

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

**Monarch School of New England
Summary Report
2018 – 2019**

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**Monitoring Visit Conducted on February 4, 2019
Report Date: March 29, 2019**

Overview of the Monarch School of New England Program

The Monarch School of New England is a New Hampshire Department of Education, Bureau of Student Support Approved Program located in Rochester, New Hampshire. The program has two sites: the Foss Site and the Williams Site. Monarch School of New England is approved for grades K through 12 for up to 62 students (both in state and out of state students).

The Foss School, situated on 11.5 wooded acres, is located at 105 Eastern Avenue in Rochester, NH, and serves students in grades K-9. This Elementary and Middle School includes five classrooms, a kitchen, therapy areas, a gym/multipurpose room, a second multipurpose kitchen area which is used for activities of daily living, a nursing suite, a playground, a therapeutic garden and greenhouse, with a nature trail for students to utilize as well as a variety of office areas and a conference room.

The Williams School is situated on wide open farm land off the main road located at 13 Monarch Way in Rochester, and is just a half mile away from the Foss School. This High School program serves students in grades 10-12 (up to age 21). The High School includes a Technical Center which includes a full Culinary Kitchen, an Art/Music room, a Horticulture room, a Woodworking and Trades room, a Retail space, a Technology room, and a Staff room. In addition to administrative office areas, and a Board room, there are four classrooms, a full sized gym and two shower rooms, several therapy and equipment storage rooms, and a large nursing suite.

Students enrolled in these programs have primary disabilities in the areas of Autism, Deaf-Blindness, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairments, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairments, Specific Learning Disability, Speech-Language Impairments, Traumatic Brain Injury, and Visual Impairments. The Monarch School of New England offers a Certificate of Completion.

The leadership team at the Monarch School of New England consists of the executive director, the director of education, the assistant director of education, the director of nursing, the director of finance, the director of related services, the director of community engagement and the director of human resources.

The mission of the Monarch School of New England is to “support individuals with special needs so they can realize their greatest potential.” They provide a “nurturing environment, a comprehensively trained staff which works one-on-one with each individual, uniquely integrating both education and therapy, to ensure successful transitions to school and the community.” Therapies and functional Life skills are integrated throughout the school day at naturally occurring times and environments.

Monarch School of New England believes that “every student deserves an environment in which they can flourish, thus, the program is designed and based upon each individual students’ needs and capabilities. Students are seen for their abilities, not for their disabilities – for their capacity to learn and grow.” The program’s goal is to “provide students with the same opportunities as those of their peers in public schools.”

Furthermore, the Monarch School of New England believes that “services can be more effectively provided through a team approach and a vast array of traditional and innovative programs.” This requires cooperation, collaboration, and teamwork with parents, teachers, therapists, nurses educational technicians, school district personnel, the community and other stakeholders. The programs offered are thereby flexible, adaptable, and portable. All services provided to students directly support each student’s educational goals.”

“The Monarch School of New England actively seeks ways to create academic, therapeutic and social opportunities with the students home school and community that allows for students to reach their full potential, the program is committed to transitioning every student back to the sending community at an appropriate time, by working closely with school districts, parents, and community agencies to identify, develop and ensure sufficient supports are in place for successful and meaningful inclusion.”

Noteworthy Practices and Areas in Need of Refinement

Noteworthy Practices

During the monitoring visit, it had been revealed that the Monarch School of New England includes several practices in their teaching, lessons, and expectations which are noteworthy. Such practices include:

- Integrating both low tech and high tech assistive technology in the classroom, throughout the curriculum as well as in the community.
- Participation in two state-wide initiatives sponsored by the Department of Education, including Universal Design for Learning, and the New Hampshire Assistive Technology in Education.
- Building upon students’ strengths and knowledge while strengthening areas of weakness.
- Working with families, school districts and within the community with the goal of ensuring that students are participating in the most inclusive environment as possible.

- Combining verbal information with visual examples, as well as providing students with multiple modes of communicating their knowledge of learned material.

Areas in Need of Refinement

During the monitoring visit, the NHDOE did not identify any areas in need of refinement at Monarch School of New England.

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 Monarch School of New England's on-site monitoring review included Lori Noordergraaf, Rebecca Fredette, and Gretchen Cook, Director of Residential and Educational Services 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 Monarch School of New England's special education procedures the monitoring team determined there were **no findings of noncompliance**.

Private Provider Curriculum and Effective Implementation

As part of the review, the monitoring team looked for evidence that Monarch School of New England is providing students with access to the general curriculum. The monitoring team reviewed the grades K-12 curriculum provided by Monarch School of New England 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 Monarch School of New England's curriculum, the monitoring team determined that there were **no findings of noncompliance**.

Personnel

The Bureau of Special Education has reviewed Monarch School of New England 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 Monarch School of New England 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 Monarch School of New England's personnel certifications, the monitoring team determined there were **no findings of noncompliance**.

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 15 in the year they are monitored.

Based on the review of the Monarch School of New England'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(#18-23), F(#24), G (#25-27), H(#28), I(#30), J(#31-32), K(#33-42), L(#43), and M(#44-46) 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)	5 out of 5 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)	5 out of 5 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)	5 out of 5 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)	5 out of 5 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)	5 out of 5 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)	0 out of 0 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>(1 student file had regular education teacher(s) excused per 34 CFR 300.321(e).) (4 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)	5 out of 5 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)	5 out of 5 IEP files demonstrated evidence that the IEP Team included an LEA representative.
9.	Ed 1103.01(d)	1 out of 1 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>(4 student files were students for whom vocational education/CTE were not considered.)</i>
10.	Ed 1103.02(a),(c), (d)	5 out of 5 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>(No 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)	5 out of 5 IEP files demonstrated evidence that the team considered the strengths of the child.
12.	34 CFR 300.324(a)(1)(iv)	5 out of 5 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)	5 out of 5 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)	5 out of 5 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)	5 out of 5 XX 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)	5 out of 5 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>(5 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, 5 out of 5 IEP files demonstrated evidence that the team considered the use of positive behavioral interventions and supports, and other strategies, to address that behavior. <i>(No student files were not of students 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 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>(3 student files were not of students who demonstrated limited English proficiency.)</i> For student code(s) A & C there was insufficient evidence demonstrating compliance with this requirement.

20.	34 CFR 300.324(a)(2)(iii) Ed 1109.03(h)	When a child is blind or visually impaired, 1 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>(3 student files were not of blind or visually impaired students.)</i> For student code(s) E there was insufficient evidence demonstrating compliance with this requirement.
21.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	5 out of 5 IEP files demonstrated evidence that the IEP Team considered the communication needs of the child.
22.	34 CFR 300.324(a)(2)(iv) Ed 1109.03(h)	When a child is deaf or hard of hearing, 1 out of 1 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>
23.	34 CFR 300.324(a)(2)(v) Ed 1109.03(h)	5 out of 5 IEP files demonstrated evidence that the IEP Team considered whether the child needs assistive technology devices and services.
<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, in conjunction with the sending district must convene the IEP teams to review the IEPs and provide evidence that, 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.</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 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.</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 Monarch School of New England for updated data demonstrating compliance with this requirement.</p>		

COMPLIANCE CITATIONS		AREA OF COMPLIANCE
Ed 1109.01(a)(10)		F. Courses of Study
Self-Assessment Question Number & Regulatory Component		Review Status
24.	Ed 1109.01(a)(10)	For each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, 1 out of 1 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>(4 student files were students 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
25.	34 CFR 300.320(a)(2)(i) Ed 1109.01(a)(1)	5 out of 5 IEP files demonstrated evidence of a statement of measurable annual goals, including academic and functional goals.
26.	34 CFR 300.320(a)(2)(i)(A) Ed 1109.01(a)(1)	5 out of 5 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.
27.	Ed 1109.01(a)(6)	5 out of 5 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.

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
28.	Ed 1109.01(a)(8)	5 out of 5 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
29.	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, 1 out of 1 IEP files demonstrated evidence that the private provider contacted the sending school district. <i>(4 student files had no changes in the child's identification, evaluation, development or revision of the IEP or placement)</i>
30.	Ed 1114.06(i), (j), (k)	5 out of 5 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.

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
31.	Ed 1102.01(b)	If accommodations are included, 5 out of 5 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>
32.	Ed 1102.03(v)	If modifications are included, 4 out of 5 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>(No student files were students with no modifications.)</i> For student code(s) A 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 the report, the private provider, in conjunction with the sending district must convene the IEP teams to review the IEPs and show evidence that if modifications are included in the IEP, they 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.

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 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.

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 Monarch School of New England 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)		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
33.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	5 out of 5 IEP files demonstrated evidence of a statement of special education.
34.	Ed 1109.04(b)(1)	5 out of 5 IEP files demonstrated written evidence documenting implementation of the IEP with regards to all special education services provided.
35.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	5 out of 5 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>
36.	Ed 1109.04(b)(1)	5 out of 5 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>
37.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	1 out of 1 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>
38.	Ed 1109.04(b)(2)	1 out of 1 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>
39.	34 CFR 300.320(a)(4) Ed 1109.01(a)(1)	2 out of 2 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>
40.	Ed 1109.04(b)(4)	2 out of 2 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>
41.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	5 out of 5 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.
42.	34 CFR 300.320(a)(7) Ed 1109.01(a)(1)	5 out of 5 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
43.	34CFR 300.320(a)(5) Ed 1109.01(a)(1)	5 out of 5 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
44.	34 CFR 300.320(a)(6)(i) Ed 1109.01(a)(1) RSA 193-C Ed 1114.05(k)	0 out of 0 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>(5 student files were of students for whom there were no state or district wide assessments for the student's age/grade level.)</i>
45.	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, 4 out of 4 IEP files demonstrated evidence of a statement of why the child cannot participate in the regular assessment. <i>(1 student file was of a student not taking an alternate assessment.)</i>
46.	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, 4 out of 4 IEP files demonstrated evidence describing why the particular alternate assessment selected is appropriate for the child. <i>(1 student file was of a student not taking an alternate assessment.)</i>