|  |  |  |
| --- | --- | --- |
| 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 Term  Goal 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 Term  Goal Started: |
|  |  |  |

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

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

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