

MEOP Name
Tutor/Advocate Name
School Year 2011 - 2012



NYS Migrant Education Programs

School Year Student Record

I. Student Information

Last Name		Last Name 2		COE #	Residency Date
First Name		Middle Name		Eligibility Expiration Date 12/30/1899	
Address				Telephone Number	
DOB	Grade	Last Grade	MEOP Enrollment Date		MEOP Withdrawal Date

II. NY School District Information

District:	First Date of Attendance	
Building:	Last Date of Attendance	
NYS School ID:	Days Possible	Days Absent

III. Priority For Service

Y N	Education Interrupted	+
Y N	Failed State Test	
Y N	Retention	
Y N	Credit Deficient	
Y N	Below Modal Grade	
Y N	Low Grades	
Y N	ELL	

IV. Needs Assessment Information

Y N	Acculturation Support	Y N	Lack of Parental Involvement
Y N	Career Education	Y N	ELL
Y N	Education Interruption	Y N	Life Skills
Y N	Kindergarten Readiness	Y N	Literacy
Y N	GED	Y N	Mobility
Y N	Health and/or Nutrition	Y N	Poor Attendance
Y N	Homeless	Y N	Transportation
Y N	Interpretation	Y N	Update Immunizations
Other Needs:			

V. Service Delivery

Instructional Service:	Extended Service:	No Service:
<ul style="list-style-type: none"> .. Instructional <ul style="list-style-type: none"> .. In School .. Home/Camp .. Extended Day 	<ul style="list-style-type: none"> .. 4th Year Continuation .. Credit Accrual (9th -12th grade) 	<ul style="list-style-type: none"> .. Identified After Enrollment .. Incarcerated/Institutionalized .. In Other Programs .. Refusal .. Unable to Locate/Gone
Support Service:	Comments:	
<ul style="list-style-type: none"> .. Support 		

Student Name		DOB	
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VI. School District Information

District Services		Academic Intervention Services / Title 1	
Y N Special Education		Y N English Language Arts	
Y N ESL		Y N Mathematics	
Y N Bilingual		Y N Science	

VII. NYS Assessment Results

K-8	Grade Level	Student Present on Test Date	Student Tested	Test Date	Raw Score	Proficiency Level (Circle)	Exempt
ELA (English Language Arts)		Y N	Y N			1 2 3 4	
Math		Y N	Y N			1 2 3 4	
Science		Y N	Y N			1 2 3 4	
NYSESLAT		Y N	Y N			1 2 3 4	

9-12 NYS Regents Exams Subject	Date of Test	Score	Pass Fail	Credit Granted
			P F	Y N
			P F	Y N
			P F	Y N
			P F	Y N

VIII. Pre School Only

CURRENT COMMUNITY SERVICES		
** Early Intervention	** Head Start	** Pre Kindergarten
** District Pre School Program	** Migrant Head Start	** Pre School Special Education
** Even Start	** Migrant Even Start	** Home Visitor Program
** Other Pre School	** Pre School Referral	

IX. Drop Out/OSY ONLY

CURRENT COMMUNITY SERVICES AND PROVIDERS		
** ABE Provider:	** ESL Provider:	** GED Provider:

X. MEOP Services *Hours Required for Services in Bold*

C	H	C	H	C	H	C	H
	Adolescent Activities		Family Literacy		Life Skills		Referred Service
	Advocacy		Field Trip		Mathematics		Science
	Bilingual		GED Prep		Nutrition		Social Studies
	Computer Literacy		Health Education		Other Language Arts		Transportation
	Counseling Service		Health Voucher		P.A.S.S.		Vocational/Career Education
	E.S.O.L.		Home Visit		Pre School Education		Work Experience
	Face to Face Instruction		Interpretation		Reading		

Comments: _____
 MEOP Staff Completing Form: _____ Date: _____