

METS:
Migrant Educator:
School Year:



NYS Migrant Education Program

**School Year**  
**Mid-Year and Student Summary Form**

**I. Student Information**

Last Name	Last Name (2)	COE #	Qualifying Arrival Date
First Name	Middle Name	Home Language	Residency Date
Address			Eligibility Expiration Date
Parent 1 Telephone #	Parent 2 Telephone #	Parent 1 Email address:	Parent 2 Email address:
Extended Service: <input type="checkbox"/> 4 <sup>th</sup> 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	MEP Enrollment Date	MEP Withdrawal Date

**II. NY School District Information**

District	First Date of Attendance
Building	Last Date of Attendance
	# Days Enrolled / # Days Absent

**III. District Services for In-School Only**

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

<b>Y N District or Community Preschool Program</b>	
<input type="checkbox"/> District Preschool Program <input type="checkbox"/> Early Intervention <input type="checkbox"/> Head Start <input type="checkbox"/> Migrant Head Start/ABCD	<input type="checkbox"/> Preschool Special Education <input type="checkbox"/> Other:

**V. For Out-of-School Youth Only**

<b>Community Services</b>
<input type="checkbox"/> ENL/ESL <input type="checkbox"/> GED <input type="checkbox"/> Adult Basic Education (ABE)
GED - Date Completed:

**VI. Academic Needs**

<b>Y N Qualifying Move within previous 1-year period, plus 1:</b>	<b>Y N Dropped out of school this school year</b>	<b>Y N Below Proficiency on State test(s)</b>	<b>Y N Below Modal Grade</b>	<b>=</b>	<b>Y N Priority for Services</b>
		<b>Y N Retention</b>	<b>Y N Low Grades</b>		
		<b>Y N Credit Deficiency</b>	<b>Y N English Learner</b>		

**School Year Student Summary Form**

<b>Student Name:</b>	<b>[Student Last, first, middle]</b>	<b>DOB:</b>	
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**VII. Other Needs**

<b>Y N</b> Health and/or Nutrition <b>Y N</b> Homeless <b>Y N</b> Lacks Parent Involvement <b>Y N</b> Mobility <b>Y N</b> Poor School Attendance	<b>Y N</b> Missing Required Immunizations <b>Y N</b> GED <b>Y N</b> English Learner (PK/OSY) <b>Y N</b> Life Skills <b>Y N</b> Transportation	<b>Y N</b> Needs Referral for: <input style="width: 100%;" type="text"/> <b>Y N</b> Other: <input style="width: 100%;" type="text"/>
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**VIII. Service Delivery Model**

Initial Service Level Date:	Winter Service Level Date:	Spring Service Level Date:
<input type="checkbox"/> <b>Initial Service Level 3 - Focus</b> Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> <b>Initial Service Level 2 Focus</b> Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> <b>Initial Service Level 1</b>	<input type="checkbox"/> <b>Winter Service Level 3 –</b> Focus Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> <b>Winter Service Level 2 Focus</b> Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> <b>Winter Service Level 1</b>	<input type="checkbox"/> <b>Spring Service Level 3 - Focus</b> Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> <b>Spring Service Level 2 Focus</b> Area: <input type="checkbox"/> ELA <input type="checkbox"/> Math <input type="checkbox"/> Secondary <input type="checkbox"/> <b>Spring Service Level 1</b>
<input type="checkbox"/> <b>Service Level 0/ No Services – Reason:</b> <input type="checkbox"/> Identified after Enrollment Period <input type="checkbox"/> In Other Programs <input type="checkbox"/> Incarcerated/Institutionalized/Detained <input type="checkbox"/> Refusal <input type="checkbox"/> Unable to Locate/ Left District		

**IX. Service Delivery Plan Information**

All Students: Needs Assessment Date:		
Grade 3-8, Level 3 and Level 2 Students	Grade 9-12 Students	Out-of-School Youth (OS/DO/D+)
<b>Y N</b> ELA Pre-test	<b>Y N</b> Annual Goal Setting	OSY Profile - Date:
<b>Y N</b> ELA Post-test	<b>Y N</b> Annual Review of Transcript and Student schedule	Service Level 2 (OSY/D+): Personal Learning Plan – Date Short Term Goal Started:
<b>Y N</b> Math Pre-test		Dropout Notification Date:
<b>Y N</b> Math Post-test	<b>Y N</b> Has Passed Algebra 1 or a Higher Math Course	Dropout Contact Date:

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

Service Name	H	C	Service Name	H	C
045 Adolescent Activities			013 Mathematics		
044 Advocacy			032 Science		
030 Counseling Services			073 Preschool & Elementary Activities		
001 ENL			040 Social Studies		
024 English Language Arts			027 Transportation		
048 Life Skills					

<b>Comments:</b>	
<b>Migrant Educator Signature:</b>	<b>Date:</b>