Corrective Action Plan

# Needs Intervention Year 2

Submission Date:

Year End Report Due Date: 5/15/2021

Determination Issue Date: July 2021

SU/SD Name:

Special Education Director Name:

# Purpose

Pursuant to section 616(a)(1)(C)(i) of the Individuals with Disabilities Education Act (IDEA) all State Education Agencies (SEA) beginning with the 2005-2006 school year have been required by the US Department of Education Office of Special Education Programs (OSEP) to annually determine if each Local Education Agency (LEA) (Supervisory Union or Supervisory District in the case of special education in Vermont) is in compliance with implementing IDEA requirements.

This document outlines the required process for the Corrective Action Plan submitted to the Agency of Education (AOE) as a result of their **Needs Intervention (NI) Year 2** LEA Determination status. LEAs are required to complete this plan and submit to the AOE by the date identified above.

## Areas identified in your district’s Corrective Action Plan

Indicator 1 (Graduation)

Indicator 2 (Drop Out)

Indicator 3 (Assessment)

Indicator 4 (Suspension/Expulsion)

Indicator 5 (Education Environments)

Indicator 6 (Preschool Environments)

Indicator 7 (Preschool Outcomes)

Indicator 8 (Parent Involvement)

Indicator 9 (Disproportionate Representation)

Indicator 10 (Disproportionate Representation in Specific Disability Categories)

Indicator 11 (Child Find)

Indicator 12 (Early Childhood Transition)

Indicator 13 (Secondary Transition)

Indicator 14 (Post-School Outcomes)

Other Areas for Improvement Noted:

In order to ensure future compliance, the AOE requires any LEA in need of a Corrective Action Plan to engage in an Assessment/Root Cause analysis process. This process is based on the Continuous Improvement Process and requires an LEA to convene stakeholders to develop a vision for the work, review data, identify problems of practice, conduct a root cause analysis, and a theory of action that includes goals and action steps.

The following tables provide directions and opportunities for reporting on the LEA’s process. Upon submission the AOE must approve the documentation below, or will require addition actions from the LEA. LEAs may choose to pursue this analysis and action planning on their own using the templates and tools linked below, or may choose to contact [Christopher.Kane@vermont.gov](mailto:Christopher.Kane@vermont.gov) for additional support.

## Assessment/Root Cause Analysis:

|  |
| --- |
| Links: [Education Quality and Continuous Improvement Framework: Research, Resources and Support for Continuous Improvement Planning Vermont Comprehensive Needs Assessment Toolkit](https://education.vermont.gov/documents/edu-comprehensive-needs-assessment-toolkit) |
| **Collaborative Stakeholders Represented:** *List the names and roles of diverse stakeholders involved in developing the plan (school board member(s), students, parents, teachers, administrators, and community members).* |
| **Shared Vision***: Write a statement that captures the vision for your students and schools***.** *Explain how this vision relates to special education, the compliance findings, and how you regularly review this vision* |
| **Area(s) of Focus Based on Data Inventory and Review Process:** *Describe the areas of focus for the inventory and review process. These areas should be related to the above indicators. The following types of data should be included, analyzed, and summarized in the Data inventory and review process: demographic, student outcomes, and school process data. Present the analysis and summary of the focus areas.* |
| **Identified Priority Problems of Practice:** *Based on the identified areas of focus, describe the prioritized problems for which you intend to seek innovative solutions/interventions. Problems of practice are directly connected to Data Inventory and Review Process* |
| **Root Cause Analysis:** *Attach completed cause and effect diagram (i.e., fishbone or five whys template) or narrative to display the results of your root cause analysis for prioritized problems; include the major factors contributing to each problem. Please use the* [*Comprehensive Needs Assessment Toolkit*](https://education.vermont.gov/documents/edu-comprehensive-needs-assessment-toolkit) *to help you conduct a thorough causal analysis for each problem of practice.* |
| **Theory of Improvement/Action:** *Based on data analysis, needs assessment results, and supporting research, define your theory of improvement. Attach driver diagram or narrative to include Goal, Drivers, and Change Ideas, and Measures.* |

## Goals/Action Steps:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Proposed SMART Goal 1** | Compliance Indicator | Milestone Tasks/Action Steps | **Responsible  Person** | **Partners to Consult/ Resources Needed** | **Target Date** | Success Measure |
| *Goal statement related to specific root cause.* | *List target indicator* | *Key tasks that need to be carried out to implement Goal One* |  | *Additional notes for resources or stakeholders* | *Date for task completion* | *How you can measure/ demonstrate that an action is complete* |
|  |  | *List additional tasks/action steps that need to be carried out to implement Goal One* |  |  |  |  |
|  |  | *List additional tasks/action steps that need to be carried out to implement Goal One* |  |  |  |  |

| **Proposed SMART Goal 2** | Compliance Indicator | Milestone Tasks/Action Steps | **Responsible  Person** | **Partners to Consult/ Resources Needed** | **Target Date** | Success Measure |
| --- | --- | --- | --- | --- | --- | --- |
| *Goal statement related to specific root cause.* | *List target indicator* | *Key tasks that need to be carried out to implement Goal Two* |  | *Additional notes for resources or stakeholders* | *Date for task completion* | *How you can measure/ demonstrate that an action is complete* |
|  |  | *List additional tasks/action steps that need to be carried out to implement Goal Two* |  |  |  |  |
|  |  | *List additional tasks/action steps that need to be carried out to implement Goal Two* |  |  |  |  |

| **Proposed SMART Goal 3** | Compliance Indicator | Milestone Tasks/Action Steps | **Responsible  Person** | **Partners to Consult/ Resources Needed** | **Target Date** | Success Measure |
| --- | --- | --- | --- | --- | --- | --- |
| *Goal statement related to specific root cause.* | *List target indicator* | *Key tasks that need to be carried out to implement Goal Three* |  | *Additional notes for resources or stakeholders* | *Date for task completion* | *How you can measure/ demonstrate that an action is complete* |
|  |  | *List additional tasks/action steps that need to be carried out to implement Goal Three* |  |  |  |  |
|  |  | *List additional tasks/action steps that need to be carried out to implement Goal Three* |  |  |  |  |