

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

**Parker Academy
Summary Report
2019 – 2020**

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Overview of the Parker Academy Program

Parker Academy is a private day school located in Concord, NH and is approved by the State of New Hampshire for students in grades 6 through 12, and includes special education placements by school districts. The school is approved to service students with Autism, Emotional Disturbance, Multiple Disabilities, Other Health Impairment, Specific Learning Disability, and Speech-Language Impairment. Students attend Parker Academy for a variety of reasons. Some have learning differences or emotional needs. Others may need a slower pace or need help in managing stress or anxiety. Many find themselves longing for an environment that not only adjusts and supports them, but offers them appropriate challenges in their areas of strength.

The mission of Parker Academy is to “provide comprehensive educational programming that responds to the individual needs of students and families. Parker Academy strives to create an education environment that expects honesty and respect and encourages growth, service, creativity, commitment and success. Parker Academy is committed to academic programming that responds to the individual’s learning style and needs, service to school and community, physical fitness as part of overall wellness, appreciation of and participation in the arts, social and emotional growth, and parental involvement.”

Parker Academy believes that learning is a natural process, focusing on the capabilities of the whole child. They implement an intentional and progressive approach with the use of specialized strategies. Parker Academy uses a universal model, where all staff members are trained in the use of special teaching strategies to better help students overcome their disabilities. Every student is treated with respect and as an individual and learning is made to seem like an adventure. Raising the potential of capable minds requires the use of thoughtful practices. Parker Academy strives to teach students to live in the moment and awaken themselves to new experiences.

Working in teams, students and faculty make sure the programs at Parker Academy are responsive and that all voices are represented. The tone and atmosphere most conducive to good education depends on the professional attitude and teamwork of the faculty members. It is important that a proper rapport be established between the teachers as well as between the teachers and each student. Parker Academy provides a small-school learning environment, with small classrooms sizes. This learning environment affords students the ability to connect with other students during class lessons and many teachable moments to help students utilize their strengths and build on them.

Parker Academy’s experience with children and families is extensive. Assessing a student accurately gives a strong foundation to create an individualized program. Parent communication and involvement are essential and there are many opportunities for them to contribute. Parker Academy recognizes that learning can happen in other places, not just in the classroom setting. Community service, positive psychology, wellness, signature strengths, mindfulness and personal growth are built into all programs to deepen the learning process.

The leadership team at Parker Academy includes a director, principal, assistant principal, registrar/office manager, special education administrator, psychologist, and dedicated faculty and staff.

Noteworthy Practices

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

- Parent groups held at the school to provide support to parents who have children attending Parker Academy
- Parker Academy provides experiences off campus for students as well as providing experiences within the school including music presentations and field trips

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

The 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 Student Support (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 Student Support review members for Parker Academy's on-site monitoring review included Rebecca Fredette, Elizabeth Graichen, and Gretchen Cook, Program Director, from Easterseals Educational Programs

Procedures and Effective Implementation

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

The monitoring team reviewed the following special education 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 special education procedures the monitoring team determined there were **5 findings of noncompliance**.

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
1. Ed 1100; NH State Statutes; IDEA 2004	New Hampshire Standards for the Education of Children with Disabilities effective March 24, 2017, Amended June 14, 2018, Amended August 9, 2018
<p>Finding of Noncompliance: Parker Academy provided no evidence that the procedures manual reflects the current Standards, as it does not refer to the “New Hampshire Rules effective March 24, 2017, Amended June 14, 2018, Amended August 9, 2018”.</p>	
<p>Corrective Action regarding the Implementation of the Regulations: Parker Academy must revise its procedures to reflect the current New Hampshire Standards for the Education of Children with Disabilities effective March 24, 2017, Amended June 14, 2018, Amended August 9, 2018.</p>	
<p>Provide the revised procedures and a description of the method used to inform staff of the revision to the NHDOE as soon as possible but no later than 3 months from the date of this report.</p>	

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
2. Ed 1114.04(b)	Administration
Finding of Noncompliance: Parker Academy's procedure manual did not have a statement regarding that each private provider of special education or other non-LEA program shall have written policies which comply with the provisions of the IDEA and RSA 186-C.	
Corrective Action regarding the Implementation of the Regulations: Parker Academy must revise its procedure manual to include a written policy which complies with the provisions of the IDEA and RSA 186-C.	
Provide the revised procedures and a description of the method used to inform staff of the revision to the NHDOE as soon as possible but no later than 3 months from the date of this report.	

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
3. Ed 1114.04(e)	Administration
Finding of Noncompliance: In reviewing Parker Academy's special education procedures the monitoring team found evidence of Parker Academy's philosophy, purposes, program orientation, types of services, and characteristics of children to be served by the program and the availability of the statement of purpose to the public upon request. However, there was no evidence provided to the monitoring team regarding short term and long term aims or the availability of the statement of purpose to the public upon request.	
Corrective Action regarding the Implementation of the Regulations: Parker Academy must revise its procedure manual to include a description of short term and long term aims and include that the statement of purpose is made available to the public upon request.	
Provide the revised procedures and a description of the method used to inform staff of the revision to the NHDOE as soon as possible but no later than 3 months from the date of this report.	

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
4. Ed 1114.04(c)(2)	Confidentiality; Confidentiality of Information
Finding of Noncompliance: Parker Academy's procedure manual had no evidence of the procedures and schedules for destruction of outdated files and records.	
Corrective Action regarding the Implementation of the Regulations: Parker Academy must revise its procedure manual to include written procedures and schedules for the destruction of outdated files and records.	
Provide the revised procedures and a description of the method used to inform staff of the revision to the NHDOE as soon as possible but no later than 3 months from the date of this report.	

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
5. 34 CFR 300.130	Children with Disabilities Enrolled by their Parents in Private Schools
<p>Finding of Noncompliance: Parker Academy does not qualify for equitable services for children with disabilities enrolled by their parents in private schools as they are a for-profit school and do not meet the definition of elementary or secondary school per 34 CFR 300.13 and 300.36.</p>	
<p>Corrective Action regarding the Implementation of the Regulations: Parker Academy must revise its procedure manual to remove the section on Parentally Placed Children with Disabilities.</p>	
<p>Provide the revised procedures and a description of the method used to inform staff of the revision to the NHDOE as soon as possible but no later than 3 months from the date of this report.</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 – 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 were **no findings of noncompliance**.

Personnel

The Bureau of Special Education has reviewed Parker Academy personnel certifications using the New Hampshire Educator Information System. The review process was for educators employed during 2018 – 2019 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 Parker Academy's personnel certifications, the monitoring team determined there were **1 findings of noncompliance**.

COMPLIANCE CITATIONS	AREA OF COMPLIANCE
34 CFR 300.18; 34 CFR 300.156; Ed 1114.10(a)	Personnel Standards
Finding of Noncompliance: In reviewing Parker Academy's personnel there was 1 staff member with a subject/assignment in Industrial Arts; however, this does not meet the CTE program requirement.	
Corrective Action regarding the Implementation of the Regulations: Parker Academy must provide the NHDOE with evidence that resolves this discrepancy as well as a description of the method used to inform staff to the NHDOE as soon as possible but no later than 3 months from the date of this report.	

Parker Academy was notified of the concerns listed above, via email, on January 6, 2020. Staff specific information was included in the email.

Approval Requirements

Each private provider must meet the requirements for special education program approval pursuant to The Individuals with Disabilities Education Improvement Act (IDEA) (2004), The New Hampshire Standards for the Education of Children with Disabilities, and New Hampshire State Statutes (RSA 186-C:5, RSA 189:64). If seeking nonpublic school approval each private provider must meet the requirements of The New Hampshire Rules for the Approval of Nonpublic Schools (Ed 400, 2005).

The monitoring review for the approval of private provider special education programs includes an application with specified materials that must be submitted to the Bureau by October 15th in the year they are monitored.

Based on the review of the Parker Academy's application materials, the monitoring team determined there were **no findings of noncompliance**.

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 Standards 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 Standards 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 Standards for the Education of Children with Disabilities* or a requirement of solely the *New Hampshire Standards 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 Student Support identified findings of noncompliance with IDEA and the *New Hampshire Standards 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 Administrator 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 Standards 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 **no files** which could not be reviewed for sections B(#2), D(#11-17), E(#18-22), F(#23), G (#24-26), H(#27), I(#29), J(#30-31), K(#32-41), L(#42), and M(#43-45) as there was no parent and/or LEA signature indicating consent / approval of the provisions of the IEP.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1114.05		A. Record of Access; Confidentiality Requirements
Self-Assessment Question Number & Regulatory Component		Review Status
1.	34 CFR 300.614 Ed 1119.01(a)	4 out of 4 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, including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.323 Ed 1109		B. Individualized Education Program
Self-Assessment Question Number & Regulatory Component		Review Status
2.	Ed 1109.04(a)	4 out of 4 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.
3.	34 CFR 300.324(b)(1)(i) Ed 1109.03(d)	4 out of 4 IEP files demonstrated evidence that the IEP was reviewed at least annually. <i>(No student files were of students with initial IEPs or moved from another state or district.)</i>
4.	34 CFR 300.323(a) Ed 1109.03(d)	4 out of 4 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>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.321 Ed 1103.01		C. IEP Team; Participants in the Special Education Process
Self-Assessment Question Number & Regulatory Component		Review Status
5.	34 CFR 300.321(a)(1) Ed 1103.01(a)	4 out of 4 IEP files demonstrated evidence that one or both of the parents are present at the IEP team meeting or are afforded the opportunity to participate.
6.	34 CFR 300.321(a)(2) Ed 1103.01(a)	4 out of 4 IEP files demonstrated evidence that not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment) participated in the meeting. <i>(No student files had regular education teacher(s) excused per 34 CFR 300.321(e).) (No student files were of students that are not and will not participate in the regular education environment.)</i>
7.	34 CFR 300.321(a)(3) Ed 1103.01(a)	4 out of 4 IEP files demonstrated evidence that not less than one special education teacher or, where appropriate, not less than one special education provider of the child participated in the meeting. <i>(No student files had special education teacher(s) or special education provider(s) excused per 34 CFR 300.321(e).)</i>
8.	34 CFR 300.321(a)(4) Ed 1103.01(a)	4 out of 4 IEP files demonstrated evidence that the IEP Team included an LEA representative.

9.	Ed 1103.01(d)	2 out of 2 IEP files demonstrated evidence that, if vocational, career or technical education components are being considered, the IEP team membership included an individual knowledgeable about the vocational education programs and/or career technical education being considered. <i>(2 student files were students for whom vocational education/CTE were not considered.)</i>
10.	Ed 1103.02(a),(c), (d)	0 out of 0 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 or the parent agreed in writing that the LEA could satisfy this requirement via transmittal by electronic mail <u>or</u> demonstrated evidence of written consent of the parent(s) that the notice requirement were waived [Ed 1103.02(b)]. <i>(4 student files were students for whom the written invitation is the responsibility of the LEA.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320		D. Individualized Education Program (Present Levels of Academic Achievement and Functional Performance)
Self-Assessment Question Number & Regulatory Component		Review Status
11.	34 CFR 300.324(a)(1)(i)	4 out of 4 IEP files demonstrated evidence that the team considered the strengths of the child.
12.	34 CFR 300.324(a)(1)(iv)	4 out of 4 IEP files demonstrated evidence that the team considered the academic, developmental, and functional needs of the child.
13.	34 CFR 300.324(a)(1)(ii)	4 out of 4 IEP files demonstrated evidence that the concerns of the parents for enhancing the education of their child were considered.
14.	34 CFR 300.324(a)(1)(iii)	4 out of 4 IEP files demonstrated evidence that the results of the initial or most recent evaluation of the child were considered.
15.	34 CFR 300.320(a)(1)(i)	4 out of 4 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>
16.	34 CFR 300.320(a)(4)(ii)	4 out of 4 IEP files demonstrated evidence of a statement in the IEP that describes how the student's disability affects non-academic areas.
17.	34 CFR 300.320(a)(1)(ii)	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>(4 student files were not of preschool age students.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.324(a)(2)(i) Ed 1109.03(h)		E. Consideration of Special Factors
Self-Assessment Question Number & Regulatory Component		Review Status
18.	34 CFR 300.324(a)(2)(i) Ed 1109.03(h)	When a child's behavior impedes the child's learning or that of others, 3 out of 3 IEP files demonstrated evidence that the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior. <i>(1 student file was not of a student whose behavior impedes learning.)</i>

19.	34 CFR 300.324(a)(2)(ii) Ed 1109.03(h)	When a child demonstrates limited English proficiency, 0 out of 0 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>
20.	34 CFR 300.324(a)(2)(iii) Ed 1109.03(h)	When a child is blind or visually impaired, 0 out of 0 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>
21.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	4 out of 4 IEP files demonstrated evidence that the IEP Team considered the communication needs of the child, and in the case of a child who is deaf or hard of hearing, considered 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.
22.	34 CFR 300.324(a)(2)(v) Ed 1109.03(h)	1 out of 1 IEP files demonstrated evidence that the IEP Team considered whether the child needs assistive technology devices and services. <i>(3 student files were not of students who need assistive technology.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.01(a)(10)		F. Courses of Study
Self-Assessment Question Number & Regulatory Component		Review Status
23.	Ed 1109.01(a)(10)	For each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, 3 out of 3 IEP files demonstrated evidence 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, or career technical education.. <i>(1 student file was of a student aged 13 or younger who will not be turning 14 during the IEP period and no evidence the IEP team determined this is necessary.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(2)(i) Ed 1109.01(a)		G. Measurable Annual Goals; Short-term Objectives or Benchmarks
Self-Assessment Question Number & Regulatory Component		Review Status
24.	34 CFR 300.320(a)(2)(i) Ed 1109.01(a)(1)	3 out of 4 IEP files demonstrated evidence of a statement of measurable annual goals, including academic and functional goals. For student code(s) D there was insufficient evidence demonstrating compliance with this requirement.

25.	34 CFR 300.320(a)(2)(i)(A) Ed 1109.01(a)(1)	4 out of 4 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 as well as the child's other educational needs that results from the child's disability.
26.	Ed 1109.01(a)(6)	4 out of 4 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.
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.		
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 address writing measurable annual goals.		
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 (2 at Parker Academy, School Year) for updated data demonstrating compliance with this requirement.		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.01(a)(8)		H. Review and Revision of IEPs (Measuring Progress)
Self-Assessment Question Number & Regulatory Component		Review Status
27.	Ed 1109.01(a)(8)	4 out of 4 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.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1114.06(b)		I. 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
28.	34 CFR 300.325(b) Ed 1109.05 Ed 1114.06(a);	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, 4 out of 4 IEP files demonstrated evidence that the private provider contacted the sending school district. <i>(No student files had no changes in the child's identification, evaluation, development or revision of the IEP or placement)</i>
29.	Ed 1114.06(i), (j), (k)	0 out of 3 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. <i>(1 student file had no comprehensive reports completed)</i> For student code(s) A, C & D there was insufficient evidence demonstrating compliance with this requirement.

First Stage Corrective Action Regarding the Implementation of the Regulations: Provide training to appropriate staff to ensure 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 (2 at Parker Academy, School Year) 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)		J. Accessibility of Child's IEP to Teachers and Others (General Accommodations and General Modifications)
Self-Assessment Question Number & Regulatory Component		Review Status
30.	Ed 1102.01(b)	If accommodations are included, 4 out of 4 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, validity, or both of the subject matter being taught or assessed. <i>(No student files were students with no accommodations.)</i>
31.	Ed 1102.03(v)	If modifications are included, 1 out of 1 IEP files demonstrated evidence that the modifications are changes in instruction or evaluation determined necessary by the IEP team that impact the rigor, validity, or both of the subject matter being taught or assessed. <i>(3 student files were students with no modifications.)</i>

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a) Ed 1109.01(a)(1); 1109.04(b)		K. 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
32.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	4 out of 4 IEP files demonstrated evidence of a statement of special education.
33.	Ed 1109.04(b)(1)	4 out of 4 IEP files demonstrated written evidence documenting implementation of the IEP with regards to all special education services provided.
34.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	4 out of 4 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>
35.	Ed 1109.04(b)(1)	4 out of 4 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>
36.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	0 out of 0 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>

37.	Ed 1109.04(b)(2)	0 out of 0 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>
38.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	1 out of 1 IEP files demonstrated evidence of a statement of the supports for school personnel. <i>(3 student files were students for whom there was no evidence that the IEP team determined this is necessary.)</i>
39.	Ed 1109.04(b)(4)	1 out of 1 IEP files demonstrated written evidence documenting implementation of the IEP with regards to supports for school personnel. <i>(3 student files were students for whom there were no supports for personnel in the IEP.)</i>
40.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	4 out of 4 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.
41.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	4 out of 4 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.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(5) Ed 1109.01(a)(1)		L. Definition of Individualized Education Program (Justification for Non-Participation)
Self-Assessment Question Number & Regulatory Component		Review Status
42.	34CFR 300.320(a)(5) Ed 1109.01(a)(1)	4 out of 4 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.

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
34 CFR 300.320(a)(6) Ed 1109.01(a)(1)		M. Definition of Individualized Education Program (State and District Wide Assessments)
Self-Assessment Question Number & Regulatory Component		Review Status
43.	34 CFR 300.320(a)(6)(i) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	4 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>(No student files were of students for whom there were no state or district wide assessments for the student's age/grade level.)</i>
44.	34 CFR 300.320(a)(6)(ii)(A) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	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 0 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>
45.	34 CFR 300.320(a)(6)(ii)(B) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	When the child is taking an alternate assessment, 0 out of 0 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>