

METS:
Migrant Educator:
School Year: 2016 - 2017

NYS Migrant Education Programs

Summer
Intake / Summary
Student Record

I. Student Information

Last Name		Last Name (2)		COE #	Qualifying Arrival Date
First Name		Middle Name		Home Language	Residency Date
Address				Telephone Number	Eligibility Expiration Date 12/30/1899
Extended Service: <input type="checkbox"/> 4th Year Continuation <input type="checkbox"/> Credit Accrual (9-12) <input type="checkbox"/> Home Schooled					
Medical Alert: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> None					Y N Immunizations Available
DOB	Grade	MEOP Enrollment Date		MEOP 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
<input type="checkbox"/> District Pre School Program <input type="checkbox"/> Pre School Special Education <input type="checkbox"/> Early Intervention <input type="checkbox"/> Pre Kindergarten <input type="checkbox"/> Head Start <input type="checkbox"/> Other Pre School <input type="checkbox"/> Migrant Head Start <input type="checkbox"/> Home Visitor Program	<input type="checkbox"/> ENL/ESL <input type="checkbox"/> High School Equivalency (HSE) <input type="checkbox"/> Adult BAsic EDucation (ABE)
	High School Equivalency (HSE) - Date Completed:

V. Needs Assessment

Academic Risk Factors	Other Risk Factors	Other Needs
Y N Qualifying Move within previous 1-year period,	Y N Health and/or Nutrition	Y N Life Skills
Y N Failed State Test(s)	Y N Homelessness	Y N Needs Referral for:
Y N Retention	Y N Lack of Parental Involvement	Y N Transportation
Y N Credit Deficiency	Y N Mobility	Y N Other:
Y N Below Modal Grade	Y N Poor Attendance	
Y N Low Grades	Y N Missing Required Immunizations	
Y N Drop out during current academic period	Y N High School Equivalency	
Y N English Language Learner		
Y N Priority for Service		

Student Name:	DOB:
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VI. Proposed Service Delivery Model

Initial Service Level Date:	Winter Service Level Date:	Spring Service Level Date:
<input type="checkbox"/> Initial Service Level 3 - Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary	<input type="checkbox"/> Winter Service Level 3 - Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary	<input type="checkbox"/> Spring Service Level 3 - Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary
<input type="checkbox"/> Initial Service Level 2	<input type="checkbox"/> Winter Service Level 2	<input type="checkbox"/> Spring Service Level 2
<input type="checkbox"/> Initial Service Level 1	<input type="checkbox"/> Winter Service Level 1	<input type="checkbox"/> Spring Service Level 1
<input type="checkbox"/> Summer Changes:		
Summer Service Level Date:	<input type="checkbox"/> Service Level 0 / No Services	*Summer Level 1: Minimum of 1 face-to-face session to provide instructional materials, literacy materials, advocacy/other support.
<input type="checkbox"/> Summer 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"/> Summer Service Level 2	<input type="checkbox"/> Incarcerated/Institutionalized	
<input type="checkbox"/> Summer Service Level 1	<input type="checkbox"/> In Other Programs	
	<input type="checkbox"/> Refusal	
	<input type="checkbox"/> Unable to Locate/Left District	

VII. Service Delivery Plan Information

Initial Needs Assessment Date:	Y N Pass Algebra 1 or Higher Math Course
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VIII. Out of School Youth

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			026 Nutrition			008 Vocational / Career Ed.		
044 Advocacy			017 Health Education			015 P.A.S.S.			041 Adolescent Leadership		
043 Bilingual			039 Health Voucher			023 Referred Services			043 Career Exploration		
018 Computer Literacy			019 HSE Prep			004 Referred & Received			028 RML Personal Information		
030 Counseling Service			003 Home Visit			006 School Readiness			029 RML Protect Your Back		
001 ENL			009 Interpretation			032 Science			031 RML Know Your Rights		
024 English Lang. Arts			048 Life Skills			040 Social Studies					
037 Field Trip			013 Mathematics			027 Transportation					

Comments:	
Migrant Educator Signature:	Date: