|  |  |  |
| --- | --- | --- |
| 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: | Student Intake 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 |  |

**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. Preschool Only V. 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 Intake Form Page 2**

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

**VII. Other Needs**

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

**VIII. Service Delivery Model**

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

**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: |
|  |  | Service Level 2 (OSY/D+): Personal Learning Plan – Date Short TermGoal Started: |
| Math MEP Pre-test Date: | **Y N** Has Passed Algebra 1 or a Higher Math Course | Service Level 3 (DO): Personal Learning Plan – Date Short TermGoal Started: |
|  |  |  |

**Comments:** ❑ Student is still here ❑ Student moved to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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