|  |  |  |
| --- | --- | --- |
| METS: |  C:\Users\gmathews\Desktop\MyDocumentsFC\Brockport Diversity Project\Logo's & Stuff\NYSmigrant-colorjpg.jpg | NYS Migrant Education Program |
| Migrant Educator: | **School Year** |
| School Year: | Mid-Year and Student Summary Form |

**I. Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name | Last Name (2) | COE # | Qualifying Arrival Date |
| First Name | Middle Name | Home Language | Residency Date |
| Address | Telephone # | Eligibility Expiration Date |
| Extended Service: ❑ 4th Year Continuation ❑ Credit Accrual (9-12)  | ❑ Home Schooled |
| Medical Alert: ❑ Acute ❑ Chronic ❑None | Y N Immunizations Available |
| DOB | Grade | MEP Enrollment Date | MEP Withdrawal Date  |

**II. NY School District Information**

|  |  |
| --- | --- |
| District | First Date of Attendance |
| Building | Last Date of Attendance |
|  | # Days Enrolled / # Days Absent |

**III. District Services**

|  |  |
| --- | --- |
| **Y N** Individualized Education Program (IEP)**Y N** 504 Accommodation Plan**Y N** Response to Intervention (RtI) (Tier II or III)**Y N** English as a New Language (ENL)**Y N** Bilingual Education | **Y N Title I: Academic Intervention Services (AIS)** **Y N** ELA **Y N** Science **Y N** Math **Y N** Social Studies |

**IV. For Preschool Only V. For Out-of-School Youth Only**

|  |  |
| --- | --- |
| **Y N District or Community Preschool Program** | **Community Services** |
| **❑**  District Preschool Program | **❑** Preschool Special Education |  **❑**  ENL/ESL |
| **❑** Early Intervention | **❑** Other Pre-Kindergarten |  **❑** High School Equivalency (HSE) |
| **❑** Head Start | **❑** Other Preschool Program |  **❑** Adult Basic Education (ABE) |
| **❑** Migrant Head Start/ABCD | **❑**  Home Visitor Program | High School Equivalency(HSE) - Date Completed: |

**VI. Academic Needs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Y N** **Qualifying Move within previous 1-year period, plus 1:** | **Y N** Dropped out of school this school year | **Y N** Failed State Test(s) | **Y N** Below Modal Grade | **=** | **Y N** Priority for Services |
| **Y N** Retention | **Y N** Low Grades |
| **Y N** Credit Deficiency | **Y N** English Learner |

**School Year Student Summary Form Page 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** | [**Student Last, first, middle]** | **DOB:** |  |

**VII. Other Needs**

|  |  |  |
| --- | --- | --- |
| **Y N** Health and/or Nutrition**Y N** Homelessness**Y N** Lacks Parent Involvement**Y N** Mobility**Y N** Poor School Attendance | **Y N** Missing Required Immunizations**Y N** High School Equivalency**Y N** English Learner**Y N** Life Skills**Y N** Transportation  | **Y N** Needs Referral for:**Y N** Other:   |

**VIII. Service Delivery Model**

|  |  |  |
| --- | --- | --- |
| **Initial Service Level Date:** | **Winter Service Level Date:** | **Spring Service Level Date:** |
|  |  |  |
| ❑ **Initial Service Level 3** - Focus  Area: ❑ ELA ❑ Math ❑ Secondary  | **❑ Winter Service Level 3** – Focus Area: ❑ ELA ❑ Math ❑ Secondary  | ❑ **Spring Service Level 3** - Focus  Area: ❑ ELA ❑ Math ❑ Secondary  |
| ❑ **Initial Service Level 2** | **❑ Winter Service Level 2** | **❑ Spring Service Level 2** |
| ❑ **Initial Service Level 1** | **❑ Winter Service Level 1** | **❑ Spring Service Level 1** |
| ❑ **Service Level 0**/ No Services – Reason: ❑ Identified after Enrollment Period ❑ In Other Programs ❑ Incarcerated/Institutionalized ❑ Refusal ❑ Unable to Locate/ Left District |

**IX. Service Delivery Plan Information**

|  |
| --- |
| **All Students: Needs Assessment Date:** |
| **Grade K-8, Level 3 Students** | **Grade 9-12 Students** | **Out-of-School Youth (OS/ DO/ D+)** |
| ELA MEP Pre-test Date: | Service Level 3 Grades 11-12 Graduation Plan Part I – Date: | OSY Profile - Date: |
| ELA MEP Post-test Date: | Service Level 2 (OSY): Personal Learning Plan – Date Short Term Goal Started: |
| Math MEP Pre-test Date: | **Y N** Has Passed Algebra 1 or a Higher Math Course |
| ELA MEP Post-test Date: |

**X. School Year MEP Supplemental Programs Provided**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Name** | **H** | **C** | **Service Name** | **H** | **C** | **Service Name** | **H** | **C** |
| **045 AdolescentActivities** |  |  | **024 English Language Arts** |  |  | **013 Mathematics** |  |  |
| **044 Advocacy** |  |  | 037 Field Trip |  |  | 004 Referred &  Received |  |  |
| **030 Counseling Services** |  |  | 016 Health & Dental  Support |  |  | **032 Science** |  |  |
| **006 Early Childhood**  **Instruction** |  |  | 003 Home Visit |  |  | **040 Social**  **Studies** |  |  |
| **001 ENL** |  |  | 048 Life Skills  |  |  | 027 Transportation |  |  |

**Comments:**

 **Migrant Educator Signature:**  **Date:**