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| METS: |
| Migrant Educator: |
| School Year: |



NYS Migrant Education Program
**Student Needs Assessment
Data Collection**

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: |
| DOB | Grade | MEP Enrollment Date | MEP Withdrawal Date |

II. Student Needs

Academic Needs for All Students (Preschool, OSY, K-12) (Check the box for "Yes." Leave blank for "No.")

English Learner

Academic Needs for PFS

| | | | | | |
|--|--|---|------------------------------|----------|--|
| Y N Qualifying Move within previous 1-year period, plus 1: | Y N Dropped out of school this school year | Y N Below Proficiency on State test(s) | Y N Below Modal Grade | = | Y N Priority for Services (calculated) |
| | | Y N Retention | Y N Low Grades | | |
| | | Y N Credit Deficiency | Y N English Learner | | |

Other Needs (for ALL students)

| | | |
|-------------------------------------|---|---|
| Y N Health and/or Nutrition | Y N Missing Required Immunizations | Y N Needs Referral for: <input type="text"/> |
| Y N Homeless | Y N GED | |
| Y N Lacks Parent Involvement | Y N Life Skills | Y N Other: <input type="text"/> |
| Y N Mobility | Y N Transportation | |
| Y N Poor School Attendance | | |

K-12 Students Only (Check the box for "Yes." Leave blank for "No.")

| | | |
|--|--|--|
| Other Student Information | District Services for In School Only | Title 1: Academic Intervention Services (AIS) |
| <input type="checkbox"/> Home Schooled Medical Alert: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Non <input type="checkbox"/> Immunizations Available | <input type="checkbox"/> Individual Education Program (IEP) <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Response to Intervention (RtL) (Tier II or III) <input type="checkbox"/> English as a New Language (ENL) <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies |

School Year Student Summary Form

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

Preschool Only (Check the box for "Yes." Leave blank for "No.")

Out-of-School Youth Only

| Y N District or Community Preschool Program | | Community Services |
|---|--|--|
| <input type="checkbox"/> District Preschool Program | <input type="checkbox"/> Preschool Special Education | <input type="checkbox"/> ENL/ESL |
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Other: | <input type="checkbox"/> GED |
| <input type="checkbox"/> Head Start | | <input type="checkbox"/> Adult Basic Education (ABE) |
| <input type="checkbox"/> Migrant Head Start/ABCD | | GED - Date Completed: |

III. Service Delivery Model (Check the box for "Yes.")

| Initial Service Level & Date: | Winter Service Level & Date: | Spring Service Level & Date: |
|---|--|---|
| <input type="checkbox"/> Initial Service Level 3 (Grades K-8) - Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math | <input type="checkbox"/> Winter Service Level 3 (Grades K-8) – Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math | <input type="checkbox"/> Spring Service Level 3 (Grades K-8)- Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math |
| <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 | | |

OSY/Dropouts: (Check the box for "Yes.")

| | | |
|--|-----------------------------------|------------------------------|
| Short Term Goal Started Date: (Personal Learning Plan) | Dropout Notification Date: | Dropout Contact Date: |
|--|-----------------------------------|------------------------------|

High School Students: (Check the box for "Yes.")

| | |
|--|---|
| <input type="checkbox"/> Annual Goal Setting | <input type="checkbox"/> Annual Review of Transcript and Student Schedule |
|--|---|

| | |
|------------------------------------|--------------|
| Comments: | |
| Migrant Educator Signature: | Date: |