|  |  |  |
| --- | --- | --- |
| METS: |  | NYS Migrant Education Program |
| Migrant Educator: |  | **Summer** |
| School Year: |  | Intake / SummaryStudent Record |

**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. School District Summer Services**

|  |  |  |
| --- | --- | --- |
| District | **Y N** District Summer  School | **Y N** District/BOCES  Special Education |
| Building | **Y N** Other: (specify) |  |

**III. For Preschool Only IV. For 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 | **❑**  Home Visitor Program | High School Equivalency(HSE) - Date Completed: |

**V. 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 |

**VI. 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:  |

**Summer Intake/Summary Student Record Page 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | [Student Last, First, Middle] | **DOB:** |  |

**VII. Proposed Service Delivery Model**

|  |  |  |
| --- | --- | --- |
| **Summer Service Level Date:** | **❑ Service Level 0 / No Services** | **\*Summer Level 1:** Minimum of 1 face-to-face session to provide instructional materials, literacy materials, advocacy/other support. |
|  |  ❑ Identified after Enrollment Period |
| ❑ **Summer Service Level 3** - Focus Area: ❑ ELA ❑ Math ❑ Secondary  |  ❑ Incarcerated/Institutionalized ❑ In Other Programs ❑ Refusal |
| ❑ **Summer Service Level 2** |  ❑ Unable to Locate/Left District |
| ❑ **Summer Service Level 1** |  |

**VIII. Service Delivery Plan Information**

|  |  |
| --- | --- |
| **Initial Needs Assessment Date:**  | **Y N** Pass Algebra 1 or Higher  Math Course |

|  |  |
| --- | --- |
| **For NEW Out-of-School Youth** (arrive in school district just before or during the summer)  | **For New OSY (arrive in school district just before or during the summer) or for OSY who changed from Service Level 1 to Service Level 2 for the summer** |
| OSY Profile – Date: | Personal Learning Plan – Date Short Term Goal Started: |

**IX. School Year MEP Supplemental Programs Provided**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Name** | **H** | **C** | **Service Name** | **H** | **C** | **Service Name** | **H** | **C** | **Service Name** | **H** | **C** |
| **045 Adolescent****Activities** |  |  | 016 Health &  Dental  Support |  |  | **013 Mathematics** |  |  | 028 RML  Personal  Information |  |  |
| **044 Advocacy** |  |  | 017 Health  Education |  |  | 015 PASS |  |  | 033 RML  Staying  Hydrated |  |  |
| **030 Counseling**  **Services** |  |  | 039 Health  Voucher |  |  | 004 Referred &  Received |  |  | 034 RML  Laws in USA |  |  |
| **006 Early**  **Childhood**  **Instruction** |  |  | 019 HSE Prep. |  |  | **032 Science** |  |  | 035 RML  STD |  |  |
| **001 ENL** |  |  | 003 Home Visit |  |  | **040 Social**  **Studies** |  |  | 036 RML  Home clean  and safe |  |  |
| **024 English** **Language Arts** |  |  | 009 Interpretation |  |  | 027 Transportation |  |  |  |  |  |
| 037 Field Trip |  |  | 048 Life Skills |  |  |  |  |  |  |  |  |

**Comments:**

|  |  |
| --- | --- |
| **Migrant Educator Signature:** | **Date:** |