

METS:
Migrant Educator:
School Year:



NYS Migrant Education Program

Summer
Intake / Summary
Student 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: <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	Y N District Summer School
Building	Y N District/BOCES Special Education
	Y N Other: (specify)

III. For Preschool Only

Y N District or Community Preschool Program

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

IV. 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:

V. 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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VI. 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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VII. Service Delivery Model

Initial Service Level Date:	Winter Level Change Date:	Spring Level Change Date:	Summer Level Change 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"/> Initial Service Level 1	<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"/> Winter Service Level 1	<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"/> Spring Service Level 1	<input type="checkbox"/> Summer 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"/> 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			

VIII. Service Delivery Plan Information

All Students: Needs Assessment Date:		
Grade 9-12 Students Y N Annual Goal Setting Y N Annual Review of Transcript and Student schedule	For NEW Out-of-School Youth (arrive in school district just before or during the summer) OSY Profile - Date: <hr/> Service Level 2 (OSY/D+): Personal Learning Plan – Date Short Term Goal Started:	
Y N Has Passed Algebra 1 or a Higher Math Course	Dropout Notification Date:	Dropout Contact Date:

IX. School Year MEP Supplemental Programs Provided

Service Name	H	C	Service Name	H	C	Service Name	H	C
045 Adolescent Activities			002 Home Visit			007 Transportation		
044 Advocacy			Services completed on WebApp					
030 Counseling Services								
001 ENL			032 Science					
024 English Language Arts			040 Social Studies					

Comments:	
Migrant Educator Signature:	Date: