

**New Hampshire
Department of Education
Bureau of Special Education
Monitoring Review for Approval of
Private Provider Special Education
Programs**

**Parker Academy
Summary Report
2016-2017**

**David Parker, Director
Thomas Starratt, Principal**

**Coordinating Education Consultant;
Lori Noordergraaf**

**Monitoring Visit Conducted on January 31, 2017
Report Date: March 21, 2017**

Overview of the Parker Academy Program

The Parker Academy, School Year program is a New Hampshire Department of Education (NHDOE), Bureau of Special Education (Bureau) approved program located at 2 Fisk Road in Concord, New Hampshire. The program is approved for grades 6 through 12 for up to 36 students. The Parker Academy, Summer program is a NHDOE, Bureau of Special Education approved program at this same location for grades 6 through 12 for up to 10 students. Both programs are approved for the following primary disabilities: Autism, Emotional Disturbance, Multiple Disabilities, Other Health Impairment, Specific Learning Disability, and Speech-Language Impairment. Parker Academy offers a regular high school diploma.

At Parker Academy, there is a commitment to creating an educational environment that promotes resiliency, expects honesty and respect, and encourages students to see learning as a life-long goal.

The leadership team at Parker Academy consists of the director, the principal, the assistant principal, the special education coordinator, the school psychologist and the office manager.

The program's mission is to provide an intentional, compassionate and comprehensive program that responds to the needs of each student.

The purpose for the program is to provide academic programming that responds to the individual's learning style, to encourage service to the school and to the community, to recognize physical fitness as a part of overall wellness, to cultivate an appreciation of and participation in the arts and to promote social and emotional growth.

Parker Academy's "Parker Education Parent-Student Handbook" outlines their Culturally Accepted Norms (C.A.N.s) which were developed by students and staff and are for students and staff. These include respecting the personal space of others, practicing the Parker Handshake, using technology in a responsible manner and using school appropriate language.

According to Parker Academy's "Parker Education Parent-Student Handbook", the Parker Academy program creates a small and personalized environment that demonstrates respect for the rights of each individual and a value for the individual differences among community members. Staff and students work together to provide a safe, tolerant and respectful environment, and one that is conducive to learning. Each member of the Parker Academy community is expected to conduct him or herself in a manner that does not interfere with the safety, emotional well-being or learning of another student.

Noteworthy Practices and Areas in Need of Refinement

Noteworthy Practices

During the monitoring visit, it had been revealed that Parker Academy includes several practices in their teaching, lessons, and expectations which are noteworthy. Such practices include:

- Focusing on the whole child's capabilities while remediating weaknesses.
- Integrating mindfulness, social thinking/pragmatic language and zones of regulation into all aspects of the student's day to promote wellness and personal growth.
- Building transition skills by guiding students in researching adult work habits and learning what makes adults successful in the work environment.
- Offering industrial arts and fine arts programs and instruction.
- Incorporating experiential learning opportunities into the schedule using an activity day to promote participation in school and community through recreational and public service activities.
- Encouraging parents and guardians' involvement and support in by providing the opportunity to participate in monthly parent support groups with the school psychologist.
- Providing extended learning opportunities by building a partnership with St. Paul's School.
- Offering competency-based instruction and grading
- Building time in to the end of each school day for staff to process and debrief on student performance after students leave for the day.

Areas in Need of Refinement

During the monitoring visit, it had been revealed that Parker Academy had a couple areas in need of refinement. The NHDOE identified these areas, and potential remedies. Whereas these practices do not rise to the standard of noncompliance, and therefore require no corrective actions, the NHDOE believes that the areas in need of refinement are noteworthy to be addressed.

- During the monitoring review, the team discovered that Parker Academy’s “Parker Education Parent-Student Handbook” provides information regarding withdrawal/administrative withdrawal from the program, as determined by factors such as student behavior; however, there is no information regarding Ed 1114.05(b)(5) Criteria for Discharge, which would outline the procedures for determining how and when the student has successfully met IEP/ program goals and is ready to transition to a less restrictive school setting. The NHDOE recommends that Parker Academy include the criteria for discharge in their handbook, as well as in the Admissions section of their Policy and Procedure manual.
- During the monitoring review, the team discovered that Parker Academy’s “Parker Education Parent-Student Handbook” makes a reference to having and utilizing “two locations” for student programming; one located at 2 Fisk Road (Parker Academy) and the other located at 33 Pleasant Street (Parker tutoring services). This has the potential to be misleading for parents and Local Education Agencies (LEAs) looking to place students with disabilities in an approved special education program. The NHDOE approved special education programs (Parker Academy, School Year & Parker Academy, Summer) are located at located at 2 Fisk Road. The Parker tutoring services located at 33 Pleasant Street is not approved by the NHDOE as a special education program. The NHDOE recommends that Parker Academy update their handbook to accurately reflect the differences between the NHDOE approved special education programs located at 2 Fisk Road and the tutoring services provided at 33 Pleasant Street.

Overview of the Monitoring Review for Approval of Special Education Programs Process

The Special Education Monitoring Review for Approval of Private Provider Special Education Programs process ensures that students with educational disabilities have access to; can participate in; and can demonstrate progress within the general education curriculum, thereby improving student learning. The primary focus of the monitoring review is to improve educational results and functional outcomes for all children with disabilities.

Monitoring is done on a cyclical basis. During the year prior to monitoring, the New Hampshire Department of Education (NHDOE), Bureau of Special Education (Bureau) offers training to each private provider who is involved in the monitoring process. Training encompasses writing Measurable Annual Goals, Written Prior Notice, Self-Assessment, and a topic selected by the private provider based on current need. During this time, the private provider will be given the option to include a director from outside of their Local Education Agency (LEA) area to participate in the on-site file review, as well as at least one special education administrator from another private school who has been trained in the process by the Bureau. At the beginning of the school year in which the private provider is being monitored, the private provider will send the Bureau their completed application for renewal of Bureau special education approval/nonpublic school approval in addition to the program's policy and procedure manual and any special education forms that are used by the private program. Following a review of these documents, the monitoring team will conduct an on-site review in which student files are examined for evidence of implementation of the policies and procedures through the special education process. The Bureau will also conduct a follow-up review to verify the implementation of corrective actions as defined in the summary report.

The New Hampshire Department of Education, Bureau of Special Education review members for this monitoring review included Lori Noordergraaf and Helene Anzalone from the Department of Education, Mike O'Hara, Director of Special Education from Cedarcrest, and Meg Driscoll, Director of Special Services from Stratham School District.

Policies, Procedures, and Effective Implementation

Each private provider must have policies, procedures, and effective implementation of practices that are aligned and support the implementation of IDEA and the *New Hampshire Rules for the Education of Children with Disabilities*.

The monitoring team reviewed the following policies and procedures for compliance with State and Federal regulations regarding administration, confidentiality of information, program requirements, responsibilities of private providers of special education implementation of IEPs, behavioral interventions, RSA 126-U Limiting the use of child restraint practices in schools and treatment centers, qualifications and requirements for instructional, administrative and support personnel, change in placement or termination of enrollment, physical facilities, health and medical care, photography and audio-visual recording, and emergency planning and preparedness.

Based on the review of Parker Academy's policies and procedures manual, the monitoring team determined there were **2 finding of noncompliance**.

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
1. Ed 1114.19(a) (b)	Insurance Coverage
<p>Finding of Noncompliance: Evidence of maintaining bonding insurance in an amount adequate to cover the amount of prepaid public funds received, directly or indirectly, and expenses associated with the recovery of such funds was not provided with the submission of application materials. Evidence that all persons delegated the authority to sign checks or manage funds are bonded was not provided with the submission of application materials.</p>	
<p>Corrective Action Regarding the Implementation of the Regulations: Parker Academy must provide evidence of bonding insurance in an amount adequate to cover the amount of prepaid public funds received, directly or indirectly, and expenses associated with the recovery of such funds. Parker Academy must also provide evidence that all persons delegated the authority to sign checks or manage funds are bonded within 6 months of the date of this report.</p>	
<p>The NHDOE will verify compliance through a subsequent on-site review.</p>	

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
2. RSA 126-U:2	Limiting the Use of Child Restraint Practices in Schools and Treatment Centers
<p>Finding of Noncompliance: Parker Academy's policies and procedures are not in compliance with RSA 126-U:2 regarding how, and under what circumstances restraint and/or seclusion may be used, as well as having personnel trained in the use of restraints.</p>	
<p>Corrective Action Regarding the Implementation of the Regulations: Parker Academy must revise its policies and procedures to contain a behavior management policy that includes how, and under what circumstances restraint and/or seclusion may be used, as well as having personnel trained in the use of restraints compliant with RSA 126-U:2 within 6 months of the date of this report.</p>	
<p>The NHDOE will verify compliance through a subsequent on-site review.</p>	

Private Provider Curriculum and Effective Implementation

As part of the review, the monitoring team looked for evidence that Parker Academy is providing students with access to the general curriculum. The monitoring team reviewed the grades 6 through 12 curriculum provided by Parker Academy for compliance with learning areas in Arts Education, English/Language Arts, Health Education, Physical Education, Family & Consumer Science, Information & Communications Technologies, Mathematics, Science, Social Studies, and Technology Education, pursuant to Ed 306.261(b)(1)and(2) & Ed 306.27(c).

Based on the review of Parker Academy's curriculum, the monitoring team determined that there was **one finding of noncompliance**.

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
1. Ed 1114.05(g)	Program Requirements: Curriculum
<p>Finding of Noncompliance: In each private provider of special education or other non-LEA program, all children with disabilities shall have access to equal educational opportunities within their programs and access to and ability to progress in the general curriculum as required under 34 CFR 300.320.</p>	
<p>Parker Academy is not approved for grade 5; no grade 5 curriculum is in place to provide FAPE to a fifth grade student.</p>	
<p>Corrective Action Regarding the Implementation of the Regulations: Parker Academy shall immediately stop the practice of accepting students in grade levels and/or disability areas for which they are not approved.</p>	
<p>As soon as possible, but no later than January 31, 2017, Parker Academy must develop and submit to the NHDOE an admissions policy and intake procedure which includes information regarding the grades and disability areas Parker Academy is approved for.</p>	
<p>Following the Bureau's approval of the Admissions Policy and Intake Procedure, Parker Academy must submit a monthly document for six months that these admissions policies and intake procedures are provided to LEAs and parents when Parker Academy is being considered as a placement option. Parker Academy must submit a monthly document of all current NH students for six months from the date of the letter sent on October 25, 2016. The document must include the student's SASID number, LEA, current grade, disability area, and start date.</p>	

Personnel

The NHDOE has reviewed Parker Academy personnel certifications using the New Hampshire Educator Information System. The review process was for educators employed during 2016-2017 school year.

The personnel roster that was provided by Parker Academy was compared to the data in the New Hampshire Educator Information System. Each personnel member's endorsement was compared to the subject/assignment. This process was used for personnel that hold Beginning Educator Certification (BEC) and Experienced Educator Certification (EEC). If the endorsement was appropriate to the subject/ assignment then the renewal date of the endorsement was verified to ensure that the endorsement was current.

If there was a discrepancy between endorsement and the subject/assignment, the private provider was given an opportunity to verify the data. If the discrepancy could not be resolved a finding of noncompliance was made based on Personnel Standards pursuant to Ed 1114.10(a), 34 CFR 300.18, and 34 CFR 300.156.

Based on the review of the Parker Academy's personnel certifications, the monitoring team determined there was **one finding of noncompliance**.

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
34 CFR 300.18; 34 CFR 300.156; Ed 1114.10(a)	Personnel Standards
<p>Finding of Noncompliance: Two staff members were not certified for the roles for which they were assigned:</p> <ul style="list-style-type: none"> • A staff member has a subject/assignment in math; however has no endorsement in this area. • A staff member has a subject/assignment in science; however has no endorsement in this area. 	
<p>Corrective Action Regarding the Implementation of the Regulations: Parker Academy must provide evidence that resolves this finding of noncompliance, as soon as possible but no later than 6 months from the date of the report.</p>	

Parker Academy was notified of the concerns listed above, via email, on January 29, 2016. Staff specific information was included in the email.

Monitoring of the Implementation of Special Education Process

Private providers are responsible for implementing the special education process in accordance with IDEA and the *New Hampshire Rules for the Education of Children with Disabilities*. The self-assessment data collection form highlights the private providers' understanding of the requirements of IDEA and the *New Hampshire Rules for the Education of Children with Disabilities* and was reviewed during the monitoring visit. Each area of compliance on the self-assessment data collection form clearly outlines whether the compliance is either a requirement of both IDEA and the *New Hampshire Rules for the Education of Children with Disabilities* or a requirement of solely the *New Hampshire Rules for the Education of Children with Disabilities*. The private provider cites the evidence of compliance in the self-assessment prior to the monitoring visit. During the monitoring visit, the monitoring team verified the evidence of compliance based on review of the student file, using the private providers' self-assessment as a resource. In the case of student specific finding(s) of noncompliance, the sending District is cited for noncompliance, as well as the private provider.

Based on this review, the Bureau of Special Education identified findings of noncompliance with IDEA and the *New Hampshire Rules for the Education of Children with Disabilities*. The findings include the citation, the area of noncompliance, and the required corrective actions, which include timelines for demonstrating correction of noncompliance. Student specific information will not be included in the report but will be provided to the private provider and, when appropriate, a district's Director of Special Education.

There are two main components to the corrective actions entitled, "*Corrective Action of Individual Instance of Noncompliance*" and "*Corrective Action Regarding the Implementation of the Regulations*". The first component, "corrective action of individual instance of noncompliance," is for any noncompliance concerning a child-specific requirement. There must be evidence that the private provider has corrected each individual case of noncompliance, unless the child is no longer placed at the program. These areas must be corrected as soon as possible with state timelines given in the report for each area. The

Bureau will return to the program, typically within 3 months of the date of the report, to verify compliance for each individual instance identified in the report. The second component, “corrective action regarding the implementation of the regulations” would typically involve the private provider’s participating in professional development training to appropriate personnel with regards to areas found to be in noncompliance. The Bureau will review updated data collected after the identification of noncompliance to demonstrate that the program is correctly implementing the specific requirement. This involves a follow-up on-site review of new student files, selected typically within one year of the original on-site compliance & improvement monitoring.

Overview of the Student Specific Findings of Noncompliance

The chart below identifies the area of compliance based on student files that were reviewed by the compliance & improvement monitoring team during the onsite visit. The chart is broken down into the **compliance citations** and **area of compliance**. The compliance citations are based on the *CFR* found in the federal regulations of IDEA and the *Ed* found in the New Hampshire Rules for the Education of Children with Disabilities. The chart aligns the regulatory components to the numbered questions in the self-assessment. Regulatory components and self-assessment numbers are bolded in instances where noncompliance was noted by the compliance & improvement monitoring team.

The **review status** identifies the **number of files reviewed** for the self-assessment question as well as the number of files that were found to be in compliance. For example “5 out of 6 files demonstrated evidence that a copy of the procedural safeguards, available to the parents of a child with a disability, was given to the parent one time in the school year.” This means that 6 files were reviewed and 5 files were found to be in compliance.

In cases where there was a finding of noncompliance for a particular student, the chart identifies the **First Stage Corrective Action of Individual Instance(s) of Noncompliance**. In the case of an individual instance of noncompliance, the corrective action would generally involve the IEP team convening to resolve the finding of noncompliance. Timelines for these corrective actions are also noted. For the First Stage Corrective Actions, the Bureau will return to the private provider program within 3 months following the program receiving written notification of noncompliance (the report) to review all student files in which there were findings of noncompliance in order to verify compliance with the corrective action stated in the report.

In cases where there was a finding of noncompliance for a particular student, the next section of the chart identifies the **First Stage Corrective Action Regarding the Implementation of the Regulation**. This section informs the private provider program of any practices or procedures which need to be corrected as well as trainings for personnel to inform them of the corrections as a result of the findings of noncompliance. The required corrective action for the program and a timeline for the corrective action is also provided.

In cases where there was a finding of noncompliance for a particular student, the final section of the chart identifies the **Second Stage Corrective Action Regarding the Implementation of the Regulation**. Identified in this section will be the number of new student files that will be selected at the program to demonstrate correct implementation of the regulations for the section of the self-assessment in which noncompliance was found. For the Second Stage Corrective Actions, the Bureau will verify compliance through a subsequent on-site review of the new files within one year from the date of the report. **The total number of student files selected for the Second Stage Corrective Action Regarding the Implementation of the Regulation will not exceed the original number of files reviewed at the private provider program.**

Findings of Noncompliance

When determining compliance, the NHDOE reviews the currently agreed upon/signed IEP at the on-site monitoring visit. During the on-site monitoring visit there were **2 files** which could not be reviewed for sections E (#13 – 19), F (#20 – 25) G (#26), H (#27 – 30), I (#31), J (#32 – 35), K (#36 – 37), L (#38a – 45), M (#46), and N (#47 – 49) as there was no parent and/or LEA signature indicating consent / approval of the provisions of the IEP; therefore those areas to be reviewed for **student files E and F** were deemed out of compliance.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1114.03		A. Governance
Self-Assessment Question Number & Regulatory Component		Review Status
1.	Ed 1114.03(a)	3 out of 3 IEP files demonstrated evidence that the private provider has, for IEPs in which the private provider cannot provide the student with all services detailed in the IEPs, an agreed upon contract with the sending LEA for the provision of those services. <i>(3 student files have all services provided by the private provider)</i>
2.	Ed 1114.03(d)	6 out of 6 IEP files demonstrated evidence that the private provider has appointed a person to act as chief administrator with authority to manage the affairs of the program.
3.	Ed 1114.03(g)	6 out of 6 IEP files demonstrated evidence that the private provider has kept on permanent file a current list of the names and addresses of all members of the program's board of directors.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1114.05		B. Record of Access; Confidentiality Requirements
Self-Assessment Question Number & Regulatory Component		Review Status
4.	34 CFR 300.614 Ed 1119.02	6 out of 6 IEP files demonstrated evidence of a record of parties that have obtained access to the education records collected, maintained or used under Part B of the Act.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.323 Ed 1109		C. Individualized Education Program
Self-Assessment Question Number & Regulatory Component		Review Status
5.	Ed 1109.04(a)	5 out of 6 IEP files demonstrated evidence that a copy of the IEP has been provided to each teacher and service provider listed as having responsibilities for implementing the IEP. For student A there was insufficient evidence demonstrating compliance with this requirement.
6.	34 CFR 300.324(b)(1)(i) Ed 1109.03(d)	6 out of 6 IEP files demonstrated evidence that the IEP was reviewed periodically but not less than annually. <i>(No student files were of students with initial IEPs.)</i>
7.	34 CFR 300.323(a) Ed 1109.03(1)	6 out of 6 IEP files demonstrated evidence that the IEP was in place at the beginning of the school year. <i>(No student files were placed after beginning of school year.)</i>
<p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must show evidence that a copy of the IEP has been provided to each teacher and service provider listed as having responsibilities for implementing the IEP.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p> <p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that copies of IEPs are provided to each teacher and service provider listed as having responsibilities for implementing the IEP.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p> <p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.321 Ed 1103.01		D. IEP Team; Participants in the Special Education Process
Self-Assessment Question Number & Regulatory Component		Review Status
8.	34 CFR 300.321(a)(1) Ed 1103.01(a)	4 out of 6 IEP files demonstrated evidence that the IEP Team included the parents of the child. <i>(No student files were of adult students.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
9.	34 CFR 300.321(a)(2) Ed 1103.01(a)	4 out of 6 IEP files demonstrated evidence that at least one regular education teacher of the child participated in the meeting. <i>(No student files were students excused per 34 CFR 300.321(e).)</i> For students A & E there was insufficient evidence demonstrating compliance with this requirement.

10.	34 CFR 300.321(a)(3) Ed 1103.01(a)	6 out of 6 IEP files demonstrated evidence that at least one special education teacher or special education provider of the child participated in the meeting. <i>(No student files were students excused per 34 CFR 300.321(e).)</i>
11.	34 CFR 300.321(a)(4) Ed 1103.01(a)	5 out of 6 IEP files demonstrated evidence that the IEP Team included an LEA representative. For student E there was insufficient evidence demonstrating compliance with this requirement.
12.	Ed 1103.02(a)(b)	2 out of 6 IEP files demonstrated evidence that the parent(s) received a written invitation no fewer than 10 days before an IEP meeting which included the purpose, time, location and identification of the participants. 4 out of 4 of those IEP files in which the parent(s) received a written invitation fewer than 10 days before an IEP meeting demonstrated evidence of written consent of the parent(s) that the notice requirements were waived {Ed 1103.02(b)}.
<p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide trainings to appropriate staff for ensuring that the IEP team included the parents of the child, at least one regular education teacher, and an LEA representative.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p> <p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320		E. Individualized Education Program (Present Levels of Academic Achievement and Functional Performance)
Self-Assessment Question Number & Regulatory Component		Review Status
13.	34 CFR 300.324(a)(1)(i)	4 out of 6 IEP files demonstrated evidence that the team considered the strengths of the child. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
14.	34 CFR 300.324(a)(1)(iv)	4 out of 6 IEP files demonstrated evidence that the team considered the academic, developmental, and functional needs of the child. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
15.	34 CFR 300.324(a)(1)(ii)	4 out of 6 IEP files demonstrated evidence that the concerns of the parents for enhancing the education of their child were considered. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
16.	34 CFR 300.324(a)(1)(iii)	4 out of 6 IEP files demonstrated evidence that the results of the initial or most recent evaluation of the child were considered. For students E & F there was insufficient evidence demonstrating compliance with this requirement.

17.	34 CFR 300.320(a)(1)(i)	<p>4 out of 6 IEP files demonstrated evidence of a statement in the IEP that describes how the student's disability affects the student's involvement and progress in the general education curriculum. <i>(No student files were preschool age students.)</i></p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
18.	34 CFR 300.320(a)(4)(ii)	<p>4 out of 6 IEP files demonstrated evidence of a statement in the IEP that describes how the student's disability affects non-academic areas.</p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
19.	34 CFR 300.320(a)(1)(ii)	<p>For preschool children, 0 out of 0 IEP files demonstrated evidence of a statement in the IEP that describes how the disability affects the child's participation in appropriate activities. <i>(6 student files were not of preschool age students.)</i></p>

First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and provide evidence that the following is included in the IEP: a statement of the child's strengths; a statement of the child's academic, developmental, and functional needs; a statement of the parent's concern's for improving the student's education in the IEP; the results of initial or most recent evaluations of the child; a statement in the IEP that describes how the child's disability affects the student's involvement and progress in the general education curriculum; and a statement that describes how the child's disability affects non-academic areas.

The NHDOE will verify this through a subsequent on-site review.

First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.

Provide training to appropriate staff to include in student's IEPs a statement of the child's strengths; of the child's academic, developmental, and functional needs; of the parent's concern's for improving the student's education in the IEP; of the results of initial or most recent evaluations of the child; of how the child's disability affects the student's involvement and progress in the general education curriculum; that describes how the child's disability affects non-academic areas; and for preschool children, a statement in the IEP that describes how the disability affects the child's participation in appropriate activities.

Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.

Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.324(a)(2)(i) Ed 1109.03(h)		F. Consideration of Special Factors
Self-Assessment Question Number & Regulatory Component		Review Status
20.	34 CFR 300.324(a)(2)(i)	When a child's behavior impedes the child's learning or that of others, 2 out of 4 IEP files demonstrated evidence that the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior. <i>(2 student files were not of students whose behavior impedes learning.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
21.	34 CFR 300.324(a)(2)(ii)	When a child demonstrates limited English proficiency, 0 out of 2 IEP files demonstrated evidence that the team considered the language needs of the child as those needs relate to the child's IEP. <i>(4 student files were not of students who demonstrated limited English proficiency.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
22.	34 CFR 300.324(a)(2)(iii) Ed 1109.03(h)	When a child is blind or visually impaired, 0 out of 2 IEP files demonstrated evidence that the team provided for instruction in Braille and the use of Braille unless the IEP team determined, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille was not appropriate for the child. <i>(4 student files were not of blind or visually impaired students.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
23.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	4 out of 6 IEP files demonstrated evidence that the IEP Team considered the communication needs of the child. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
24.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	When a child is deaf or hard of hearing, 0 out of 2 IEP files demonstrated evidence that the team considered the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. <i>4 student files were not of deaf or hard of hearing students.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
25.	34 CFR 300.324(a)(2)(v) Ed 1109.03(h)	4 out of 6 IEP files demonstrated evidence that the IEP Team considered whether the child needs assistive technology devices and services. For students E & F there was insufficient evidence demonstrating compliance with this requirement.

First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and provide evidence that, when a child's behavior impedes the child's learning or that of others, the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior; when a child demonstrates limited English proficiency, the team considered the language needs of the child as those needs relate to the child's IEP; when a child is blind or visually impaired, the team provided for instruction in Braille and the use of Braille unless the IEP team determined, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille was not appropriate for the child; the IEP Team considered the communication needs of the child; when a child is deaf or hard of hearing, the team considered the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and the IEP Team considered whether the child needs assistive technology devices and services.

The NHDOE will verify this through a subsequent on-site review.

First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.

Provide training to appropriate staff to ensure that when a child's behavior impedes the child's learning or that of others, the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior; when a child demonstrates limited English proficiency, the team considered the language needs of the child as those needs relate to the child's IEP; when a child is blind or visually impaired, the team provided for instruction in Braille and the use of Braille unless the IEP team determined, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille was not appropriate for the child; the IEP Team considered the communication needs of the child; when a child is deaf or hard of hearing, the team considered the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and the IEP Team considered whether the child needs assistive technology devices and services.

Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.

Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.01(a)(10)		G. Courses of Study
Self-Assessment Question Number & Regulatory Component		Review Status
26.	Ed 1109.01(a)(10)	<p>For each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, 2 out of 4 IEP files demonstrated evidence of a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's courses of study such as participation in advanced-placement courses or a vocational education. <i>(2 student files were students aged 13 or younger who will not be turning 14 during the IEP period.)</i></p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p> <p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and provide evidence that for each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, the IEP includes a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's courses of study such as participation in advanced-placement courses or a vocational education.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p> <p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.</p> <p>Provide training to appropriate staff to ensure that for each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, the IEP includes a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's courses of study such as participation in advanced-placement courses or a vocational education.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p> <p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(2)(i) Ed 1109.01(a)		H. Measurable Annual Goals; Short-term Objectives or Benchmarks
Self-Assessment Question Number & Regulatory Component		Review Status
27.	34 CFR 300.320(a)(2)(i) Ed 1109.01(a)(1)	<p>3 out of 6 IEP files demonstrated evidence of a statement of measurable annual goals, including academic and functional goals.</p> <p>For students A, E & F there was insufficient evidence demonstrating compliance with this requirement.</p>

28.	34 CFR 300.320(a)(2)(i)(A) Ed 1109.01(a)(1)	<p>4 out of 6 IEP files demonstrated evidence that the measurable annual goals meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum.</p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
29.	34 CFR 300.320(a)(2)(i)(B) Ed 1109.01(a)(1)	<p>If there are other educational needs that result from the child's disability, 4 out of 6 IEP files demonstrated evidence that the measurable annual goals meet each of the child's other educational needs that result from the child's disability.</p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
30.	Ed 1109.01(a)(6)	<p>4 out of 6 IEP files demonstrated evidence of short-term objectives or benchmarks for all children unless the parent determines them unnecessary for all or some of the child's annual goals.</p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
<p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months of the date of this report, the private provider must amend the IEPs to include measurable annual goals; measurable goals that meet the child's needs that result from the child's disability and the child's other educational needs; and short-term objectives or benchmarks for all children unless the parent determines them unnecessary for all or some of the child's annual goals.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p>		
<p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.</p> <p>Provide training to appropriate staff to address writing measurable annual goals; including goals that meet the child's needs that result from the child's disability and other educational needs; and including short-term objectives or benchmarks for all children unless the parent determines them unnecessary for all or some of the child's annual goals.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p>		
<p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.01(a)(8)		I. Review and Revision of IEPs (Measuring Progress)
Self-Assessment Question Number & Regulatory Component		Review Status
31.	Ed 1109.01(a)(8)	<p>4 out of 6 IEP files demonstrated evidence that the IEP includes a statement of how the child's progress toward meeting the annual goals shall be provided to the parents.</p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>

First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months of the date of this report, the private provider must amend the IEPs to a statement of how the child's progress toward meeting the annual goals shall be provided to the parents.

The NHDOE will verify this through a subsequent on-site review.

First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.

Provide training to appropriate staff to address that IEP's include a statement of how the child's progress toward meeting the annual goals shall be provided to the parents.

Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.

Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1114.06(b)		J. Responsibilities of Private Providers of Special Education or other Non-LEA Programs in the Implementation of IEPs
Self-Assessment Question Number & Regulatory Component		Review Status
32.	Ed 1114.06(a); Ed 1109.05	For the purpose of initiating the process for all matters concerning possible changes and/or modification in the identification, evaluation, development and/or revision of an IEP or changes in placement of a child with a disability, 3 out of 5 IEP files demonstrated evidence that the private provider contacted the sending school district. <i>(1 student file had no changes in the child's identification, evaluation, development or revision of the IEP or placement)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
33.	Ed 1114.06(g)	4 out of 6 IEP files demonstrated evidence that the private provider of special education has maintained progress information for each child with a disability on an ongoing basis in accordance with 34 CFR 300.600(b)(1). For students E & F there was insufficient evidence demonstrating compliance with this requirement.
34.	Ed 1114.06(h)	4 out of 6 IEP files demonstrated evidence that a mid-year review and annual evaluation of the child's progress relative to the written IEP was conducted by the sending LEA and the private provider. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
35.	Ed 1114.06(j)	4 out of 6 IEP files demonstrated evidence that a minimum of 3 comprehensive reports per year are completed on each child with a disability enrolled in the program. For students E & F there was insufficient evidence demonstrating compliance with this requirement.

First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and provide evidence that the private provider of special education has maintained progress information for each child with a disability on an ongoing basis in accordance with 34 CFR 300.600(b)(1), that a mid-year review and annual evaluation of the child's progress relative to the written IEP was conducted by the sending LEA and the private provider, and that a minimum of 3 comprehensive reports per year are completed on each child with a disability enrolled in the program.

The NHDOE will verify this through a subsequent on-site review.

First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.

Provide training to appropriate staff to ensure that for the purpose of initiating the process for all matters concerning possible changes and/or modification in the identification, evaluation, development and/or revision of an IEP or changes in placement of a child with a disability the private provider contacted the sending school district, that the private provider of special education has maintained progress information for each child with a disability on an ongoing basis in accordance with 34 CFR 300.600(b)(1), that a mid-year review and annual evaluation of the child's progress relative to the written IEP was conducted by the sending LEA and the private provider, and that a minimum of 3 comprehensive reports per year are completed on each child with a disability enrolled in the program.

Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.

Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.323(d)(2)(ii) Ed 1109.03(a); Ed 1109.03(v); Ed 1102.01(b)		K. Accessibility of Child's IEP to Teachers and Others (General Accommodations and General Modifications)
Self-Assessment Question Number & Regulatory Component		Review Status
36.	Ed 1102.01(b)	If accommodations are included, 4 out of 6 IEP files demonstrated evidence that the accommodations are changes in instruction or evaluation determined necessary by the IEP team that do not impact the rigor and/or validity of the subject matter being taught or assessed. <i>(No student files were students with no accommodations.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
37.	Ed 1102.03(v)	If modifications are included, 0 out of 3 IEP files demonstrated evidence that the modifications are changes in instruction or evaluation determined necessary by the IEP team that impacts the rigor and validity or rigor or validity, of the subject matter being taught or assessed. <i>(3 student files were students with no modifications.)</i> For students B, E & F there was insufficient evidence demonstrating compliance with this requirement.

First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must show evidence that each teacher and service provider has been informed of the specific accommodations, modifications, and supports that must be provided for the child in accordance with the IEP.

As soon as possible but no later than 2 months from the date of the report, the district must convene the IEP teams to review the IEPs and show evidence that if accommodations are included in the IEP, they are changes in instruction or evaluation determined necessary by the IEP team that do not impact the rigor and/or validity of the subject matter being taught or assessed, and if modifications are included in the IEP, they are changes in instruction or evaluation determined necessary by the IEP team that impacts the rigor and validity or rigor or validity, of the subject matter being taught or assessed.

The NHDOE will verify this through a subsequent on-site review.

First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.

Provide training to appropriate staff to ensure that accommodations are changes in instruction or evaluation determined necessary by the IEP team that **do not impact** the rigor and/or validity of the subject matter being taught or assessed, and modifications are changes in instruction or evaluation determined necessary by the IEP team **that impacts** the rigor and validity, or, rigor or validity of the subject matter being taught or assessed.

Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.

Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 3 new student files at Parker Academy for updated data demonstrating compliance with this requirement.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a) Ed 1109.01(a)(1); 1109.04(b)		L. Definition of Individualized Education Program (Special Education and Related Services, Supplementary Aids and Services, and Program Modifications or Supports for School Personnel)
Self-Assessment Question Number & Regulatory Component		Review Status
38(a).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	4 out of 6 IEP files demonstrated evidence of a statement of special education. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
38(b).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	4 out of 6 IEP files demonstrated evidence of a statement of related services. <i>(No student files were students for whom there was no evidence that the IEP team determined this is necessary.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
38(c).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	0 out of 2 IEP files demonstrated evidence of a statement of supplementary aids and services. <i>(4 student files were students for whom there was no evidence that the IEP team determined this is necessary.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.

38(d).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	0 out of 2 IEP files demonstrated evidence of a statement of the program modifications. <i>(4 student files were students for whom there was no evidence that the IEP team determined this is necessary.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
38(e).	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	0 out of 2 IEP files demonstrated evidence of a statement of the supports for school personnel. <i>(4 student files were students for whom there was no evidence that the IEP team determined this is necessary.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
39.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	4 out of 6 IEP files demonstrated evidence of a projected date for the beginning of the services and modifications described in the supports and services section of the IEP. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
40.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	4 out of 6 IEP files demonstrated evidence of the anticipated frequency, location, and duration of those services and modifications described in the supports and services section of the IEP. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
41.	Ed 1109.04(b)(1)	4 out of 6 IEP files demonstrated written evidence documenting implementation of the IEP with regards to all special education services provided. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
42.	Ed 1109.04(b)(1)	4 out of 6 IEP files demonstrated written evidence documenting implementation of the IEP with regards to all related services provided. <i>(No student files were students for whom there were no related services in the IEP.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
43.	Ed 1109.04(b)(2)	0 out of 2 IEP files demonstrated written evidence documenting implementation of the IEP with regards to any supplementary aids and services provided. <i>(4 student files were students for whom there were no supplementary aids and services in the IEP.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.
44.	Ed 1109.04(b)(3)	0 out of 2 IEP files demonstrated written evidence documenting implementation of the IEP with regards to program modifications. <i>(4 student files were students for whom there were no program modifications in the IEP.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.

45.	Ed 1109.04(b)(3)	<p>0 out of 2 IEP files demonstrated written evidence documenting implementation of the IEP with regards to supports for school personnel. <i>(4 student files were students for whom there were no supports for personnel in the IEP.)</i></p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
<p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and provide evidence of a statement of special education and related services, supplementary aids and services, program modifications, and supports for school personnel.</p> <p>As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and provide evidence of a projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications described in the supports and services section.</p> <p>As soon as possible, but no later than 2 months from the date of this report, the private provider must provide documentation of evidence for the implementation of special education and related services provided, supplementary aids and services provided, program modifications made, and supports provided for school personnel.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p>		
<p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.</p> <p>Provide training to appropriate staff to ensure that the IEP includes applicable special education and related services, supplementary aids and services, program modifications and supports for school personnel. Additional training needs to include projected date for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications described in the supports and services section.</p> <p>Provide training to appropriate staff for ensuring that there is written evidence documenting implementation of the IEP with regards to all special education and related services provided, supplementary aids and services provided, program modifications, and supports provided for school personnel implementing the IEP.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p>		
<p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(5) Ed 1109.01(a)(1)		M. Definition of Individualized Education Program (Justification for Non-Participation)
Self-Assessment Question Number & Regulatory Component		Review Status
46.	34CFR 300.320(a)(5) Ed 1109.01(a)(1)	4 out of 6 IEP files demonstrated evidence of an explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in the supports and services section of the IEP. For students E & F there was insufficient evidence demonstrating compliance with this requirement.
<p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months of the date of this report, the private provider must amend the IEPs to include the explanation of the extent, if any, to which the child did not participate with nondisabled children in the regular class and in the activities described in the supports and services section of the IEP.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p> <p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.</p> <p>Provide training to appropriate staff to address the explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in the supports and services section of the IEP.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p> <p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(6) Ed 1109.01(a)(1)		N. Definition of Individualized Education Program (State and District Wide Assessments)
Self-Assessment Question Number & Regulatory Component		Review Status
47.	34 CFR 300.320(a)(6)(i) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	2 out of 4 IEP files demonstrated evidence of a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district wide assessments. <i>(2 student files were of students for whom there were no state or district wide assessments for the student's age/grade level.)</i> For students E & F there was insufficient evidence demonstrating compliance with this requirement.

48.	34 CFR 300.320(a)(6)(ii)(A) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	<p>When the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or district wide assessment of student achievement, 0 out of 2 IEP files demonstrated evidence of a statement of why the child cannot participate in the regular assessment. <i>(4 student files were of students not taking an alternate assessment.)</i></p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
49.	34 CFR 300.320(a)(6)(ii)(B) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	<p>When the child is taking an alternate assessment, 0 out of 2 IEP files demonstrated evidence describing why the particular alternate assessment selected is appropriate for the child. <i>(4 student files were of students not taking an alternate assessment.)</i></p> <p>For students E & F there was insufficient evidence demonstrating compliance with this requirement.</p>
<p>First Stage Corrective Action of Student Specific Instance(s) of Noncompliance: As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and show evidence that the IEP includes a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district wide assessments.</p> <p>As soon as possible, but no later than 2 months from the date of this report, the private provider must convene the IEP teams to review the IEPs and show evidence that when the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or district wide assessment of student achievement, the IEP includes a statement of why the child cannot participate in the regular assessment, and when the child is taking an alternate assessment, the IEP includes a statement describing why the particular alternate assessment selected is appropriate for the child.</p> <p>The NHDOE will verify this through a subsequent on-site review.</p>		
<p>First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure that IEPs include the signature of the parent, or where appropriate, student, and a representative of the LEA indicating approval of the provisions of the IEP.</p> <p>Provide training to appropriate staff to address that the IEP includes a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on State and district wide assessments. Training should also address that when the IEP Team determines that the child must take an alternate assessment instead of a particular regular State or district wide assessment of student achievement, the IEP includes a statement of why the child cannot participate in the regular assessment, and when the child is taking an alternate assessment, the IEP includes a statement describing why the particular alternate assessment selected is appropriate for the child.</p> <p>Provide the dates, names of attendees, and a description of the trainings, which defines the private provider's procedure for complying with this specific rule, to the NHDOE within 3 months from the date of this report.</p>		
<p>Second Stage Corrective Action Regarding the Implementation of the Regulations: The NHDOE will review 2 new student files at Parker Academy for updated data demonstrating compliance with this requirement.</p>		