

This form contains information from the Migrant Education Program that is confidential or privileged, or protected by FERPA.

METS:
Migrant Educator:
School Year:



NYS Migrant Education Program

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			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	

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. 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. 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 Intake 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 type="text"/> Y N Other: <input type="text"/> <input type="text"/>
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VIII. Service Delivery Model

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

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 Y N Annual Review of Transcript and Student schedule	OSY Profile - Date:
Y N Math Pre-test		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:

Comments: Student is still here Student moved to _____

Other: _____

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