

METS:
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			Eligibility Expiration Date
Parent 1 Telephone #	Parent 2 Telephone #	Parent 1 Email address:	Parent 2 Email address:
Extended Service: <input type="checkbox"/> 4 th Year Continuation <input type="checkbox"/> Credit Accrual (9-12)		<input type="checkbox"/> Home Schooled	
Medical Alert: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> 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 for In-School Only

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
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IV. For Preschool Only

Y N District or Community Preschool Program	
<input type="checkbox"/> District Preschool Program <input type="checkbox"/> Early Intervention <input type="checkbox"/> Head Start <input type="checkbox"/> Migrant Head Start/ABCD	<input type="checkbox"/> Preschool Special Education <input type="checkbox"/> Other:

V. For Out-of-School Youth Only

Community Services
<input type="checkbox"/> ENL/ESL <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Adult Basic Education (ABE)
GED - 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

Student Name:	[Student Last, first, middle]	DOB:	
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VII. Other Needs

Y N Health and/or Nutrition Y N Homeless 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 (PK/OSY) Y N Life Skills Y N Transportation	Y N Needs Referral for: <input style="width: 100%;" type="text"/> Y N Other: <input style="width: 100%;" type="text"/>
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VIII. Service Delivery Model

Initial Service Level Date:	Winter Service Level Date:	Spring Service Level Date:
<input type="checkbox"/> Initial Service Level 3 - Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> Initial Service Level 2 Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary	<input type="checkbox"/> Winter Service Level 3 – Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> Winter Service Level 2 Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary	<input type="checkbox"/> Spring Service Level 3 - Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> Spring Service Level 2 Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary
<input type="checkbox"/> Initial Service Level 1	<input type="checkbox"/> Winter Service Level 1	<input type="checkbox"/> Spring Service Level 1
<input type="checkbox"/> Service Level 0/ No Services – Reason: <input type="checkbox"/> Identified after Enrollment Period <input type="checkbox"/> In Other Programs <input type="checkbox"/> Incarcerated/Institutionalized/Detained <input type="checkbox"/> Refusal <input type="checkbox"/> Unable to Locate/ Left District		

IX. Service Delivery Plan Information

All Students: Needs Assessment Date:		
Grade 3-8, Level 3 and Level 2 Students	Grade 9-12 Students	Out-of-School Youth (OS/DO/D+)
Y N ELA Pre-test	Y N Annual Goal Setting	OSY Profile - Date: Service Level 2 (OSY/D+): Personal Learning Plan – Date Short Term Goal Started:
Y N ELA Post-test	Y N Annual Review of Transcript and Student schedule	
Y N Math Pre-test		
Y N Math Post-test	Y N Has Passed Algebra 1 or a Higher Math Course	Dropout Notification Date: <input style="width: 100%;" type="text"/>
		Dropout Contact Date: <input style="width: 100%;" type="text"/>

X. School Year MEP Supplemental Programs Provided

Service Name	H	C	Service Name	H	C
045 Adolescent Activities			048 Life Skills		
044 Advocacy			013 Mathematics		
030 Counseling Services			032 Science		
001 ENL			040 Social Studies		
024 English Language Arts			027 Transportation		

Comments:	
Migrant Educator Signature:	Date: