

## MIGRANT EDUCATION PROGRAM-SERVICES RECEIVED BY STUDENT

**SCHOOL DISTRICT:**

School Year	School Name	Grade
Student Name: (Last Name, First Name)	MIS2000 Number	MSIX Number

**INSTRUCTIONAL SERVICES:**

Code (v)	☑	Criteria	MEP Staff Signature	Date
<b>101: EL</b>	<input type="checkbox"/>	English Learner		
<b>102: Bilingual</b>	<input type="checkbox"/>			
<b>103: Language Arts Instruction (Migrant Funded)</b>	<input type="checkbox"/>	Name of Teacher: _____		
<b>104: Mathematics Instruction (Migrant Funded)</b>	<input type="checkbox"/>	Name of Teacher: _____		
<b>105: Reading Instruction (Migrant Funded)</b>	<input type="checkbox"/>	Name of Teacher: _____		
<b>106: Instructional Services (Migrant Funded)</b>	<input type="checkbox"/>	Name of Teacher / Paraprofessional: _____		
<b>107: Science</b>	<input type="checkbox"/>			
<b>108: Vocational / Career</b>	<input type="checkbox"/>			
<b>109: Elementary Tutorial</b>	<input type="checkbox"/>			
<b>110: Secondary Tutorial</b>	<input type="checkbox"/>			
<b>111: HSE Completed</b>	<input type="checkbox"/>			
<b>112: High School Credit Accrual (Including PASS)</b>	<input type="checkbox"/>	Credit Accrued for following course/Program used to obtain credit: _____		
<b>113: Other Instructional</b>	<input type="checkbox"/>			
<b>114: Future Within, Glendale Elem</b>	<input type="checkbox"/>			
<b>201: Counseling Services</b>	<input type="checkbox"/>	Name of Counselor: _____		
<b>202: Advocacy</b>	<input type="checkbox"/>			
<b>203: Support Services</b> ( ) Health    ( ) Dental    ( ) Eyeglasses ( ) Educational supplies (Backpacks, Uniforms, Transportation) Other (please specify): _____	<input type="checkbox"/>			
<b>204: Referred Service</b> (Not Migrant Funded) <u>(Please √)</u> ( ) HSE or Pre-HSE Classes ( ) Adult Basic Ed Classes ( ) Parenting Classes (for eligible youth) ( ) Computer Literacy Classes ( ) Job training programs ( ) Health    ( ) Dental    ( ) Clothing ( ) Food    ( ) Other (please specify): _____	<input type="checkbox"/>			
<b>205: Nutrition</b>	<input type="checkbox"/>			

**MIGRANT EDUCATION PROGRAM-SERVICES RECEIVED BY STUDENT**

<b>206: Pupil Transportation</b>	<input type="checkbox"/>			
<b>207: Pre-School</b> (Please $\checkmark$ ) ( ) Site-Based Preschool ( ) Head Start ( ) Visits to the Home Other (please specify): _____	<input type="checkbox"/>			
<b>208: Pass Assessment</b>	<input type="checkbox"/>			
<b>209: School Supplies</b>	<input type="checkbox"/>			
<b>21: 21<sup>st</sup> Century Program</b>	<input type="checkbox"/>	Name of Teacher: _____		
<b>210: Humanity Services</b>	<input type="checkbox"/>			
<b>211: Yuma District I Schools</b>	<input type="checkbox"/>			
<b>301: Limited English Proficient (LEP)</b> (AZELLA scores need to be placed in student's file)	<input type="checkbox"/>			
<b>401: Special Education</b>	<input type="checkbox"/>			
<b>410: Continuation of Services</b>	<input type="checkbox"/>			
<b>600: Title One</b> (Targeted Assisted Migrant Students)	<input type="checkbox"/>			
<b>700: Dropped Out of School</b>	<input type="checkbox"/>			
<b>701: Amerischools Academy</b>	<input type="checkbox"/>			
<b>702: Harvest Preparatory</b>	<input type="checkbox"/>			
<b>703: Desert View Academy</b>	<input type="checkbox"/>			
<b>704: Carpe Diem Academy</b>	<input type="checkbox"/>			
<b>710: Out of School Youth</b>	<input type="checkbox"/>			
<b>800: Priority for Services</b> (Form needs to be <u>completed</u> and placed in student's file)	<input type="checkbox"/>			
<b>999: No Parent Signature</b>	<input type="checkbox"/>			