

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

**COORDINATED PROGRAM REVIEW**

**CORRECTIVE ACTION PLAN**

**Charter School or District: Needham**

**CPR Onsite Year: 2010-2011**

**Program Area: Special Education**

*All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 05/19/2011.*

**Mandatory One-Year Compliance Date: 05/18/2012**

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

<b>Criterion</b>	<b>Criterion Title</b>	<b>CPR Rating</b>
SE 3	Special requirements for determination of specific learning disability	Partially Implemented
SE 8	IEP Team composition and attendance	Partially Implemented
SE 18B	Determination of placement; provision of IEP to parent	Partially Implemented
SE 22	IEP implementation and availability	Partially Implemented
SE 29	Communications are in English and primary language of home	Partially Implemented
SE 55	Special education facilities and classrooms	Partially Implemented

**COORDINATED PROGRAM REVIEW  
CORRECTIVE ACTION PLAN**

<b>Criterion &amp; Topic:</b> SE 3 Special requirements for determination of specific learning disability	<b>CPR Rating:</b> Partially Implemented
<b>Department CPR Findings:</b> Record review indicates that when a student suspected of having a specific learning disability is evaluated, the observation checklist (SLD 4) is incomplete and the Team Determination of Eligibility is not signed by all members of the Team, or if there is disagreement as to the determination, one or more Team members do not document their disagreement.	
<b>Description of Corrective Action:</b> *Team Chairperson training in the understanding and implementation of SLD process and proper use of the SLD forms.	
<b>Anticipated Results:</b> All paperwork at initial and reevaluation meetings will be properly completed.	
<b>Title/Role(s) of responsible Persons:</b> Special Education Administrators at all levels	<b>Expected Date of Completion:</b> 11/15/2011
<b>Evidence of Completion of the Corrective Action:</b> Random sampling of paperwork/record review.	
<b>Description of Internal Monitoring Procedures:</b> Checklist used to check that correct paperwork is being used.	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b>	
<b>Criterion:</b> SE 3 Special requirements for determination of specific learning disability	<b>Corrective Action Plan Status:</b> Partially Approved <b>Status Date:</b> 07/18/2011
<b>Basis for Partial Approval or Disapproval:</b> While the district did propose training Team Chairpersons and development of a checklist, the district's proposed corrective action was limited in scope and did not fully address the internal monitoring process they would use going forward.	
<b>Department Order of Corrective Action:</b> The district must develop an internal oversight and tracking system to ensure that the observation checklist (SLD 4) is complete and the Team Determination of Eligibility is signed by all members of the Team, or if there is disagreement as to the determination, one or more Team members document their disagreement.  The district must conduct an administrative review of student records for students who have undergone a specific learning disability determination subsequent to the district's implementation of all corrective action activities to determine if the district is compliant with the requirements of this criterion.  *Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).	
<b>Required Elements of Progress Report(s):</b> Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date for the system's implementation. The district must also provide evidence that training on SLD use of the SLD forms and information on the tracking system	

has been disseminated to Team chairpersons. Evidence may include but not be limited to memorandums, training/meeting agendas or email correspondence. Please submit this to the Department on or before October 31, 2011.

Submit the results of the administrative review of student records. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before March 30, 2012.

**Progress Report Due Date(s):**

10/31/2011

03/30/2012

**COORDINATED PROGRAM REVIEW  
CORRECTIVE ACTION PLAN**

<b>Criterion &amp; Topic:</b> SE 8 IEP Team composition and attendance		<b>CPR Rating:</b> Partially Implemented
<b>Department CPR Findings:</b> Interviews and parent surveys indicate that when required members of the Team do not attend Team meetings, the district and the parent do not agree, in writing, that the attendance of the Team member is not necessary, the district and the parent do not agree, in writing, to excuse the required Team member's participation and the Team member does not provide written input into the development of the IEP to the parent and the IEP Team prior to the meeting.		
<b>Description of Corrective Action:</b> *Parent, Team Chairperson, and Liaison training in the proper process/procedures for excusal of Team members at Team meetings.		
<b>Anticipated Results:</b> Consistent and accurate use of Exception for Attendance of required Team members.		
<b>Title/Role(s) of responsible Persons:</b> Special Education Administrators at all levels		<b>Expected Date of Completion:</b> 12/15/2011
<b>Evidence of Completion of the Corrective Action:</b> Attendance at training; consistent and accurate use of Excusal forms.		
<b>Description of Internal Monitoring Procedures:</b> Checklist used to check that correct paperwork is being used.		
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b>		
<b>Criterion:</b> SE 8 IEP Team composition and attendance	<b>Corrective Action Plan Status:</b> Partially Approved <b>Status Date:</b> 07/18/2011	
<b>Basis for Partial Approval or Disapproval:</b> While the district did propose training Team Chairpersons and development of a checklist, the district's proposed corrective action was limited in scope and did not fully address the internal monitoring process they would use going forward.		
<b>Department Order of Corrective Action:</b> The district must develop an internal oversight and tracking system to ensure that when required members of the Team are unable to attend Team meetings, the district and the parent agree, in writing, that the attendance of the Team member is not necessary and that the Team member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting.  The district must conduct an administrative review of student records for students who have undergone a Team Meeting with a required Team member not in attendance subsequent to the district's implementation of all corrective action activities to determine if the district is compliant with the requirements of this criterion.  *Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).		
<b>Required Elements of Progress Report(s):</b> Submit the description of the internal oversight and tracking system and identify the person(s)		

responsible for the oversight, including the date for the system's implementation. The district must also provide evidence that training related to Team member excusals and information on the tracking system has been disseminated to Team chairpersons. Evidence may include but not be limited to memorandums, training/meeting agendas or email correspondence. Please submit this to the Department on or before October 31, 2011.

Submit the results of the administrative review of student records. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before March 30, 2012.

**Progress Report Due Date(s):**

10/31/2011

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**COORDINATED PROGRAM REVIEW  
CORRECTIVE ACTION PLAN**

<b>Criterion &amp; Topic:</b> SE 18B Determination of placement; provision of IEP to parent		<b>CPR Rating:</b> Partially Implemented
<b>Department CPR Findings:</b> Interviews and parent surveys indicate that at the Team meeting, the Team does not first determine what the student's needs are before deciding on the program where he/she will be placed. Additionally, when parents leave the Team meeting, they are not provided with the summary of agreements that includes a completed IEP service delivery grid describing the types and amounts of special education and/or related services proposed by the district and a statement of the major goal areas associated with these services.		
<b>Description of Corrective Action:</b> *Team Chairperson and Liaison training in the proper use of forms/summary for Team meetings including service delivery grid and types and amounts of special education and/or related services proposed. *Parent training in what to expect upon leaving a Team meeting; post form to SEPAC and NPS websites *Root cause analysis, interview parents to determine why they think they did not get the correct forms upon leaving the IEP Review, Reevaluation, or Initial Team meeting.		
<b>Anticipated Results:</b> Consistent and accurate use of Meeting Summary forms		
<b>Title/Role(s) of responsible Persons:</b> Special Education Administrators at all levels		<b>Expected Date of Completion:</b> 12/15/2011
<b>Evidence of Completion of the Corrective Action:</b> Attendance at training; consistent and accurate use of Summary form.		
<b>Description of Internal Monitoring Procedures:</b> Checklist used to check that correct paperwork is being used.		
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b>		
<b>Criterion:</b> SE 18B Determination of placement; provision of IEP to parent	<b>Corrective Action Plan Status:</b> Partially Approved <b>Status Date:</b> 07/18/2011	
<b>Basis for Partial Approval or Disapproval:</b> While the district did propose training Team Chairpersons/Liaisons and development of a checklist, the district's proposed corrective action was limited in scope and did not fully address the internal monitoring process they would use going forward.		
<b>Department Order of Corrective Action:</b> The district must develop an internal oversight and tracking system to ensure the proper procedures for the determination of placement and provision of IEP to the parent.  The district must conduct an administrative review of a random sample of student records from all levels subsequent to the district's implementation of all corrective action activities to determine if the district is compliant with the requirements of this criterion.  *Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).		

**Required Elements of Progress Report(s):**

Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date for the system's implementation. The district must also provide evidence that training related to determination of placement and provision of IEP to the parent and information on the tracking system has been disseminated to Team chairpersons. Evidence may include but not be limited to memorandums, training/meeting agendas or email correspondence.

Please submit this to the Department on or before October 31, 2011.

Submit the results of the administrative review of student records. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before March 30, 2012.

**Progress Report Due Date(s):**

10/31/2011

03/30/2012

**COORDINATED PROGRAM REVIEW  
CORRECTIVE ACTION PLAN**

<b>Criterion &amp; Topic:</b> SE 22 IEP implementation and availability	<b>CPR Rating:</b> Partially Implemented
<b>Department CPR Findings:</b> Interviews and parent surveys indicate that when the IEP of the student in need of special education has been accepted in whole or in part by that student's parent, the school district does not always provide the mutually agreed upon services without delay. At times, the school district delays implementation of the IEP due to lack of classroom space or personnel without providing as many of the services on the accepted IEP as possible and does not immediately inform parents 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 does not offer alternative methods to meet the goals on the accepted IEP.	
<b>Description of Corrective Action:</b> Develop process and procedure for Liaisons to notify Special Education administrators and, for special education administrators to notify parents when services are delayed. Provide compensatory services when appropriate.	
<b>Anticipated Results:</b> Notification to parents when there is a delay of service provision, plan for remediating the situation and offering of compensatory services when appropriate.	
<b>Title/Role(s) of responsible Persons:</b> Special Education Administrators at all levels	<b>Expected Date of Completion:</b> 11/15/2011
<b>Evidence of Completion of the Corrective Action:</b> Sample letter and record review.	
<b>Description of Internal Monitoring Procedures:</b> Checklist used to check that correct paperwork is being used.	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b>	
<b>Criterion:</b> SE 22 IEP implementation and availability	<b>Corrective Action Plan Status:</b> Partially Approved  <b>Status Date:</b> 07/18/2011
<b>Basis for Partial Approval or Disapproval:</b> While the district did propose to develop a process and procedures for Liaisons related to delays in IEP services, the district's proposed corrective action was limited in scope and did not fully address the internal monitoring process they would use going forward.	
<b>Department Order of Corrective Action:</b> The district must develop an internal oversight and tracking system to ensure that when there is a delay in implementation of an IEP due to lack of classroom space or personnel, that the district provides as many of the services on the accepted IEP as possible and immediately inform parents 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 offers alternative methods to meet the goals on the accepted IEP.  Further, the district must conduct an administrative review to ensure in instances when there is a delay that the appropriate procedures are followed.  *Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s).	



**Required Elements of Progress Report(s):**

Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date for the system's implementation. The district must also provide copies of the procedures developed related to this criterion and evidence that the policies/procedures and information on the tracking system has been disseminated to Team chairpersons/Liaisons. Evidence may include but not be limited to memorandums, training/meeting agendas or email correspondence. Please submit this to the Department on or before October 31, 2011.

Submit the results of the administrative review of student records. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before March 30, 2012.

**Progress Report Due Date(s):**

10/31/2011  
03/30/2012

**COORDINATED PROGRAM REVIEW  
CORRECTIVE ACTION PLAN**

<b>Criterion &amp; Topic:</b> SE 29 Communications are in English and primary language of home	<b>CPR Rating:</b> Partially Implemented
<b>Department CPR Findings:</b> Interviews and record review indicate that if the district provides notices orally or in some other mode of communication that is not written language, the district does not keep written documentation (1) that it has provided such notice in an alternate manner, (2) of the content of the notice and (3) of the steps taken to ensure that the parent understands the content of the notice.	
<b>Description of Corrective Action:</b> Establish a process to document all non English speaking parents, provide communication that is not written language specifically for ELL, deaf, vision impaired parents. Add item to coversheet/organizational form to document need for oral interpretation or written translation needed and proof that this occurred.	
<b>Anticipated Results:</b> Communication with parents in their native language such that they understand what is being communicated.	
<b>Title/Role(s) of responsible Persons:</b> Special Education Administrators at all levels	<b>Expected Date of Completion:</b> 11/15/2011
<b>Evidence of Completion of the Corrective Action:</b> Sample documents and record review.	
<b>Description of Internal Monitoring Procedures:</b> Checklist used to check that correct paperwork is being used.	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b>	
<b>Criterion:</b> SE 29 Communications are in English and primary language of home	<b>Corrective Action Plan Status:</b> Partially Approved <b>Status Date:</b> 07/18/2011
<b>Basis for Partial Approval or Disapproval:</b> Although the district did propose its plans to implement processes and procedures to ensure	

documentation of oral or other than written communications to identified families, the district's proposed corrective action was limited in scope and did not fully address the internal monitoring process they would use going forward.

**Department Order of Corrective Action:**

The district must develop an internal oversight and tracking system to ensure that oral and other than written communications to identified families are documented and kept in the student records.

The district must conduct an administrative review of student records for students whose families require oral or other than written communications subsequent to the district's implementation of all corrective action activities to determine if the district is compliant with the requirements of this criterion.

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

**Required Elements of Progress Report(s):**

Submit the description of the internal oversight and tracking system and identify the person(s) responsible for the oversight, including the date for the system's implementation. The district must also provide evidence that training related to documentation of oral translations and other than written communication to identified families on the tracking system has been disseminated to Team chairpersons. Evidence may include but not be limited to memorandums, training/meeting agendas or email correspondence. Please submit this to the Department on or before October 31, 2011.

Submit the results of the administrative review of student records. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before March 30, 2012.

**Progress Report Due Date(s):**

10/31/2011  
03/30/2012

**COORDINATED PROGRAM REVIEW  
CORRECTIVE ACTION PLAN**

<b>Criterion &amp; Topic:</b> SE 55 Special education facilities and classrooms	<b>CPR Rating:</b> Partially Implemented
<b>Department CPR Findings:</b> Observations indicate that the facilities and classrooms for eligible students are identified by signs or other means that stigmatize such students at the Broadmeadow School, e.g. OT and PT, and the High Rock Middle School, e.g. OT, PT, Resource Room. Observations indicate that at the high school there is a clustering of special education classrooms that minimize the inclusion of such students into the life of the school.	
<b>Description of Corrective Action:</b> The signs in question at Broadmeadow and High Rock Middle Schools have already been removed. Skills classrooms at Needham High school are being relocated. During the 11/12 school year, there will be six Student Services classrooms in the new section of the high school and six Student Services classrooms in the older/renovated section of the high school.	
<b>Anticipated Results:</b>	

Students entering special education service classrooms will not feel stigmatized.	
<b>Title/Role(s) of responsible Persons:</b> Principals, Director of Student Development	<b>Expected Date of Completion:</b> 07/15/2011
<b>Evidence of Completion of the Corrective Action:</b> Rooms moved, signs replaced/eliminated.	
<b>Description of Internal Monitoring Procedures:</b> Continued monitoring of signage and room placement in buildings during yearly scheduling process.	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b>	
<b>Criterion:</b> SE 55 Special education facilities and classrooms	<b>Corrective Action Plan Status:</b> Approved <b>Status Date:</b> 07/18/2011
<b>Basis for Partial Approval or Disapproval:</b> The district has indicated that they have removed signage and will continue self-monitoring. Further, the district has indicated that plans are in place to move classrooms at the high school to eliminate clustering of special education classrooms and maximize the inclusion of special education students into the life of the school.	
<b>Department Order of Corrective Action:</b>	
<b>Required Elements of Progress Report(s):</b> The district will submit a written statement of assurance from the superintendent that the signs at the Broadmeadow Elementary and High Rock Middle School have been removed. Additionally, the district will also submit a written plan that includes a proposed floor plan demonstrating that the special education classrooms at the high school will be relocated within the facility to maximize inclusion in the life of the school. Please provide this to the Department on or before October 31, 2011.  The district will provide confirmation regarding a scheduled onsite visit by the DESE to review the classroom relocation at the high school. Please provide this to the Department on or before October 31, 2011.	
<b>Progress Report Due Date(s):</b> 10/31/2011	

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
COORDINATED PROGRAM REVIEW**

**District: Needham Public Schools  
Corrective Action Plan Forms**

**Program Area: Civil Rights  
Prepared by: Needham Public Schools**

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans*.

*All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report to the school or district.*

**Mandatory One-Year Compliance Date: May 18, 2012**

<b>COORDINATED PROGRAM REVIEW CORRECTIVE ACTION PLAN</b> (To be completed by school district/charter school)	
<b>Criterion &amp; Topic:</b> CR 3 Access to a full range of education programs	<b>Rating:</b> Partially Implemented
<b>Department CPR Finding:</b> <i>See ELE 5 and ELE 11 for equal access to programs and services for limited English proficient students.</i>	
<b>Narrative Description of Corrective Action:</b> The Corrective Action Plan for this CR is the CAP that is being proposed for ELE 5 and ELE 11. Full implementation of that CAP will result in full compliance with CR3.	
<b>Title/Role of Person(s) Responsible for Implementation:</b> <ul style="list-style-type: none"> <li>• Director of Student Development/Program Evaluation, and</li> <li>• Director of Program Development</li> </ul>	<b>Expected Date of Completion for Each Corrective Action Activity:</b> See CAP response for ELE 5 and ELE 11
<b>Evidence of Completion of the Corrective Action:</b> See ELE 5 and ELE 11	
<b>Description of Internal Monitoring Procedures:</b> Director of Student Development, Director of Program Development and ELE Coordinator will meet monthly to review implementation of the ELL programming. A spreadsheet maintaining data regarding student services will be maintained by the ELE coordinator and shared with the Directors at this meeting. Any discrepancies in identified needs and provision of services will be brought to the attention of the Director of Program Development at any time.	

<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b> (To be completed by the Department of Elementary and Secondary Education)	
<b>Criterion: CR 3 Access to a full range of education programs</b>	<b>Status of Corrective Action:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/> Disapproved
<b>Basis for Partial Approval or Disapproval:</b> See ELE 5 Program Placement and Structure and ELE 11 Equal Access to Academic Programs and Services.	
<b>Department Order of Corrective Action:</b> See ELE 5 and ELE 11	
<b>Required Elements of Progress Report(s):</b> See ELE 5 and ELE 11	
<b>Progress Report Due Date(s):</b> To be determined	

<b>COORDINATED PROGRAM REVIEW</b> <b>CORRECTIVE ACTION PLAN</b> (To be completed by school district/charter school)	
<b>Criterion &amp; Topic: CR 7 Information to be translated into languages other than English</b>	<b>Rating: Partially Implemented</b>
<b>Department CPR Finding:</b> <i>Interviews and documentation indicate that important information and documents, e.g. handbooks and codes of conduct, being distributed to parents are not translated into the major languages spoken by parents or guardians with limited English skills, and the district has not established a system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages.</i>	
<b>Narrative Description of Corrective Action:</b> A database of student/family home languages will be held in the office of Student Development. This database will be constructed from information gained from the Home Language Survey and through interviews with currently enrolled families of students identified as in need of ELL or LEP services as well as information-gathering from Principals in each building.  This database will be functional by September 1 and then will be updated as new students enter the district. The Director of Student Development will notify Principals and guidance counselors when students whose home language is other than English enroll in their school. A protocol for requesting oral interpreters or document translation for school-based meetings and documents will be provided to all Principals and guidance staff. An explanation of the availability of oral interpreters and translated written documents will be sent to parents and guardians in their home language prior to the beginning of the school year.	

<b>Title/Role of Person(s) Responsible for Implementation: Director of Student Development and Program Evaluation</b>	<b>Expected Date of Completion for Each Corrective Action Activity:</b> <ul style="list-style-type: none"> <li>• <b>September 1, 2011: Database completed for families with home language other than English</b></li> <li>• <b>September 1, 2011: Building principals and guidance staff notified of families/students with home languages other than English</b></li> <li>• <b>September 1: Protocol for requesting oral interpretation and written translations will be distributed to principals/guidance and special education staff and administrators.</b></li> <li>• <b>September 1: Letters in home language will be sent to all parents and guardians explaining availability of interpreters and translated documents and procedures to follow to access those services.</b></li> </ul>
<b>Evidence of Completion of the Corrective Action: Database print-out; Lists of families/students sent to principals; protocol for requesting interpretation or translation services; sample letters in home languages explaining availability of services; resource list for interpreters and translators who are available for these services.</b>	
<b>Description of Internal Monitoring Procedures:</b> <ol style="list-style-type: none"> <li>1. <b>The Director of Student Development will maintain an up-to-date record of all new students registered in Needham PS.</b></li> <li>2. <b>The Directors of Special Education at each level will provide a quarterly report to the Director of Student Development re: translated documents and oral interpretation at special education meetings.</b></li> <li>3. <b>Principals will provide a quarterly report to the Director of Student Development re: translated documents and oral interpretation provision at each building.</b></li> </ol>	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b> <b>(To be completed by the Department of Elementary and Secondary Education)</b>	
<b>Criterion: CR 7 Information to be translated into languages other than English</b>	<b>Status of Corrective Action:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/> Disapproved
<b>Basis for Partial Approval or Disapproval: Not Applicable</b>	
<b>Department Order of Corrective Action: Not Applicable</b>	
<b>Required Elements of Progress Report(s):</b> Submit evidence of: current 2011-12 database of registered ESL families; building principals' and all guidance staff members' signed acknowledgements of receipt of district's written notification of ESL families with their home languages; sample protocol document for requesting oral interpretations and written translations with sign-off receipt by principals/guidance and special education staff and administrators; sample letter distributed to ESL parents and guardians in district's dominant languages; the district's resource list of oral interpreters and translators. <b>Please provide this to the Department by October 31, 2011.</b>	
Submit a narrative summary of the oral translation process, subsequent to the completion of the	

corrective action. Please indicate the name and role of the reviewer(s), the number and type of translation/interpretations provided, rate of compliance and where there is continued non-compliance a description of additional steps taken. Please submit this to the Department by March 30, 2012.

**Progress Report Due Date(s): October 31, 2011 and March 30, 2012**

## COORDINATED PROGRAM REVIEW CORRECTIVE ACTION PLAN

(To be completed by school district/charter school)

**Criterion & Topic: CR 10 Anti-Hazing Reports**

**Rating: Partially Implemented**

**Department CPR Finding:** *Interviews and a review of documentation indicate that at the secondary level the district did not issue to every student enrolled full-time and every student group a copy of M.G.L. c.269 §§ 17 through 19 and a copy of the school's anti-hazing disciplinary policy approved by the school committee.*

**Narrative Description of Corrective Action: The district has implemented a procedure for insuring that all aspects of CR10 are correctly implemented during the 2011-12 school year. These are the tasks that will be accomplished prior to October 1, 2011:**

- (a) The school will issue a copy of M.G.L. c. 269, §§ 17 through 19 to every student group or organization under its authority and to every member, plebe, pledge, or applicant for membership in such group or organization;
- (b) The school will issue a copy of M.G.L. c. 269, §§ 17 through 19, to every non-school affiliated student organization;
- (c) The school will obtain an acknowledgement of receipt from an officer of every group or organization under its authority, and every individual who has received a copy of M.G.L. c. 269, §§ 17 through 19;
- (d) The school will obtain an acknowledgement from a contact person for each non-school affiliated student organization that such organization has distributed a copy of M.G.L. c. 269, §§ 17 through 19, to every member, plebe, pledge, or applicant for membership in such group or organization; and
- (e) The school has adopted a disciplinary policy with regard to organizers of and participants in hazing, which is available to anyone upon request, and, for public schools, has been approved by the school committee and has been filed with the Department of Elementary and Secondary Education as required by M.G.L. c. 71, § 37H

<b>Title/Role of Person(s) Responsible for Implementation: Principal of Needham High School, NPS Athletic Director, Director of Student Development</b>	<b>Expected Date of Completion for Each Corrective Action Activity:</b> <b>2011-12 High School Handbook disciplinary code approved by the School Committee June 2011</b> <b>October 1 2011: All activities will have been completed, including written acknowledgment from all contact persons for each school and non-school affiliated student organization</b>
<b>Evidence of Completion of the Corrective Action: Signatures of all students and contact persons for all school authorized group/organization and non-school affiliated student organization, indicating receipt of MGL c269 Sections 17-19.</b>	
<b>Description of Internal Monitoring Procedures: HS Principal will collect all documents by October 1 and report to the Superintendent upon completion of the completion of the anti-hazing tasks as required by MGL c 269, Sections 17-19.</b>	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b> <b>(To be completed by the Department of Elementary and Secondary Education)</b>	
<b>Criterion: CR 10 Anti-Hazing Reports</b>	<b>Status of Corrective Action:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Partially Approved <input type="checkbox"/> Disapproved
<b>Basis for Partial Approval or Disapproval:</b> The district's secondary school must file its Anti-Hazing Report with the Department of Elementary and Secondary Education certifying compliance <b>on or before October 1</b> and annually thereafter. Therefore, HS Principal should collect all documents and report to the Superintendent to allow submission to DESE by the October 1 deadline.	
<b>Department Order of Corrective Action:</b> Ensure through internal monitoring that HS Principal will collect all documents and report to Superintendent completion of all required anti-hazing task elements to meet October 1 deadline submission to DESE.	
<b>Required Elements of Progress Report(s):</b> Submit evidence of the district's updated student handbook distributed to students with approved disciplinary code; copy of protocol document to be signed by students as to receipt of the school's anti-hazing policy; copies of signed acknowledgements from designated officers of student groups, teams, and organizations; copy of Anti-Hazing Report filed with Department on or before October 1. Please provide this to the Department by October 31, 2011.	
<b>Progress Report Due Date(s): October 31, 2011</b>	

<b>COORDINATED PROGRAM REVIEW</b> <b>CORRECTIVE ACTION PLAN</b> <b>(To be completed by school district/charter school)</b>	
<b>Criterion &amp; Topic: CR 23 Comparability of facilities</b>	<b>Rating: Partially Implemented</b>
<b>Department CPR Finding:</b> <i>Observations and interviews indicate that the designated space used for English learner education services at the Broadmeadow Elementary School is small for the number of students served and is not comparable to spaces used by other students in the district.</i>	



<b>Narrative Description of Corrective Action:</b> The Principal of Broadmeadow School will designate an appropriately sized room for ELL services.	
<b>Title/Role of Person(s) Responsible for Implementation:</b> Principal of Broadmeadow School	<b>Expected Date of Completion for Each Corrective Action Activity:</b> September 1, 2011
<b>Evidence of Completion of the Corrective Action:</b> ELL teacher will provide services in this new space for the 2011-12 school year.	
<b>Description of Internal Monitoring Procedures:</b> Principal will show the Director of Student Development the space for ELL instruction during the first week of school in September 2011.	
<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b> (To be completed by the Department of Elementary and Secondary Education)	
<b>Criterion:</b> CR 23 Comparability of facilities	<b>Status of Corrective Action:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Partially Approved <input type="checkbox"/> Disapproved
<b>Basis for Partial Approval or Disapproval:</b> Not Applicable	
<b>Department Order of Corrective Action:</b> Not Applicable	
<b>Required Elements of Progress Report(s):</b>  <i>Please see SE 55.</i>	
<b>Progress Report Due Date(s):</b> October 31, 2011 and March 30, 2012	

<b>COORDINATED PROGRAM REVIEW</b> <b>CORRECTIVE ACTION PLAN</b> (To be completed by school district/charter school)	
<b>Criterion &amp; Topic:</b> CR 26A Confidentiality and student records	<b>Rating:</b> Partially Implemented
<b>Department CPR Finding:</b> <i>Record review indicates that records of English learner education students do not include logs of access.</i>	
<b>Narrative Description of Corrective Action:</b> Logs of access will be placed in each record of the English language learners in the district. These records will contain testing protocols, parent communication and progress reports for each student, in addition to the Log of Access.	
<b>Title/Role of Person(s) Responsible for Implementation:</b> Director of Student Development and Program Evaluation	<b>Expected Date of Completion for Each Corrective Action Activity:</b> September 1, 2011: Log of Access will be placed in each student record
<b>Evidence of Completion of the Corrective Action:</b> Copy of Log of Access and roster of all student records, by school, will provide evidence of completion of the record-keeping system.	
<b>Description of Internal Monitoring Procedures:</b> ELL tutors and Coordinator will be responsible for monitoring the student records, insuring the placement of the Log of Access in any new student who registers in the district. The Director of Student Development will provide random record reviews in November and March, to insure compliance.	

<b>CORRECTIVE ACTION PLAN APPROVAL SECTION</b> (To be completed by the Department of Elementary and Secondary Education)	
<b>Criterion: CR 26A Confidentiality and student records</b>	<b>Status of Corrective Action:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Partially Approved <input type="checkbox"/> Disapproved
<b>Basis for Partial Approval or Disapproval:</b> While the district did propose that they would develop a protocol to ensure the records for Limited English Proficient (LEP) student contain a log of access. The district's proposal did not include dissemination of the protocol and did not fully address the internal monitoring process they would use going forward.	
<b>Department Order of Corrective Action:</b> The district must develop an internal oversight and tracking system to ensure that records of LEP students have a log of access and student record confidentiality is maintained. The district must disseminate the protocol for LEP record access to appropriate staff members and the district must conduct an administrative review of student records to ensure all LEP records contain a log of access.	
<b>Required Elements of Progress Report(s):</b> Submit the protocol for using the log of access and evidence that this protocol, related forms and information on the tracking system has been disseminated to appropriate staff members. Evidence may include but not be limited to memorandums, training/meeting agendas or email correspondence. Please submit this to the Department on or before <b>October 31, 2011</b> .  Submit the results of the administrative review of LEP student records. Indicate the number of records reviewed, the number found to be compliant, an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the district to address any identified noncompliance. Please submit this to the Department on or before <b>March 30, 2012</b> .  <i>*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade level for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s).</i>	
<b>Progress Report Due Date(s): October 31, 2011 and March 30, 2012</b>	