures:**  Please see the district's proposed Continuous Improvement and Monitoring Plan (CIMP) submitted to the Office of Language Acquisition (OLA) on September 6, 2024. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2024  **Correction Status:** Corrected | |
| **Basis for Decision:**  Corrective action for this finding will be reviewed and approved by the Office of Language Acquisition (OLA) through the district's Continuous Improvement Monitoring Plan (CIMP), approved by OLA in September 2024. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage pertaining to the district's progress towards correction of noncompliance. | | |