



HOSPITAL SCHOOLS

2009-10

SCHOOL COMPREHENSIVE EDUCATIONAL PLAN
(CEP)

SCHOOL: 75 M 401
ADDRESS: 3450 East Tremont Avenue, Bronx, NY 10465
TELEPHONE: 718-794-7260
FAX: 718-794-7263

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SECTION I: SCHOOL INFORMATION PAGE

SCHOOL NUMBER: 75 M 401 SCHOOL NAME: Hospital Schools

SCHOOL ADDRESS: 3450 East Tremont Avenue, Bronx, NY 10465

SCHOOL TELEPHONE: 718-794-7260 FAX: 718-794-7263

SCHOOL CONTACT PERSON: Mary Maher EMAIL: mmaher2@schools.nyc.gov
ADDRESS: gov

POSITION/TITLE

PRINT/TYPE NAME

SCHOOL LEADERSHIP TEAM CHAIRPERSON: Mary Maher

PRINCIPAL: Mary Maher

UFT CHAPTER LEADER: Edith Hitchen

PARENTS' ASSOCIATION PRESIDENT: _____

STUDENT REPRESENTATIVE:
(Required for high schools) _____

DISTRICT AND SCHOOL SUPPORT ORGANIZATION (SSO) INFORMATION

DISTRICT: 75 SSO NAME: _____

SSO NETWORK LEADER: Arthur Fusco

SUPERINTENDENT: Bonnie Brown

SECTION II: SCHOOL LEADERSHIP TEAM SIGNATURE PAGE

Directions: Each school is required to form a School Leadership Team (SLT) as per State Education Law Section 2590. SLT membership must include an equal number of parents and staff (students and CBO members are not counted when assessing this balance requirement), and ensure representation of all school constituencies. Chancellor’s Regulation A-655 requires a minimum of ten members on each team. Each SLT members should be listed separately in the left hand column on the chart below. Please specify any position held by a member on the team (e.g., SLT Chairperson, SLT Secretary) and the constituent group represented (e.g., parent, staff, student, or CBO). The signatures of SLT members on this page indicates their participation in the development of the Comprehensive Educational Plan and confirmation that required consultation has occurred in the aligning of funds to support educational programs (Refer to revised Chancellor’s Regulations A-655; available on the NYCDOE website at <http://schools.nyc.gov/Administration/ChancellorsRegulations/default.htm>). *Note: If for any reason an SLT member does not wish to sign this plan, he/she may attach a written explanation in lieu of his/her signature.*

Name	Position and Constituent Group Represented	Signature
Mary Maher	*Principal or Designee	
Edith Hitchen	*UFT Chapter Chairperson or Designee	
Maureen Murphy	Title I Parent Representative <i>(suggested, for Title I schools)</i>	
Keri Kaufmann	Guidance Counselor	
Cynthia Biondi	Member/Designee	
Maureen Kelly	Member/	
Gayle Toonkel	Member/	
Jessica Almonte	Member/	
Lawrence McGinley	Member/	
	Member/	
*Please note due to the nature of our student population parent representation is not always possible but is encouraged.	* There is no PTA due to transient population.	

* Core (mandatory) SLT members.

Signatures of the member of the School Leadership Team (SLT), as well as any applicable documentation, are available for viewing at the school and are on file at the Office of School Improvement.

SECTION III: SCHOOL PROFILE

Part A. Narrative Description

Directions: In no more than 500 words, provide contextual information about your school's community and its unique/important characteristics. Think of this as the kind of narrative description you would use in an admissions directory or an introductory letter to new parents. You may wish to include your school's vision/mission statement and a description of strategic collaborations/partnerships and/or special initiatives being implemented. You may copy and paste your narrative description from other current resources where this information is already available for your school (e.g., grant applications, High School Directory, etc.). Note: Demographic and accountability data for your school will be addressed in Part B of this section.

Hospital Schools is unique in that instruction takes place in 41 hospitals throughout New York City and Westchester. Hospital Schools provides educational services for all school-aged students, K-12, whether public, private or parochial in both general and special education. Our population consists of students who are hospitalized with chronic/acute, medical, rehabilitative, multiple disabilities and psychiatric conditions. The length of stay is determined by whether the student's medical condition is chronic or acute. Our chronic students range from long term residential to treatments plans such as 1 to 5 days a week for several weeks at a time. A small percentage of students are acute and serviced for up to a week on average. Obstacles faced by hospitalized students include treatment protocols, fatigue, pain and isolation. These obstacles have direct impact on student performance and instructional strategies. Instruction is provided at bedside and in small groups. Our student population is transient due to the nature of hospitalization based on medical and psychiatric need. Students are admitted to our interim school program on day three of instruction and can be with us for up to three months on average. The structures of our medical and psychiatric units differ from site to site. Therefore, the delivery of instruction may be provided on an individualized basis, in a small group setting of up to six or even in a classroom setting of twelve. This allows our teachers to provide instruction specific to the individual's educational, medical and psychiatric needs. The student/teacher ratios are also determined based on space allocation provided by the hospital. Within some of our medical sites we are provided with a classroom and some provide only office space. These determine the type of instruction provided. In the sites that have a classroom, student/teacher ratio ranges from 1:1 to 12:1. The composition of the class is determined by those students who are medically cleared by the hospital. Those students not medically cleared by hospital are serviced bedside. All of our psychiatric sites provide classroom instruction with a ratio from 6:1:1 up to 12:1:1. Students who are unable to function within a classroom are provided a small group setting or individualized instruction. Teacher caseloads, for both medical and psychiatric sites, range on average, from 5 to 12 students daily.

Our school adheres to all New York State Learning Standards. Collaboration with the student's home school is essential in order to maintain ongoing communication resulting in a consistency in instruction. This enables hospitalized students to return to their home school with academic gains and a continuance of their educational standing.

Hospital Schools follow the "No Child Left Behind" legislation through daily differentiated lessons, which support and reflect the NYCDOE goals that are aligned to the New York State Standards. Efforts are made to increase parental involvement and awareness of the educational services being provided. Technology and The Arts are embedded in our curriculum. Students are provided with the opportunities to access technology through the use of classroom computers, computer labs and bedside laptops. Staff is provided opportunities to attend workshops fostering the incorporation of The Arts through the curriculum. Collaboration with cultural institutions allows students to participate in varied artistic experiences. Hospital Schools' teachers focus on instruction to meet each student's academic and emotional needs. By targeting specific learning objectives driven by data, students will be supported in achieving specific instructional goals.

Attending school while hospitalized allows students to maintain their academic standing. Students are given credit for attendance and coursework and provided with the opportunity to participate in New York State Tests and Regents Exams.

SCHOOL DEMOGRAPHICS AND ACCOUNTABILITY SNAPSHOT								
School Name:	Hospital Schools							
District:	75	DBN:	75M401	School BEDS Code:	307500011401			
DEMOGRAPHICS								
Grades Served:	Pre-K	√	3	√	7	√	11	√
	K	√	4	√	8	√	12	√
	1	√	5	√	9	√	Ungraded	√
	2	√	6	√	10	√		
Enrollment				Attendance - % of days students attended :				
(As of October 31)	2006-07	2007-08	2008-09	(As of June 30)	2006-07	2007-08*	2008-09	
Pre-K	0	0	1		67.8 / 54.7			
Kindergarten	12	9	11					
Grade 1	16	7	10	Student Stability - % of Enrollment :				
Grade 2	16	19	8	(As of June 30)	2006-07	2007-08	2008-09	
Grade 3	17	13	9		18.0		12.9	
Grade 4	13	13	9					
Grade 5	16	8	14	Poverty Rate - % of Enrollment :				
Grade 6	12	16	9	(As of October 31)	2006-07	2007-08	2008-09	
Grade 7	6	18	9		35.0	38.0	0.0	
Grade 8	11	12	17					
Grade 9	28	27	26	Students in Temporary Housing - Total Number :				
Grade 10	21	36	18	(As of June 30)	2006-07	2007-08	2008-09	
Grade 11	17	17	10		3	63	11	
Grade 12	16	16	9					
Ungraded	15	8	10	Recent Immigrants - Total Number :				
Total	216	214	169	(As of October 31)	2006-07	2007-08	2008-09	
					2	1	0	
Special Education Enrollment:				Suspensions (OSYD Reporting) - Total Number:				
(As of October 31)	2006-07	2007-08	2008-09	(As of June 30)	2006-07	2007-08	2008-09	
# in Self-Contained Classes	73	61	43	Principal Suspensions	1	0	0	
# in Collaborative Team Teaching (CTT) Classes	0	0	0	Superintendent Suspensions	0	0	0	
Number all others	36	13	12					
<i>These students are included in the enrollment information above.</i>				Special High School Programs - Total Number:				
				(As of October 31)	2006-07	2007-08	2008-09	
				CTE Program Participants	N/A	N/A	0	
English Language Learners (ELL) Enrollment: (BESIS Survey)				Early College HS Program Participants		0	0	0
(As of October 31)	2006-07	2007-08	2008-09					
# in Transitional Bilingual Classes	0	0	0	Number of Staff - Includes all full-time staff:				
# in Dual Lang. Programs	0	0	0	(As of October 31)	2006-07	2007-08	2008-09	
# receiving ESL services only	3	0	0	Number of Teachers	80	87	85	

SCHOOL DEMOGRAPHICS AND ACCOUNTABILITY SNAPSHOT

# ELLs with IEPs	0	0	0 Number of Administrators and Other Professionals	9	20	18
Number of Educational Paraprofessionals These students are included in the General and Special Education enrollment information above.				N/A	18	21

Overage Students (# entering students overage for grade) Teacher Qualifications:

(As of October 31)	2006-07	2007-08	2008-09	2006-07	2007-08(As of October 31)	2008-09
	28	22	20	100.0	98.9 % fully licensed & permanently assigned to this school	100.0
			80.0	87.4 % more than 2 years teaching in this school		85.9

87.5 85.1 **Ethnicity and Gender - % of Enrollment:** % more than 5 years teaching anywhere 87.1

(As of October 31) 2006-07 2007-08 2008-09 93.0 93.0 % Masters Degree or higher 94.0

American Indian or Alaska Native 1.4 0.9 0.6 0.0 100.0 % core classes taught by "highly qualified" teachers (NCLB/SED definition) 100.0

Black or African American 37.5 40.2 36.7

Hispanic or Latino 45.4 37.4 38.5

Asian or Native Hawaiian/Other Pacific Isl. 3.7 6.5 8.9

White 12.0 15.0 14.8 **Male** 51.8 52.3 45.0

Female 48.2 47.7 55.0 **2009-10 TITLE I STATUS**

√	Title I Schoolwide Program (SWP)				
	Title I Targeted Assistance				
	Non-Title I				

Years the School Received Title I Part A Funding: 2006-07 2007-08 2008-09 2009-10

√ NCLB/SED SCHOOL-LEVEL ACCOUNTABILITY SUMMARY

SURR School (Yes/No) If yes, area(s) of SURR identification:

Overall NCLB/SED Accountability Status (2008-09) Based on 2007-08 Performance:

In Good Standing (IGS)				
School in Need of Improvement (SINI) – Year 1				
School in Need of Improvement (SINI) – Year 2				
NCLB Corrective Action (CA) – Year 1				
NCLB Corrective Action (CA) – Year 2/Planning for Restructuring (PFR)				
NCLB Restructuring – Year				
School Requiring Academic Progress (SRAP) – Year				

**CEP Section III: School Profile Part B: School Demographics and Accountability Snapshot
(Version 2009-1A - March 2009)**

SCHOOL DEMOGRAPHICS AND ACCOUNTABILITY SNAPSHOT

Individual Subject/Area Ratings:							
Elementary/Middle Level				Secondary Level			
ELA:				ELA:			
Math:				Math:			
Science:				Graduation Rate:			

This school's Adequate Yearly Progress (AYP) determinations for each accountability measure:							
		Elementary/Middle Level			Secondary Level		
Student Groups		ELA	Math	Science	ELA	Math	Grad Rate
All Students							
Ethnicity							
American Indian or Alaska Native							
Black or African American							
Hispanic or Latino							
Asian or Native Hawaiian/Other Pacific Islander							
White							
Other Groups							
Students with Disabilities							
Limited English Proficient							
Economically Disadvantaged							
Student groups making AYP in each subject		0	0	0	0	0	0

CHILDREN FIRST ACCOUNTABILITY SUMMARY

Progress Report Results – 2008-09		Quality Review Results – 2008-09					
Overall Letter Grade:		Overall Evaluation:					NR
Overall Score:		Quality Statement Scores:					
Category Scores:		Quality Statement 1: Gather Data					
School Environment: <i>(Comprises 15% of the Overall Score)</i>		Quality Statement 2: Plan and Set Goals					
School Performance: <i>(Comprises 30% of the Overall Score)</i>		Quality Statement 3: Align Instructional Strategy to Goals					
Student Progress: <i>(Comprises 55% of the Overall Score)</i>		Quality Statement 4: Align Capacity Building to Goals					
Additional Credit:		Quality Statement 5: Monitor and Revise					

KEY: AYP STATUS	KEY: QUALITY REVIEW SCORE
√ = Made AYP	Δ = Underdeveloped
√ ^{SH} = Made AYP Using Safe Harbor Target	▶ = Underdeveloped with Proficient Features
X = Did Not Make AYP	√ = Proficient
– = Insufficient Number of Students to Determine AYP Status	W = Well Developed
	◇ = Outstanding
	NR = No Review Required

* = For Progress Report Attendance Rate(s) - If more than one attendance rate given, it is displayed as K-8/9-12.

Note: Progress Report grades are not yet available for District 75 schools; NCLB/SED accountability reports are not available for District 75 schools.

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	1	√	5	√	9	√	Ungraded	√
	2	√	6	√	10	√		
Enrollment				Attendance - % of days students attended :				
(As of October 31)	2006-07	2007-08	2008-09	(As of June 30)	2006-07	2007-08*	2008-09	
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(Version 2009-1A - March 2009)**

SCHOOL DEMOGRAPHICS AND ACCOUNTABILITY SNAPSHOT

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Female 48.2 47.7 55.0 **2009-10 TITLE I STATUS**

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Individual Subject/Area Ratings:							
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ELA:				ELA:			
Math:				Math:			
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This school's Adequate Yearly Progress (AYP) determinations for each accountability measure:							
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All Students							
Ethnicity							
American Indian or Alaska Native							
Black or African American							
Hispanic or Latino							
Asian or Native Hawaiian/Other Pacific Islander							
White							
Other Groups							
Students with Disabilities							
Limited English Proficient							
Economically Disadvantaged							
Student groups making AYP in each subject		0	0	0	0	0	0

CHILDREN FIRST ACCOUNTABILITY SUMMARY

Progress Report Results – 2008-09				Quality Review Results – 2008-09			
Overall Letter Grade:				Overall Evaluation:		NR	
Overall Score:				Quality Statement Scores:			
Category Scores:				Quality Statement 1: Gather Data			
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Student Progress: <i>(Comprises 55% of the Overall Score)</i>				Quality Statement 4: Align Capacity Building to Goals			
Additional Credit:				Quality Statement 5: Monitor and Revise			

KEY: AYP STATUS	KEY: QUALITY REVIEW SCORE
√ = Made AYP	Δ = Underdeveloped
√ ^{SH} = Made AYP Using Safe Harbor Target	▶ = Underdeveloped with Proficient Features
X = Did Not Make AYP	√ = Proficient
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	◇ = Outstanding
	NR = No Review Required

* = For Progress Report Attendance Rate(s) - If more than one attendance rate given, it is displayed as K-8/9-12.

Note: Progress Report grades are not yet available for District 75 schools; NCLB/SED accountability reports are not available for District 75 schools.

SECTION IV: NEEDS ASSESSMENT

Directions: Conduct a comprehensive review of your school's educational program informed by the most current quantitative and qualitative data available regarding student performance trends and other indicators of progress. Include in your needs assessment an analysis of information available from New York State Education Department and New York City Department of Education accountability and assessment resources, i.e., School Report Cards, Progress Reports, Quality Review and Quality Review Self-Assessment documents, periodic assessments, ARIS, as well as results of Inquiry Team action research, surveys, and school-based assessments. (Refer to your school's Demographics and Accountability Snapshot in Part B of Section III, and feel free to use any additional measures used by your school to determine the effectiveness of educational programs) It may also be useful to review the schools use of resources: last year's school budget, schedule, facility use, class size, etc.

After conducting your review, **summarize** in this section the major findings and implications of your school's strengths, accomplishments, and challenges. Consider the following questions:

- What student performance trends can you identify?
 - What have been the greatest accomplishments over the last couple of years?
 - What are the most significant aids or barriers to the school's continuous improvement?
-

During the 08-09 school year, based on a Professional Development Survey it was determined that teachers expressed a need for further development on assessment and instruction in the area of writing. We designed and implemented a year long PD program focused on increasing the teacher's ability to assess students' writing by utilizing the Teaching the Qualities of Writing Program. Our success was indicated by student writing samples evaluated by the TQW Rubric demonstrating a 10% improvement in the areas of language and presentation. 95% of students demonstrated growth. We will continue to use the TQW curriculum kit and Rubric to support our students in the area of writing.

Last year, based on a review of the High School Record of Attendance and Student Achievement (RASA) it was determined there was a need to develop a system ensuring students received appropriate coursework and credit. We successfully implemented a RASA tracking system which resulted in a 45% increase in coursework and credits earned. In addition, we increased our High School instructional materials and development in courses of particular need as evidenced by our professional development surveys. We will continue to implement the tracking system.

The 08-09 Inquiry Team piloted the IRI, WIAT, 3-minute assessment, TQW Rubric and ECLAS-2 to determine which are the most suitable assessments for our transient population. Demonstrating student growth is a challenge due to the varying length of stay of hospitalized students. Choosing these assessments supported setting measurable and rigorous learning objectives to meet the diverse needs of students. Selection was based on ease of administration and the generation of specific learning objectives. It was determined that the IRI, TQW Rubric and ECLAS-2 best met the needs of our diverse K-12 student population. The inquiry team findings demonstrated significant student growth which was a direct result of the assessment tools utilized. Final data indicated that 97% of students demonstrated greater than 5% growth in the areas of reading and or writing. In order to promote continuous improvement in this area of assessment and instruction we will expand the use of these assessments to the entire school. In addition, the Inquiry Team process facilitated a strong professional learning community fostering collegial collaboration.

The success of our Power of Choice program at our Psychiatric sites has been due to supporting staff in using data to identify targeted behaviors. Through the use of monthly PBIS meetings, peer mentoring, inter-visitations and PD's, staff developed skills and strategies to

implement behavioral interventions. Final data indicated that 72% of students' demonstrated at least a 10% increase in appropriate classroom behavior.

After reviewing the class make up at our psychiatric sites, (age and functioning level vary significantly) we believe there is a need for increased differentiated instruction. Implementing center based learning will facilitate 1:1 student /teacher time for assessment, instruction and conferencing. An increase in student/teacher 1:1 time will provide students with opportunities to examine, reflect and evaluate their work supporting the PTS standard of engaging students in learning. The use of center-based learning will facilitate differentiated instruction.

During 2008-2009 the PTS standards were introduced and explored. Teachers were given the opportunity to reflect on their teaching practice and create professional goals based on the PTS continuum. Teachers' goals were reviewed by the administration promoting meaningful collegial communication. Over 75% of the staff requested further development in the instructional area of questioning skills. This will provide the opportunity for students to grow as problem solvers and critical thinkers. The Inquiry Team will engage in an action research project to evaluate the use of the Mentoring Minds tool to support this.

Based on administrative walk-throughs and the review of NYSAA data folios demonstrated a need to improve assessment and instruction in the areas of awareness and interaction with the environment utilizing adaptive equipment. 76% of the 12:1:4 population demonstrated 20% or more growth as related to their awareness and interaction with the environment. A further need exists to increase attention, vocalization, facial expressions, and/or gross motor movement. The development of a Music Intervention Program will promote these opportunities for our students.

SECTION V: ANNUAL SCHOOL GOALS

Directions: Based on the findings and implications from the comprehensive needs assessment (Section IV), determine your school's instructional goals for 2009-10 and list them in this section along with a few phrases of description. The resulting list should include a limited number of goals (5 is a good guideline), and the list as a whole should be a clear reflection of your priorities for the year. Good goals should be SMART – Specific, Measurable, Achievable, Realistic, and Time-bound.

Notes: (1) In Section VI of this template, you will need to complete an "action plan" for each annual goal listed in this section. (2) Schools designated for improvement (Improvement, Corrective Action, Restructuring, SURR or schools that received a C for two consecutive years, D, or F on the Progress Report) must identify a goal and complete an action plan related to improving student outcomes in the area(s) of improvement identification. (3) When developed, Principal's Performance Review (PPR) goals should presumably be aligned to the school's annual goals described in this section.

Goal #1: IRI & ECLAS Assessments

By June 2010, 25 % of students will demonstrate 10% growth in one or more of the following areas: word recognition, comprehension, phonemic awareness, phonics, reading, oral expression, listening and writing as evidenced by the results of the IRI assessments administered by Hospital School teachers at NY Presbyterian Hospital.

Goal #2: PBIS

By June 2010, 50% of teachers in grades K-3, in the Psychiatric sites will demonstrate a 25% increase in 1:1 student / teacher time in a group setting. The classroom will be designed to engage the class in center-based learning.

Goal #3: PTS- Inquiry Team

By June 2010, 50% of students in grades 2-12 will demonstrate 15% growth in Problem Solving as evidenced by the movement through Critical Thinking levels of questioning aligned with Blooms Taxonomy.

Goal #4: Alternate Assessment

By June 2010, 10% of Alternate Assessment students at Sunshine Children's Rehabilitation Center and Kingsbrook Jewish Medical Center will demonstrate a 5% increase in attention, vocalization, facial expression and/or gross motor movement when exposed to a variety of music stimulation.

SECTION VI: ACTION PLAN

Directions: The action plan should be used as a tool to support effective implementation and to evaluate progress toward meeting goals. Use the action plan template provided below to indicate key strategies and activities to be implemented for the 2009-10 school year to support accomplishment of each annual goal identified in Section V. The action plan template should be duplicated as necessary. **Reminder:** Schools designated for (Improvement, Corrective Action, Restructuring, SURR or schools that received a C for two consecutive years, D, or F on the Progress Report) must identify a goal and complete an action plan related to improving student outcomes in the area(s) of improvement identification.

Subject/Area (where relevant): IRI Assessments

<p>Annual Goal Goals should be SMART – Specific, Measurable, Achievable, Realistic, and Time-bound.</p>	<p>By June 2010, 25 % of students will demonstrate 10% growth in one or more of the following areas: word recognition, comprehension, phonemic awareness, phonics, reading, oral expression, listening and writing as evidenced by the results of the IRI assessments administered by Hospital School teachers at NY Presbyterian Hospital.</p>
<p>Action Plan Include: actions/strategies/activities the school will implement to accomplish the goal; target population(s); responsible staff members; and implementation timelines.</p>	<ul style="list-style-type: none"> • Development of Survey to be used to establish a baseline, monitor interim progress and demonstrate final progress of proficiency. • Staff training in IRI assessments • Cabinet planning in areas of PD and instruction • Meet with 08 09 inquiry team members to design and implement staff training • Establish collegial mentoring system • Designate specific sites-New York Presbyterian Hospital • Professional Development in the creation of specific and measurable differentiated learning objectives generated by the IRI • Monthly meetings and ongoing inter-visitations supporting instructional interventions and strategies • Differentiated Instruction supported with materials, technology and resources • Creating learning environments supporting best practices • Staff training in approaches to introducing assessments in non threatening ways • Ongoing collegial conversations incorporating professional literature and resources

- **Completion of SIL**
- **Data binders including SIL, assessments, evidence of student work and data summary sheets**

Target Population:

- **Hospital School Teachers**
- **Standardized students at New York Presbyterian Hospital**

Responsible Staff:

- **Administrators**
- **Coach**
- **Assessment Coordinator**
- **Parent Coordinator**
- **Guidance Counselor**
- **Teachers**
- **08-09 Inquiry team members**
- **School Leadership Team**
- **Paraprofessionals**
- **Office Staff**
- **Technology Coordinator/Technician**

Timeline:

- **Sept: Cabinet planning and site visits**
- **Oct.: Planning with the 08-09 Inquiry team members**
- **Nov: Full day PD training in administration and interpretation of IRI, establish baseline of teacher proficiency in IRI**
- **Dec-May: Ongoing administrative site visits supporting and determining staff needs for collegial mentoring**
- **Jan: Monitor interim progress of teacher proficiency in IRI**
- **June: Final data collection**

Faculty Conferences:

- **Dec: Collegial review of IRI assessment administration and interpretation**
- **Jan: staff training focusing on establishing and articulating goals for student learning aligned with NYS ELA and PTS Standards based on the IRI assessments**

	<ul style="list-style-type: none"> • Feb: Staff training focusing on learning objectives and instructional interventions and strategies aligned with NYS and PTS Standards based on the IRI assessments • March: Digging deeper- PTS- Model Lesson Planning –differentiating instructional strategies and content. • April: Conferencing skills: How to engage students in reflection, self-assessment and setting next steps? • May: Staff presentation of case studies • June: Reflection and Best Practices
<p>Aligning Resources: Implications for Budget, Staffing/Training, and Schedule <i>Include reference to the use of Contracts for Excellence (C4E) allocations, where applicable.</i></p>	<ul style="list-style-type: none"> • Purchase of IRI assessments • Laminating materials • Binders • Staff attendance at workshops • Per diem substitutes supporting inter-visitation and conferences • Refreshments • Per-session • Funding for PD venue
<p>Indicators of Interim Progress and/or Accomplishment <i>Include: interval (frequency) of periodic review; instrument(s) of measure; projected gains</i></p>	<ul style="list-style-type: none"> • Ongoing administrative site visits and observations • Survey to determine teacher proficiency of the IRI • Review of SIL-learning objectives and interventions aligned with assessment results • Student Data sheet review will demonstrate a 5% growth as evidenced by the IRI assessments by January 2010. • Staff feedback • Review of binders

Subject/Area (where relevant): PBIS/PTS

<p>Annual Goal <i>Goals should be SMART – Specific, Measurable, Achievable, Realistic, and Time-bound.</i></p>	<p>By June 2010, 50% of teachers in grades K-3, in the Psychiatric sites will demonstrate a 25% increase in 1:1 student / teacher time in a group setting. The classroom will be designed to support differentiated instruction by engaging the class in center-based learning.</p>
<p>Action Plan <i>Include: actions/strategies/activities the school will implement to accomplish the goal; target population(s); responsible staff members; and implementation timelines.</i></p>	<ul style="list-style-type: none">• Development of “1:1-Student/Teacher” data collection form• Professional development supporting data collection for staff• For two weeks in October, daily collection of baseline data to determine 1:1 time between student/teacher by CIT• Implementation of learning center framework• Through redesign of the environment, materials will be easily accessible for the diverse needs of the students• Environment design supporting center based learning based on PTS• Staff workshops focusing on center based instructional training• Student routines and procedures are made clear supported by visuals• Administration of the ECLAS-2 Assessment• SIL reflecting specific and measurable learning objectives generated by the ECLAS-2 assessment• Collection of baseline, interim, and final data• Differentiated Instruction supported with materials, technology and resources• On-going collegial conversation incorporating professional literature and resources• Continuation of PBIS point system supporting student engagement in center based independent learning• CIT scheduled daily in classroom during Center Time supporting student engagement• Teacher involved in 1:1 assessment or instruction/conferencing• Staff attending DOE workshops• Professional development for paraprofessional• Paraprofessional is providing support as needed• Staff inter-visitations

	<p>Target Population:</p> <ul style="list-style-type: none"> • Teachers • Paraprofessionals • Students in our Psychiatric sites (K-3) <p>Responsible Staff Members:</p> <ul style="list-style-type: none"> • Principal • Assistant Principals • CIT • Coach • Guidance Counselor • Parent Coordinator • Agency Staff <p>Timelines:</p> <ul style="list-style-type: none"> • Monthly CIT meetings focusing on assessments, learning objectives and centers • Weekly: site staff meetings based on monthly focus areas supporting center based learning and 1:1 teacher/student time/ on-going inter-visitation • September: Administrative planning and overview of goal • October: Two weeks of daily collection of baseline 1:1 data by CIT • October: Discussion of Learning Center framework • November: ECLAS-2 training • December- May: Implementation of center based learning to increase 1:1 student/teacher time /Staff PD- workshops/collegial review of literature • February: tentative collection of interim data • June: Final collection and reflection of data
<p>Aligning Resources: Implications for Budget, Staffing/Training, and Schedule <i>Include reference to the use of Contracts for Excellence (C4E) allocations, where applicable.</i></p>	<ul style="list-style-type: none"> • Purchase of resources (assessments, professional text, student materials) • Staff attendance at Workshops and Trainings • Per diem substitutes supporting inter-visitation and conferences • Refreshments • Per-session • Funding for PD venue • Allocation of funds for furniture purchase

<p>Indicators of Interim Progress and/or Accomplishment <i>Include: interval (frequency) of periodic review; instrument(s) of measure; projected gains</i></p>	<ul style="list-style-type: none"> • Each monthly review of 1:1 Student/Teacher Data Collection Form will show a 5% increase. • SIL reflecting completion of learning objectives • Increase in 1:1 time between student/ teacher • PBIS Point Sheets indicating independent work *note in comments • Time Out Logs • Feedback from CITs at monthly meetings • Classroom visuals supporting routines and procedures
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Subject/Area (where relevant): Inquiry Team

<p>Annual Goal <i>Goals should be SMART – Specific, Measurable, Achievable, Realistic, and Time-bound.</i></p>	<p>By June 2010, 50% of students in grades 2-12 will demonstrate 15% growth in Problem Solving in the content areas of reading or math as evidenced by the movement through Critical Thinking levels of questioning aligned with Blooms Taxonomy.</p>
<p>Action Plan <i>Include: actions/strategies/activities the school will implement to accomplish the goal; target population(s); responsible staff members; and implementation timelines.</i></p>	<ul style="list-style-type: none"> • Inquiry team is composed of core members (administration, guidance counselor, and coach) and pilot teachers • Distribute and discuss the Mentoring Minds Tool -highlighting the 6 critical thinking levels (Knowledge, Comprehension, Application, Analysis, Synthesis, Evaluation • Training on Mentoring Minds Tool • Implementation of the Mentoring Minds Tool) • Use of Mentoring Minds classroom materials to support critical thinking skills • SIL reflecting specific and measurable learning objectives • Workshops integrating critical thinking skills and instructional strategies • Binders organized including: <ol style="list-style-type: none"> 1. Inquiry Team Data Summary Sheet 2. Mentoring Minds ‘Critical Thinking’ Tool Description 3. SIL 4. Procedure Checklist 5. <u>Critical Thinking : Level Data</u> Assessment Tool

6. Examples of student work (copy of text or student writing)

7. Content area Information Sheet indicating instructional materials, critical thinking level and 3 specific questions asked corresponding to the level

- **On-going collection of data using the Critical Thinking Level Data Sheet**
- **On-going collegial review of current literature**
- **Monthly meetings**
- **Pilot teachers will participate in inter-visitation focusing on interventions and instructional strategies.**
- **The core team will collect and analyze midyear and final data.**
- **On-going site visitations by core team**
- **Core members will partner with Pilot teachers to support the process and organization**
- **Pilot Teacher Procedures**
 1. **Choose an activity in reading**
 2. **Use of the Mentoring Minds tools to support planning and instruction**
 3. **Administer assessment to determine the pre test level**
 4. **Provide instruction to assist student to deepen critical thinking skills by a minimum of 2 levels**
 5. **Completion of SIL**
- **Differentiated Instruction**
- **Completion of Inquiry Team Data Summary Sheet**

Responsible Staff:

- **Principal**
- **Assistant Principals**
- **Assessment Liaison**
- **Coach**
- **Guidance Counselor**
- **Pilot Teachers**

Timeline (Monthly meeting focus):

- **September- recruiting inquiry team members**
- **October- orientation/ core member planning and presentation to staff**
- **November 3rd- review of inquiry team procedure**
- **Mid-November- start-up/ implementation of inquiry team initiative/ site visits by core members**

	<ul style="list-style-type: none"> • December- May- implementation of inquiry team initiative/ site visits by core members/data collection and sharing of best practice • June- reflection and next step
<p>Aligning Resources: Implications for Budget, Staffing/Training, and Schedule <i>Include reference to the use of Contracts for Excellence (C4E) allocations, where applicable.</i></p>	<ul style="list-style-type: none"> • Purchase of Mentoring Minds Critical Thinking Tools • Purchase of binders • Purchase of instructional supplies and materials • Professional development • Purchase of resources (assessments, professional text, student materials) • Staff attendance at Workshops and Trainings • Per diem substitutes supporting inter-visitation and conferences • Refreshments • Per-session • Funding for PD venue
<p>Indicators of Interim Progress and/or Accomplishment <i>Include: interval (frequency) of periodic review; instrument(s) of measure; projected gains</i></p>	<p>Progress indicated by:</p> <ul style="list-style-type: none"> • Maintaining data binders • Team collaboration and reflection • Data indicating student growth by the achievement of learning objectives • Bi-Monthly data collection showing a 5% increase in problem solving skills • On-going administrative formal and informal observation reports • On-going collegial mentoring

Subject/Area (where relevant): Alternate Assessment

<p>Annual Goal <i>Goals should be SMART – Specific, Measurable, Achievable, Realistic, and Time-bound.</i></p>	<p>By June 2010, 10% of Alternate Assessment students at Sunshine Children’s Rehabilitation Center and Kingsbrook Jewish Medical Center will demonstrate a 5% increase in attention, vocalization, facial expression and/or gross motor movement when exposed to a variety of music stimulation.</p>
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Action Plan

Include: actions/strategies/activities the school will implement to accomplish the goal; target population(s); responsible staff members; and implementation timelines.

- Review relevant research on habilitation, music therapy research, music therapy assessments as tools for students in low awareness states and case studies that have evidence based practice.
- Review Blueprint for the Arts
- Development of Student Response Assessment
- Collaboration with Director of Arts Horizons
- Grants to Johnson and Johnson and Christopher Reeves Foundation
- Specific and measurable learning objectives
- Various music genres
- Center based instruction training
- Staff professional development given by artists in residence
- Training on assessment tools
- Training on augmentative devices/ communication technology
- Integration of augmentative devices/communication technology and music stimulation
- Inter-visitation
- Collegial conversations related to research findings
- Creating learning environment engaging all students
- Differentiated instruction supported with materials, technology and resources
- Data binders including Student Instructional Logs in alignment with IEP Goals and NYSAA

Target Population:

Multiply handicapped students at: Sunshine Children's Rehabilitation Center and Kingsbrook Jewish Medical Center

Responsible Staff**Principal**

- Assistant Principals
- Assessment Coordinator
- Guidance Counselor
- Teachers
- Paraprofessionals
- Parent Coordinator
- Technology coordinator/technician
- Coordination with Agency Staff

	<ul style="list-style-type: none"> • Arts Horizons Staff <p>Time Line: Sept: Planning with cabinet and Arts Horizons staff Oct: Kick off Teachers and Artists Nov.: Professional development supporting initiative Nov-April Implementation and Data collection May Collection of data June Student Assembly/ Performance</p>
<p>Aligning Resources: Implications for Budget, Staffing/Training, and Schedule <i>Include reference to the use of Contracts for Excellence (C4E) allocations, where applicable.</i></p>	<ul style="list-style-type: none"> • Purchase of resources • Staff attendance at Workshops and Trainings • Per diem substitutes supporting inter -visitation and conferences • Refreshments • Per-session • Funding for PD venue • Funding for Arts Horizons • Funding for Instruments • Music Technology • Arts Counts Funding • Grants
<p>Indicators of Interim Progress and/or Accomplishment <i>Include: interval (frequency) of periodic review; instrument(s) of measure; projected gains</i></p>	<ul style="list-style-type: none"> • Ongoing administrative site visits and observations • Review of SIL-learning objectives and interventions aligned with assessment results • Student Data sheets will be reviewed in November to determine baseline data • Data sheets will be collected again in January 2010 for a benchmark indicating a 2% increase in a variety of stimulation. • Staff feedback • Review of binders

REQUIRED APPENDICES TO THE CEP FOR 2009-2010

Directions: All schools must complete Appendices 1, 2, 3, & 7. (Note: Appendix 8 will not be required for this year.) All Title I schools must complete Appendix 4. All schools identified under NCLB or SED for School Improvement, including Improvement – Year 1 and Year 2, Corrective Action (CA) – Year 1 and Year 2, and Restructured Schools, must complete Appendix 5. All Schools Under Registration Review (SURR) must complete Appendix 6. **Note: Please refer to the accompanying CEP Guide for specific CEP submission instructions and timelines.**

APPENDIX 1: ACADEMIC INTERVENTION SERVICES (AIS) SUMMARY FORM – SED REQUIREMENT FOR ALL SCHOOLS

APPENDIX 2: PROGRAM DELIVERY FOR ENGLISH LANGUAGE LEARNERS – NCLB/SED REQUIREMENT FOR ALL SCHOOLS

APPENDIX 3: LANGUAGE TRANSLATION AND INTERPRETATION – CHANCELLOR’S REGULATIONS FOR ALL SCHOOLS

APPENDIX 4: NCLB REQUIREMENT FOR ALL TITLE I SCHOOLS

APPENDIX 5: NCLB/SED REQUIREMENTS FOR SCHOOLS IDENTIFIED FOR IMPROVEMENT

APPENDIX 6: SED REQUIREMENTS FOR SCHOOLS UNDER REGISTRATION REVIEW (SURR)

APPENDIX 7: SCHOOL-LEVEL REFLECTION AND RESPONSE TO SYSTEMWIDE CURRICULUM AUDIT FINDINGS – REQUIREMENT FOR ALL SCHOOLS

APPENDIX 8: CONTRACTS FOR EXCELLENCE (C4E) SCHOOL-BASED EXPENDITURES FOR 2009-10 – SED REQUIREMENT FOR ALL C4E-FUNDED SCHOOLS (NOTE: APPENDIX 8 WILL NOT BE REQUIRED FOR THIS YEAR)

APPENDIX 9: TITLE I, PART A – SUPPORT FOR STUDENTS IN TEMPORARY HOUSING – REQUIREMENT FOR ALL SCHOOLS

APPENDIX 1: ACADEMIC INTERVENTION SERVICES (AIS) SUMMARY FORM

New York State Education Department (SED) requirement for all schools

Part A. Directions: On the chart below, indicate the total number of students receiving Academic Intervention Services (AIS) in each area listed, for each applicable grade. AIS grade and subject requirements are as follows: K-3: reading and math; 4-12: reading, math, science, and social studies. Academic Intervention Services include **2 components:** additional instruction that supplements the general curriculum (regular classroom instruction); and/or student support services needed to address barriers to improved academic performance such as services provided by a guidance counselor or social worker. Note: Refer to the District Comprehensive Educational Plan (DCEP) for a description of district procedures for providing AIS.

Hospital Schools instructional strategies are differentiated based on individual student needs. All of the instructional services we provide are considered academic intervention services (AIS) because all of our students are considered at-risk, due to their medical or psychiatric condition that warrants hospitalization.

Grade	ELA	Mathematics	Science	Social Studies	At-risk Services: Guidance Counselor	At-risk Services: School Psychologist	At-risk Services: Social Worker	At-risk Health-related Services
	# of Students Receiving AIS	# of Students Receiving AIS	# of Students Receiving AIS	# of Students Receiving AIS				
K			N/A	N/A				
1			N/A	N/A				
2			N/A	N/A				
3			N/A	N/A				
4								
5								
6								
7								
8								
9								
10								
11								
12								

APPENDIX 2: PROGRAM DELIVERY FOR ENGLISH LANGUAGE LEARNERS (ELLs)

NCLB/SED requirement for all schools

Part A: Language Allocation Policy (LAP) – Attach a copy of your school's current year (2009-2010) LAP narrative to this CEP.

Committee: Mary Maher; Principal, Cynthia Biondi, A.P., Steven Klein; A. P., Keri Kaufmann; G.C., Maureen Murphy; Parent Advocate
Robbi Mintz; ESL Teacher

Part B: Title III: Language Instruction for Limited English Proficient and Immigrant Students – School Year 2009-2010

Form TIII – A (1)(a)

Grade Level(s) K-12 Number of Students to be Served: N/A Transient Population LEP Non-LEP

Number of Teachers 87 Other Staff (Specify) 29 paraprofessionals

School Building Instructional Program/Professional Development Overview

Title III, Part A LEP Program

Language Instruction Program – Language instruction education programs funded under Title III, Part A, of NCLB, must help LEP students attain English proficiency while meeting State academic achievement standards. They may use both English and the student's native language and may include the participation of English proficient students (i.e., Two Way Bilingual Education/Dual Language program.) Programs implemented under Title III, Part A, may not supplant programs required under CR Part 154. In the space provided below, describe the school's language instruction program for limited English proficient (LEP) students. The description must include: type of program/activities; number of students to be served; grade level(s); language(s) of instruction; rationale for the selection of program/activities; times per day/week; program duration; and service provider and qualifications.

N/A

Professional Development Program – Describe the school's professional development program for teachers and other staff responsible for the delivery of instruction and services to limited English proficient students.

N/A

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APPENDIX 3: LANGUAGE TRANSLATION AND INTERPRETATION

Requirement under Chancellor's Regulations – for all schools

Goal: To communicate whenever feasible with non-English speaking parents in their home language in order to support shared parent-school accountability, parent access to information about their children's educational options, and parents' capacity to improve their children's achievement.

Part A: Needs Assessment Findings

1. Describe the data and methodologies used to assess your school's written translation and oral interpretation needs to ensure that all parents are provided with appropriate and timely information in a language they can understand.
 - Teachers collaborate with Nurses, Doctors and Social Workers in rounds and on a daily basis to determine family language needs.
 - The Hospital where we are housed provides Translation support on an on going basis.
 - Teachers note Translation Needs on the Student Instructional Logs when appropriate.
 - a. Needs for translation services were ascertained by AP's during Hospital visitations.
 - b. Principal's Cabinet brainstormed the needs for translation services.
 - c. Parent Coordinator, Attendance teacher and Guidance Counselor expressed a need for the written translation of correspondence sent to parents regarding their child's education.

2. Summarize the major findings of your school's written translation and oral interpretation needs. Describe how the findings were reported to the school community.
 - It has been determined that there was a need for specific letters of correspondence to parents to be translated into the necessary language of origin with a specific focus on the areas of attendance, testing and promotion in doubt.

Part B: Strategies and Activities

1. Describe the written translation services the school will provide, and how they will meet identified needs indicated in Part A. Include procedures to ensure timely provision of translated documents to parents determined to be in need of language assistance services. Indicate whether written translation services will be provided by an outside vendor, or in-house by school staff or parent volunteers.
 - a. A Spanish speaking attendance teacher will translate all the attendance letters that are sent to parents. These letters are currently in English. If there is a need for any other language to be translated we seek assistance from the hospital of affiliation.
 - b. A Spanish speaking secretary is available to translate as needed also.
 - c. There is also per session for NYC bilingual teachers to assist in translation of correspondence.
 - d. Due to the transient nature and the sensitive nature of our students parents are do not take language surveys.
 - e. The written translations of these letters will be disseminated to other attendance teachers in District 75

2. Describe the oral interpretation services the school will provide, and how they will meet identified needs indicated in Part A. Indicate whether oral interpretation services will be provided by an outside contractor, or in-house by school staff or parent volunteers.
 - a. The hospital of affiliation provides translation services when necessary. The NYC Department of Education also provides translation services.

3. Describe how the school will fulfill Section VII of Chancellor's Regulations A-663 regarding parental notification requirements for translation and interpretation services. Note: The full text of Chancellor's Regulations A-663 (Translations) is available via the following link: <http://docs.nycenet.edu/docushare/dsweb/Get/Document-151/A-663%20Translation%203-27-06%20.pdf>.
 - All Hospital school teachers are notified in faculty agendas and via the guidance counselor and parent coordinator, of available translation services and they provide this information to parents as needed.

APPENDIX 4: NCLB REQUIREMENTS FOR TITLE I SCHOOLS

All Title I schools must complete this appendix

NOT APPLICABLE: NON-TITLE 1 SCHOOL.

Directions:

- All Title I schools must address requirements in Part A and Part B of this appendix.
- Title I Schoolwide Program (SWP) schools must complete Part C of this appendix.
- Title I Targeted Assistance (TAS) schools must complete Part D of this appendix.

Part A: TITLE I ALLOCATIONS AND SET-ASIDES

1. Enter the anticipated Title I allocation for the school for 2009-2010 _____
2. Enter the anticipated 1% allocation for Title I Parent Involvement Program _____
3. Enter the anticipated 5% Title I set-aside to insure that all teachers in core subject areas are highly qualified _____
4. Enter the percentage of High-Quality Teachers teaching in core academic subjects during the 2008-2009 school year _____
5. If the percentage of high quality teachers during 2008-2009 is less than 100% describe activities and strategies the school is implementing in order to insure that the school will have 100% high quality teachers by the end of the coming school year.

Part B: TITLE I SCHOOL PARENTAL INVOLVEMENT POLICY & SCHOOL-PARENT COMPACT

1. **School Parental Involvement Policy – Attach a copy of the school’s Parent Involvement Policy.**

APPENDIX 5: NCLB/SED REQUIREMENTS FOR SCHOOLS IDENTIFIED FOR IMPROVEMENT

NOT APPLICABLE TO SCHOOL

This appendix must be completed by all Title I and Non-Title schools designated for NCLB/SED improvement, including Improvement – Year 1 and Year 2 schools, Corrective Action (CA) – Year 2 and Year 2 schools, Restructured schools, and SURR schools. Additional information on the revised school improvement categories under the State’s new Differentiated Accountability System will be released in late spring 2009.

NCLB/SED Status: _____ **SURR¹ Phase/Group (If applicable):** _____

Part A: For All School Improvement Schools

1. For each area of school improvement identification (indicated on your pre-populated School Demographics and Accountability Snapshot, downloadable from your school’s NYCDOE webpage under “Statistics”), describe the school’s findings of the specific academic issues that caused the school to be identified.
2. Describe the focused intervention(s) the school will implement to support improved achievement in the grade and subject areas for which the school was identified. Be sure to include strategies to address the needs of all disaggregated groups that failed to meet the AMO, Safe Harbor, and/or 95% participation rate requirement. Note: If this question was already addressed elsewhere in this plan, you may refer to the page numbers where the response can be found.

Part B: For Title I Schools that Have Been Identified for School Improvement

1. As required by NCLB legislation, a school identified for school improvement must spend not less than 10 percent of its Title I funds for each fiscal year that the school is in school improvement status for professional development. The professional development must be high quality and address the academic area(s) identified.
 - (a) Provide the following information: 2009-10 anticipated Title I allocation = \$_____ ; 10% of Title I allocation = \$_____.

¹ School Under Registration Review (SURR)
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(APPENDIX 6: SED REQUIREMENTS FOR SCHOOLS UNDER REGISTRATION REVIEW (SURRE))

All SURRE schools must complete this appendix.

NOT APPLICABLE TO SCHOOL

SURRE Area(s) of Identification: _____

SURRE Group/Phase: _____ **Year of Identification:** _____ **Deadline Year:** _____

Part A: SURRE Review Team Recommendations – On the chart below, indicate the categorized recommendations for improvement resulting from the SED Registration Review Visit/Report and all external review and monitoring visits since the school was first identified as a SURRE. Indicate the specific actions the school has taken, or will take, to address each of the recommendations.

**APPENDIX 7: SCHOOL-LEVEL REFLECTION AND RESPONSE TO SYSTEM-WIDE IMPLICATIONS OF FINDINGS FROM
AUDITS OF THE WRITTEN, TESTED, AND TAUGHT CURRICULUM IN ELA AND MATHEMATICS**

All schools must complete this appendix.

Background

From 2006 to 2008, the New York City Department of Education (NYCDOE) and the New York State Education Department (NYSED) commissioned an “audit of the written, tested, and taught curriculum” to fulfill an accountability requirement of the No Child Left Behind (NCLB) Act for districts identified for “corrective action.” The focus of the audit was on the English language arts (ELA) and mathematics curricula for all students, including students with disabilities (SWDs) and English language learners (ELLs). The audit examined the alignment of curriculum, instruction, and assessment as well as other key areas—such as professional development and school and district supports—through multiple lenses of data collection and analysis. The utilized process was a collaborative one, intended not to find fault but to generate findings in concert with school and district constituency representatives to identify and overcome barriers to student success. As such, the audit findings are not an end in themselves but will facilitate important conversations at (and between) the central, SSO, and school levels in order to identify and address potential gaps in ELA and math curriculum and instructional programs and ensure alignment with the state standards and assessments.

Directions: All schools are expected to reflect on the seven (7) key findings of the “audit of the written, tested, and taught curriculum” outlined below, and respond to the applicable questions that follow each section.

CURRICULUM AUDIT FINDINGS

KEY FINDING 1: CURRICULUM

Overall: There was limited evidence found to indicate that the ELA and mathematics curricula in use are fully aligned to state standards. Although New York City is a standards-based system, teachers do not have the tools they need to provide standards-based instruction to all students at all levels, particularly ELLs. There is a lack of understanding across teachers, schools, and audited districts regarding what students should understand and be able to do at each level in ELA and mathematics.

1A. English Language Arts

Background

A curriculum that is in alignment will present the content to be taught (as outlined by the state standards), with links to the following: an array of resources from which teachers may choose in teaching this content; a pacing calendar and/or suggested timeframe for covering the curriculum material; a description of expectations for both the teacher’s role and the student level of cognitive demand to be exhibited; and a defined set of student outcomes—that is, what the student should know and be able to do as a result of having mastered this curriculum. The New York State ELA Standards identify seven different areas of reading (decoding, word recognition, print awareness, fluency, background knowledge and vocabulary, comprehension, and motivation to read) and five different areas of writing (spelling, handwriting, text production, composition, motivation to write) that are addressed to different degrees across grade levels. Although

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listening and speaking are addressed within the New York State ELA Standards, they are not further subdivided into topic areas. A written curriculum missing literacy competencies or performance indicators at any grade level will impact the alignment of the curriculum to state standards. A written curriculum that does not address the areas in reading identified by the state standards will also impact vertical and horizontal alignment within and between schools by creating gaps in the Grades K–12 curriculum. *Vertical alignment* is defined as the literacy knowledge addressed at a grade level that builds upon and extends learning from the previous grade level, whereas *horizontal alignment* refers to agreement between what is taught by teachers addressing a common subject across a single grade level.

ELA Alignment Issues:

- **Gaps in the Written Curriculum.** Data show that the written curriculum in use by many schools is not aligned with the state standards in terms of the range of topics covered and the depth of understanding required. All reviewed curricula had gaps relative to the New York State ELA standards. The fewest gaps were found at Grade 2, but the gaps increased as the grade levels increased. Interviewed staff in a number of the schools that were audited reported less consistent and effective curriculum and instruction at the secondary level. These data further indicated that curricula were not adequately articulated—less articulated in secondary than elementary schools.
- **Curriculum Maps.** The curriculum alignment analyses noted that although a number of curriculum maps had been developed, the mapping has been done at a topical level only and does not drill down to an expected level of cognitive demand that will indicate to teachers what students should know and be able to do at each grade level. These curriculum maps addressed only content topics—not skills to be mastered, strategies to be utilized, or student outcomes to be attained.
- **Taught Curriculum.** The *Surveys of Enacted Curriculum (SEC)*² data also show that the taught curriculum is not aligned to the state standards. For example, in the reviewed high school-level ELA classes, auditors observed a great disparity between what is taught and the depth to which it should be taught. A similar lack of depth can be seen in elementary and middle grades as well (specifically Grades 2, 4, 5, and 6) and Grade 8. As one might look at it, the taught ELA curriculum is quite broad but lacks depth in any one area. Although standards indicate that instruction should be focused on having students create written products and spoken presentations, SEC data show quite the opposite. There is very little emphasis on speaking and listening and only a moderately higher level of emphasis on writing. Critical reading also is supposed to have a much greater depth than is currently occurring in high school English classes.
- **ELA Materials.** In a number of the audited schools, teachers interviewed indicate that they have sufficient amounts of curriculum materials available to them; however, the materials they have are not adequate to meet the needs of all learners, particularly English language learners, students with disabilities, and struggling readers. Further, the materials in use are reportedly often not relevant to

² To examine whether instruction was aligned to the New York state standards and assessments, teachers in the district completed the *Surveys of Enacted Curriculum (SEC)*. Based on two decades of research funded by the National Science Foundation, the SEC are designed to facilitate the comparison of enacted (taught) curriculum to standards (intended) and assessed curriculum (state tests), using teachers' self-assessments. The data for each teacher consist of more than 500 responses. The disciplinary topic by cognitive-level matrix is presented in graphic form, which creates a common language for comparison and a common metric to maintain comparison objectivity.

the students' background knowledge, suggesting a need for more age appropriate and culturally relevant books and articles for student use.

– **English Language Learners**

Multiple data sources indicate that there is a great deal of variation in the curriculum and instruction that ELL students receive, by grade level, by type of ELL program or general education program, and by district. For example, some of the best instruction observed by site visitors was found in ELL program classrooms at the elementary level, which contrasted sharply with the generally lower quality of ELL program instruction at the secondary level. The auditors found that planning for ELL education at the city and even district levels did not percolate down to the school and teacher levels. Consequently, planning for ELL education in the audited schools generally occurred at the level of individual teachers or ELL program staff, contributing to the variations in curriculum and instruction observed across ELL and general education programs. Further, there is a general lack of awareness of the New York State Learning Standards for ESL.

Please respond to the following questions for Key Finding 1A:

1A.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

The Hospital School's cabinet, which is made up of a coach, a guidance counselor, alternate assessment liaison and the administration reviewed the findings and discussed which areas are relevant to our students. The administration shared the findings at staff faculty conferences, SLT, PBIS, Data Inquiry Team, and Alternate Assessment meetings. We worked collaboratively to align the curriculum to the NY State Standards.

1A.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

1A.3: Based on your response to Question 1A.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

Due to the Hospital School Program's unique nature, our instructional scope is broad and varied. At a number of our sites, our teachers are called upon to meet the educational needs of students during short periods of hospitalization. While at other sites, the hospitalization is longer. In order to maintain consistency in instruction, we strive to work closely with the home school. We provide instruction for regular and special education students in grades K-12, private and public, whose home schools are potentially from across the globe. It is our challenge and mission to align the curriculum to meet the needs of each and every student. We will utilize our ELL PD to support and guide decisions. In addition, we are focusing on Intervention strategies for all students with a specific focus on strategies to follow assessment. (There is a strategy section that directly supports ELLs in the Intervention Strategies to Follow Informal Reading Inventory Assessment Text).

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1A.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

Due to our transient population we are challenged to meet the instructional needs of each student. We have chosen to meet our students' educational needs by targeting individual learning goals for instruction. Our inquiry team action research project objective is to demonstrate measurable growth through instruction and target learning objectives generated by individual assessments.

In an effort to support our teachers to effectively provide standard based instruction for all students at all levels, we have designed and implemented the Student Instructional Log. This log assists in aligning the New York State Standards with goals and activities. In addition, we will continue to support via professional development and supplemental instructional curriculum and on-line information regarding the DOE curriculum and New York State Standards.

1B. Mathematics

Background

New York State assessments measure conceptual understanding, procedural fluency, and problem solving. In the New York State Learning Standard for Mathematics, these are represented as *process strands* and *content strands*. These strands help to define what students should know and be able to do as a result of their engagement in the study of mathematics. The critical nature of the process strands in the teaching and learning of mathematics has been identified in the New York State Learning Standard for Mathematics, revised by NYS Board of Regents on March 15, 2005: The process strands (Problem Solving, Reasoning and Proof, Communication, Connections, and Representation) highlight ways of acquiring and using content knowledge. These process strands help to give meaning to mathematics and help students to see mathematics as a discipline rather than a set of isolated skills. Student engagement in mathematical content is accomplished through these process strands. Students will gain a better understanding of mathematics and have longer retention of mathematical knowledge as they solve problems, reason mathematically, prove mathematical relationships, participate in mathematical discourse, make mathematical connections, and model and represent mathematical ideas in a variety of ways. (University of the State of New York & New York State Education Department, 2005, p. 2) When curriculum guides lack precise reference to the indicators for the process strands, then explicit alignment of the curriculum to the process strands is left to the interpretation of the individual classroom teacher.

Specific Math Alignment Issues:

- A review of key district documents for mathematics shows substantial evidence that the primary mathematics instructional materials for Grades K–8 (*Everyday Mathematics* [K–5] and *Impact Mathematics* [6–8]) are aligned with the New York state *content strands* except for some gaps that appear at the middle school level in the areas of measurement and geometry and number sense and operations.

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The instructional materials that were available at the high school level during the time of the audits (New York City Math A and B [8–12]) were aligned with the 1999 standards but not with the newer 2005 standards. Furthermore, these documents show that there is a very weak alignment to the New York state *process strands* for mathematics at all grade levels.

- The SEC data for mathematics curriculum alignment (similar to Key Finding 1A for ELA), shows that there is a lack of depth in what is being taught in the mathematics classroom as compared to what is required by the state standards.

Please respond to the following questions for Key Finding 1B:

1B.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

The Hospital Schools cabinet, which is made up of a coach, a guidance counselor, alternate assessment liaison and the administration reviewed the findings and discussed which areas are relevant to our students. The administration shared the findings at staff faculty conferences, SLT, PBIS, Data Inquiry Team, and Alternate Assessment meetings. We worked collaboratively to align the curriculum to the NY State Standards.

1B.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

1B.3: Based on your response to Question 1B.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

Due to our transient population we are challenged to meet the instructional needs of each student. We have chosen to meet our students' educational needs by targeting individual learning goals for instruction. Our teachers strive to achieve measurable growth through instruction and targeted learning objectives generated by individual assessments. Hospital School's teachers have the opportunity to assess individual student needs in Mathematics and tailor instruction which will both be aligned with the State Standards and be meaningful.

1B.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

In an effort to support our teachers to effectively provide standard based instruction for all students at all levels, we have designed and implemented the Student Instructional Log. This log assists in aligning the New York State Standards with goals and activities. In addition, we will continue to support via professional development and supplemental instructional curriculum and on-line information regarding the DOE curriculum and State Standards.

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It is noted that there is an identified need to improve alignment of the Math curriculum in the area of Geometry, Measurement, Number Sense and Operations. Our teachers are able to work individually with each student allowing them to meet individual math goals.

KEY FINDING 2: INSTRUCTION

Overall: Multiple data sources indicate that direct instruction and individual seatwork are the predominant instructional strategies used by teachers in audited districts; there is indication of limited use of best practices and research-based practices, including differentiated instruction. A number of schools in audited districts further evidenced a lack of student engagement in classrooms, particularly at the secondary level. These data also show that there is an intention to use research-based and best practices; yet according to the interviews, SEC, and classroom observations, there is limited evidence of implementation and monitoring of such practices. Interview data indicate that in audited districts, teachers indicate a need for more support focused on differentiation of instruction for all learners.

2A – ELA Instruction

Classroom observations in audited schools show that direct instruction was the dominant instructional orientation for ELA instruction in almost 62 percent of K–8 classrooms. (In direct instruction, the teacher may use lecture- or questioning-type format. It includes instances when the teacher explains a concept, reads to students, or guides students in practicing a concept.) Direct instruction also was observed either frequently or extensively in approximately 54 percent of the high school ELA classrooms visited. On a positive note, high academically focused class time (an estimate of the time spent engaged in educationally relevant activities) was observed frequently or extensively in more than 85 percent of K–8 classrooms visited, though this number fell slightly to just over 75 percent of classrooms at the high school level. Student engagement in ELA classes also was observed to be high – observed frequently or extensively 71 percent of the time in Grades K–8, but this percentage shrank to 49 percent at the high school level. Finally, independent seatwork (students working on self-paced worksheets or individual assignments) was observed frequently or extensively in approximately 32 percent of the K–8 ELA classrooms visited and just over 34 percent of classrooms in high school.

Please respond to the following questions for Key Finding 2A:

2A.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

In collaboration with our cabinet and School Leadership Team we have reviewed the findings; we believe that it is to our advantage that we have the potential to fully differentiate instruction. Our teachers are able to work one on one with students and adapt our instruction to meet the learning styles of each student. Due to the nature of our school, there are barriers created by the specific medical needs of a student which will directly impact upon the delivery of instruction.

2A.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

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2A.3: Based on your response to Question 2A.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

The Hospital School Program is furthering our efforts to differentiate instruction as evidenced by our focus to generate learning objectives and instructional goals driven by pre-assessment. Our high school teachers are interfacing with the student's home school in an effort to maintain continuity in coursework. Therefore, our teachers are able to instruct each student individually.

2A.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

It would be beneficial for our Hospital School staff to be offered a professional development dealing with the implications of medical syndromes and instruction. This workshop may enhance the teacher's ability to cope and address our medically fragile population. Additional funds are necessary to provide technology and adaptive equipment for our students.

2B – Mathematics Instruction

Auditors noted that although high academically focused class time was observed either frequently or extensively in 80 percent of K–8 mathematics classes, it was observed at this level only in 45 percent of the high school mathematics classes. Further, a high level of student engagement was observed either frequently or extensively in 52 percent of Grades K–8 and 35 percent of Grades 9–12 mathematics classrooms. *School Observation Protocol* (SOM³) and SEC results also shed light on some of the instructional practices in the mathematics classroom. The SOM noted that direct instruction in K-8 mathematics classes was frequently or extensively seen 75 percent of the time in Grades K–8 (and 65 percent of the time in Grades 9–12). Student activities other than independent seatwork and hands-on learning in the elementary grades were rarely if ever observed. Technology use in mathematics classes also was very low.

Please respond to the following questions for Key Finding 2B:

2B.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

³ To examine instruction in the classrooms, the School Observation Measure (SOM) was used to capture classroom observation data for the district audit. The SOM was developed by the Center for Research in Educational Policy at the University of Memphis. The SOM groups 24 research based classroom strategies into six categories: (1) instructional orientation, (2) classroom organization, (3) instructional strategies, (4) student activities, (5) technology use, and (6) assessment. Two to seven key classroom strategies are identified within each category for a total of 24 strategies that observers look for in the classroom. These 24 strategies were selected to address national teaching standards.

In collaboration with our cabinet and School Leadership Team we have reviewed the findings; we believe that it is to our advantage that we have the potential to fully differentiate instruction. Our teachers are able to work one on one with students and adapt our instruction to meet the learning styles of each student. Due to the nature of our school, there are barriers created by the specific medical needs of a student which will directly impact upon the delivery of instruction.

2B.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

2B.3: Based on your response to Question 2B.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

The Hospital School Program is furthering our efforts to differentiate instruction as evidenced by our focus to generate learning objectives and instructional goals driven by pre-assessment. Our high school teachers are interfacing with the student's home school in an effort to maintain continuity in coursework. Therefore, our teachers are able to instruct each student individually.

2B.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

It would be beneficial for our Hospital School staff to be offered a professional development dealing with the implications of medical syndromes and instruction. This workshop may enhance the teacher's ability to cope and address our medically fragile population. Additional funds are necessary to provide technology and adaptive equipment for our students.

KEY FINDING 3: TEACHER EXPERIENCE AND STABILITY

In a number of audited schools, respondents stated that teacher turnover was high, with schools accommodating a relatively high percentage of new and transfer teachers each year.

Please respond to the following questions for Key Finding 3:

3.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

The teacher turnover in Hospital Schools is not high.

3.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

3.3: Based on your response to Question 3.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

The majority of our teachers have been working in Hospital Schools an average of 10 or more years.

3.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue. N/A

KEY FINDING 4: PROFESSIONAL DEVELOPMENT—ENGLISH LANGUAGE LEARNERS

Interview data (from classroom teachers and principals) indicate that professional development opportunities regarding curriculum, instruction, and monitoring progress for ELLs are being offered by the districts, however, they are not reaching a large audience. Many teachers interviewed did not believe such professional development was available to them. A number of district administrators interviewed mentioned the presence of QTEL (Quality Teaching for English Learners) training, but few classroom teachers seemed aware of this program. Although city, district and some school-based policies (e.g., Language Allocation Policy) and plans for ELL instruction do exist, rarely were they effectively communicated to teachers through professional development and other avenues.

Please respond to the following questions for Key Finding 4:

4.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

Hospital School's cabinet and School Leadership Team met to determine the need of professional development addressing English Language Learner student instruction.

4.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

4.3: Based on your response to Question 4.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

Our teachers are called upon to meet the educational needs of students during short periods of hospitalization. These students are potentially from all over the world. Therefore we must meet the needs of English Language Learners by increasing the awareness of district offered workshops.

4.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

The needs of English Language Learner's will be addressed at the monthly meetings in order to support our staff and in turn our ELL populations. Instructional strategies of ELL may potentially include whole language, graphic organizers, and parallel literacy instruction using native language materials and many supports available through our writing initiative.

KEY FINDING 5: DATA USE AND MONITORING—ELL INSTRUCTION

Data from district and teacher interviews indicate that there is very little specific monitoring of ELLs' academic progress or English language development. Testing data, where they do exist (for example, the NYSESLAT yearly scores) either are not reported to all teachers involved in instructing ELLs or are not provided in a timely manner useful for informing instruction. If and when testing data are provided, the data are not disaggregated by proficiency level of ELL student, students' time in the United States, or type of program in which the ELL is enrolled (i.e., ESL, TBE, Dual Language, or general education).

Please respond to the following questions for Key Finding 5:

5.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

We reviewed with the SLT and cabinet. We determined that our teachers are able to meet the individual needs of every student because they meet on a 1:1 basis.

5.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

5.3: Based on your response to Question 5.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

The population is transient so the progress is monitored on a *short term basis*.

We monitor all students on an individual basis using the Student Instructional Log which includes individual assessment and instructional goals and progress.

5.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue. N/A

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KEY FINDING 6: PROFESSIONAL DEVELOPMENT—SPECIAL EDUCATION

While the DOE and individual schools have made a substantial investment in professional development for special and general education teachers, classroom observations, IEP reviews, and interviews indicate that many general education teachers, special education teachers, and school administrators do not yet have sufficient understanding of or capacity to fully implement the range and types of instructional approaches that will help to increase access to the general education curriculum and improve student performance. Further, many general education teachers remain unfamiliar with the content of the IEPs of their students with disabilities, have a lack of familiarity with accommodations and modifications that would help support the students with disabilities in their classrooms, and are not knowledgeable regarding behavioral support plans for these students.

Please respond to the following questions for Key Finding 6:

6.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

We reviewed the findings and asked that staff give feedback to assess familiarity with the instructional approaches needed to accommodate all students.

6.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

6.3: Based on your response to Question 6.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

We have a constantly changing population of general and special education students from grades K-12, so there is always a need for additional professional developments. The instructional responsibilities for our teachers are vast because of the K-12 transient population.

6.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

We are addressing these issues by having a specific PD plan in areas of greatest need differentiated by the population that the teachers serve most often. In our psychiatric sites we have on going professional development in the area of positive behavioral supports. In all

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sites we have a school wide PD focus on writing and on the High School population because a need was evident based on supervisory observation and teacher feedback on the needs assessment. In addition, we conducted IEP training for all staff to support our special education students. We work collaboratively with the Hospital Social Workers as well.

KEY FINDING 7: INDIVIDUALIZED EDUCATION PROGRAMS (IEPS FOR STUDENTS WITH DISABILITIES)

Although IEPs clearly specify testing accommodations and/or modifications for students with disabilities, they do *not* consistently specify accommodations and/or modifications for the *classroom environment* (including instruction). Further, there appears to be lack of alignment between the goals, objectives, and modified promotion criteria that are included in student IEPs and the content on which these students are assessed on grade-level state tests. Finally, IEPs do not regularly include behavioral plans—including behavioral goals and objectives—even for students with documented behavioral issues and concerns.

Please respond to the following questions for Key Finding 7:

7.1: Describe the process your school engaged in, during the 2008-09 school year, to assess whether this finding is relevant to your school's educational program.

We reviewed with the Positive Behavioral Support Team, SLT and the cabinet of this finding and feel there are some inconsistencies between IEPs and student behavior in Hospital Schools.

7.2: Indicate your determination of whether this finding is, or is not, applicable to your school.

Applicable Not Applicable

7.3: Based on your response to Question 7.2, what evidence supports (or dispels) the relevance of this finding to your school's educational program?

Due to the individual nature of our program we have the benefit of providing differentiated instruction in small groups or on a one to one basis. In most cases we do not create the IEPs, therefore, if no BIP exists, we rely solely on our targeted plan for each child in our psychiatric sites based on The Power of Choice program. In addition, we are mandated to administer NYS assessments based on grade level. The performance and behaviors exhibited are often severely different than as on the IEP because the student may be suffering through an extreme crisis.

7.4: If the finding is applicable, how will your school address the relevant issue(s)? Indicate whether your school will need additional support from central to address this issue.

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We will continue to provide instruction, goals and objectives that are in alignment with the students functioning level at the time of hospitalization. Many times the medical or psychiatric condition does impact the student and therefore further modifications and accommodations must be implemented based on current level of performance. At times when a student's cognitive ability has been permanently impaired a review will be requested or an initial will be submitted to the appropriate CSE. (For example: an accident resulting in a Traumatic Brain Injury or Chemotherapy resulting in impaired functioning) A 504 plan may also need to be developed to accommodate the immediate medical issues. .

APPENDIX 8: CONTRACTS FOR EXCELLENCE (C4E) SCHOOL-BASED EXPENDITURES FOR 2009-10

This appendix will not be required for 2009-10.

NOT APPLICABLE-SCHOOL DOES NOT RECEIVE C4E FUNDS

Please Note: Since the system-wide expectation is that schools will maintain effort for 2008-09 programs funded with Contract for Excellence 09 (HS) dollars in 2009-10, schools will not be required to complete a new version of CEP Appendix 8 this year. Please see the FY10 SAM #6 "Contracts for Excellence Discretionary Allocations" for details about other documentation that schools may be required to complete in conjunction with the spending of their C4E dollars.

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APPENDIX 9: TITLE I, PART A – SUPPORT FOR STUDENTS IN TEMPORARY HOUSING (STH)

All schools must complete this appendix.

Directions:

- All Title I schools must complete Part A of this appendix.
- All Non-Title I schools must complete Part B of this appendix.

Supporting Students in Temporary Housing (STH)

As included in your Office of School and Youth Development Consolidated Plan STH Section and in accordance with the federal McKinney-Vento Homeless Assistance Act and Chancellor's Regulation A-780, schools must identify, serve, and report on students living in temporary housing (STH). For more information on using Title I set-aside funds to support your STH population, please refer to the Frequently Asked Questions document on DOE's website: <http://schools.nyc.gov/NR/rdonlyres/9831364D-E542-4763-BC2F-7D424EBD5C83/58877/TitleIPartASetAsideforStudentsinTemporaryHousing.pdf>

This is a NON-TITLE 1 school.

Part A: FOR TITLE I SCHOOLS

1. Please identify the number of Students in Temporary Housing who are currently attending your school (please note that your STH population may change over the course of the year).
2. Please describe the services you are planning to provide to the STH population with the Title I set-aside funds.
3. Based on your current STH population and services outlined, estimate the appropriate set-aside amount to support the needs of the STH population in your school.

Part B: FOR NON-TITLE I SCHOOLS

1. Please identify the number of Students in Temporary Housing who are currently attending your school (please note that your STH population may change over the course of the year).
NOT APPLICABLE : SERVES HOSPITALIZED CHILDREN
2. Please describe the services you are planning to provide to the STH population with the Title I set-aside funds.
N/A: school does not receive any set-aside funds
3. Some Non-Title I schools receive a specific allocation based on the reported number of students living in temporary housing. If your school received an allocation (please refer to the current Title I Funds Summary of School Allocation Memorandum), include the amount your school received in this question. If your school did not receive an allocation and needs assistance, please contact an STH liaison in the borough Integrated Service Center (ISC) or Children First Network.
 - o N/A: As a non-geographic, administrative district, students in D 75 schools identified as STH, receive support from the STH Content Expert in each borough. The District 75 STH liaisons work with these content experts to ensure that homeless students are provided with the necessary interventions. These services include educational assistance and attendance tracking at the shelters, transportation assistance, and on-site tutoring. D 75 students are eligible to attend any programs run through the STH units at the ISC.

LAP
2009-2010

Committee: Mary Maher; Principal, Cynthia Biondi, A.P., Steven Klein; A. P., Keri Kaufmann; G.C., Maureen Murphy; Parent Advocate, Robbi Mintz; ESL Teacher

Hospital Schools provide instruction throughout N.Y.C. and encompasses all demographics. The number of ELLs in our schools varies at times due to our transient population and students may speak one of many languages. Our teachers are able to determine the results of the LAB-R and NYSESLAT by communicating with the home schools, CSEs and reviewing the student's exam history. Our committee will meet bi-monthly to review the needs of the students based on the ELLs performance, teacher formulated assessments, NYSAA and standardized assessments. If and when a need occurs to provide an ESL teacher for an ELL student, one of our own ESL teachers will be designated for the interim period. If necessary a Home Instruction teacher certified in ESL will accommodate the need in the hospital. The content area instruction will use ESL methodologies including TPR, Language Experience Approach, Natural Approach, the use of graphic organizers, along with Think-Pair-Share strategies. The psychiatric sites provide classroom learning allowing for cooperative learning. Twice a year, at full day staff development, our ESL teachers will prepare professional development sessions which provide hands-on use of ESL methodologies for our staff members. Our Hospital Schools Coach will attend specific workshops such as "All ELL Teachers: Cultivating Seed Ideas and Memoir Prompts in the Instruction of ELA and Social Studies for ELLs with Disabilities", in order to keep abreast of the latest research into second language acquisition, ESL techniques and instructional intervention that have arisen from that research. The NYSESLAT is administered at the student's home school. Therefore, the home school will create a transition plan for students who have scored proficient on the NYSESLAT. This will provide students with additional services in ESL for up to two years as per CR Part 154 mandates. Most of the students in the hospital school receive their mandate ESL services on a 1:1 basis. For beginner and intermediate level students in K-8, 360 minutes per week. Advanced level students in grades K-8 will receive 180 minutes of ESL per week. High School students at the beginner level receive 540 minutes of ESL per week, 360 minutes at the intermediate level, and 180 minutes at the advanced level.
