

METS:
Migrant Educator:
School Year:



School Year
Student Intake Form
Revised 7-2016

I. Student Information

Last Name	Last Name (2)	COE #	Residency Date
First Name	Middle Name	Home Language	Eligibility Expiration Date
Address			Telephone #
DOB	Grade	MEP Enrollment Date	

II. NY School District Information

District	First Date of Attendance
Building	
<input type="checkbox"/> Home Schooled	

III. Needs Assessment

Academic Risk Factors	Other Risk Factors	Other Needs
Y N Education Interrupted +	Y N Health and/or Nutrition	Y N High School Equivalency
Y N Failed State Test(s)	Y N Homelessness	Y N Life Skills
Y N Retention	Y N Lacks Parent Involvement	Y N Needs Referral for: <input type="text"/>
Y N Credit Deficiency	Y N Mobility	Y N Transportation
Y N Below Modal Grade	Y N Poor School Attendance	Y N Other: <input type="text"/>
Y N Low Grades	Y N Missing Required Immunizations	Medical Alert:
Y N English Learner	Extended Service:	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> None
Y N Priority for Services	<input type="checkbox"/> 4 th Year Continuation	Y N Immunizations Available
	<input type="checkbox"/> Credit Accrual (9-12)	

IV. Proposed 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"/> Initial Service Level 2	<input type="checkbox"/> Incarcerated/Institutionalized
<input type="checkbox"/> Initial Service Level 1	<input type="checkbox"/> In Other Programs
	<input type="checkbox"/> Refusal
	<input type="checkbox"/> Unable to Locate/Left District

Student Name: [Student Last, first, middle]	DOB:
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V. District Services

Y N Individualized Education Program (IEP)	Y N Response to Intervention (RtI) (Tier II or III)
Y N 504 Accommodation Plan	Y N Title I: Academic Intervention Services (AIS)
Y N English as a New Language (ENL)	Y N ELA
Y N Bilingual Education	Y N Math
	Y N Science
	Y N Social Studies

VI. For Preschool Only**VII. For 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 Pre-Kindergarten	<input type="checkbox"/> High School Equivalency (HSE)
<input type="checkbox"/> Head Start	<input type="checkbox"/> Other Preschool Program	<input type="checkbox"/> Adult Basic Education (ABE)
<input type="checkbox"/> Migrant Head Start	<input type="checkbox"/> Home Visitor Program	

VIII. Dates Other Forms/Process Completed

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:	Graduation Plan Part I – Date:	OSY Profile - Date:
Math MEP Pre-test Date:	Y N Passed Algebra 1 or a Higher Math Course	Service Level 2 (OSY): Personal Learning Plan – Date Short Term Goal Started:

Comments:

Migrant Educator Signature:	Date:
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