

**Migrant Homeless Student Report Form**  
**July 1, 2017-June 30, 2018**

1) Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

2) METS: \_\_\_\_\_ 3) PFS Student in 2016-17? Yes No

4) **If a P0-P5 student:**

A) Was this student referred to a preschool program, such as Head Start, UPK, or ABCD Center?

\_\_\_\_ Yes \_\_\_\_ No

B) If Item 4A response is "YES": Did the student enroll in this program? \_\_\_\_ Yes \_\_\_\_ No

5) School-aged Attendance Data: Days Enrolled \_\_\_\_\_ Days Present \_\_\_\_\_ (*Complete in June*)

6) Will Student Be Retained for September of the **2017-18** School Year? \_\_\_\_\_ Yes  
\_\_\_\_\_ No

7) A) Did Student Remain in School of Origin (before Homelessness)? \_\_\_\_ Yes \_\_\_\_ No

B) How many schools did student attended in 2016-17? 1 2 3 or More

8) Days between Attempted School Enrollment and ACTUAL School Enrollment # \_\_\_\_\_

9) If in grades 9-12: Did student remain in school all of 2017-18? \_\_\_\_ Yes \_\_\_\_ No

10) Educational Services Categories: (check all that apply):

\_\_\_\_ Student with Disabilities \_\_\_\_ English Language Learner \_\_\_\_ Unaccompanied Youth

11) Educational Assessment (Reading /ELA and Math during specified year): (*Complete in September 2017*)

English Language Arts

Math

A) Assessed? \_\_\_\_ Yes \_\_\_\_ No

A) Assessed? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Assessment: \_\_\_\_\_

If Yes, Assessment: \_\_\_\_\_

**If No, Why not?** \_\_\_\_\_

**If No, Why not?** \_\_\_\_\_

B) Results: Level \_\_\_\_ SS Score \_\_\_\_\_

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12) ESPERANZA Services:

Was this homeless migrant child served with ESPERANZA funds?  Yes  No

If Yes, What type(s)? (Check all provided with ESPERANZA reimbursement):

Obtaining/ Transferring Records for School Enrollment

Enhanced Tutoring or other Instructional Support

Expedited Evaluation

Early Childhood Program

Transportation

Assist with Participation in School Programs

Before, After-school, Mentoring, Summer Programs

Coordination between School and Other Agencies

Counseling

Parent Education Related to Rights and Resources

Addressing Needs Related to Domestic Violence

Clothing to Meet School Requirements

School Supplies

Emergency Assistance Related to School Attendance

Medical/ Dental or Health Referrals

Summer Camp (2017) or Registration Fee Paid for 2018

Referral to Other Programs/Services

Other, Please Specify:

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13) Were any of the following barriers to the enrollment of this student experienced?

A. Eligibility  Yes  No

B. School Selection  Yes  No

C. Transportation  Yes  No

D. School Records  Yes  No

E. Immunizations  Yes  No

F. Other Medical Records  Yes  No