



## Documentation for Migrant Education Student Folders

*Data Verification & Review  
October 2017*



# DOCUMENTATION –MEP STUDENT FOLDERS

- Completed Paper COE *(only if they were initially qualified prior to July 1, 2017)*
- Data Input Form
- MEP-Services Received by Student *(one pager)*
- Support Services(203/204) Received Form
- Support Services Received Documentation *(purchase order, receipts)*
- Statement of Need, *if applicable (required when MEP paid for fees of any kind due to financial hardship)*
- AZELLA Test
- SPED services documentation *(Documentation only)*
- PFS (every student must have, indicate yes if student qualifies)



# DOCUMENTATION –MEP STUDENT FOLDERS



This is information that is required to be kept in the Migrant Education Program Student Folder. The State MEP staff will be verifying documents in the student folders during the Data Verification Process that takes place once a year.

We understand that each LEA may have additional forms kept in their respective MEP student folder as required by their own district policies and procedures. As a reminder all Migrant Education Program Student Folders should adhere to FERPA confidentiality, protection of Personal Identification Information and stringent confidentiality protocols by keeping the folders under lock and key.



# DOCUMENTATION-MEP STUDENT FOLDERS

- If you are keeping several years in one folder please be sure to create a separation of school years
- Each student should have their own folder that includes the documents mentioned in this presentation
- Keep the most recent information on top
- The required documents should be kept in the order defined in this presentation and should also be the first documents in the folder.
- Folders for students who have EOE'd out of the program should be purged and archived and kept separately from those who are active



# CERTIFICATE OF ELIGIBILITY

- A copy of the Certificate Of Eligibility is required only if the student was initially qualified prior to July 1, 2017
- The Arizona Attachment should also be kept in the folder if the student was initially qualified prior to July 1, 2017
- If the student's Certificate of Eligibility is after July 1, 2017 a copy does not have to be kept in folder



# Certificate of Eligibility

## NATIONAL CERTIFICATE OF ELIGIBILITY

### I. FAMILY DATA

Parent/Guardian 1:	Last Name	First Name	Parent/Guardian 2:	Last Name	First Name	
Current Address:			City	State	Zip	Telephone

### II. CHILD DATA

Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Residency Date

### III. QUALIFYING MOVES & WORK

- The child(ren) listed on this form moved due to economic necessity from a residence in School district / City / State / Country to a residence in School district / City / State.
- The child(ren) moved (complete both a. and b.):
  - as the worker, OR ☐ with the worker, OR ☐ to join or precede the worker.
  - The worker, First Name and Last Name of Worker, is ☐ the child or the child's ☐ parent/guardian ☐ spouse.
    - (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on MM/DD/YY. The worker moved on MM/DD/YY. (provide comment)
- The Qualifying Arrival Date was MM/DD/YY.
- The worker moved due to economic necessity on MM/DD/YY from a residence in School district / City / State / Country to a residence in School district / City / State, and:
  - engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
  - actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)
- The qualifying work, \* describe agricultural or fishing work, was (make a selection in both a. and b.):
  - seasonal OR ☐ temporary employment
  - agricultural OR ☐ fishing work

\*If applicable, check:  
☐ personal subsistence (provide comment)
- (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:
  - worker's statement (provide comment), OR
  - employer's statement (provide comment), OR
  - State documentation for Employer.

### IV. COMMENTS (Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work Section, if applicable.)

### V. INTERVIEWEE SIGNATURE

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form is/are eligible for the Title I, Part C, Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.

Signature \_\_\_\_\_ Relationship to the child(ren) \_\_\_\_\_ Date \_\_\_\_\_

### VI. ELIGIBILITY DATA CERTIFICATION

I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399 and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_



# DATA INPUT FORM

- Every student folder should have a Data Input Form in the folder
- The form should be completely filled out
- Every code that applies to this child should be documented on the form
- Document the school year at the top of the form *(example:2016-2017)*
- The “Enrollment Type” should be documented on the top of the page *(refer to the Enrollment Types Form for detailed information)*
- The MIS2000 Number refers to the student’s MIS number
- The AzEDS Number should also be documented for the student



# Data Input Form

## DATA INPUT FORM

Enrollment Type: \_\_\_\_\_

School Name \_\_\_\_\_ School ID: \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ MIS2000 Number \_\_\_\_\_ AzEDS Number \_\_\_\_\_ Enrollment Date \_\_\_\_\_

\_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Mother's Name \_\_\_\_\_

SP Codes	Start Date	Migrant Funded	Title I Funded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Days Enrolled \_\_\_\_\_ Days Present

Revised 7/01/2017

## SERVICES THAT MY CHILD RECEIVED FROM THE MIGRANT PROGRAM

Clothing ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Food Assistance ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Glasses ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Supplies ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tutoring ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation ☐ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other ☐ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other ☐ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other ☐ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Data Input Form

## ENROLLMENTS TYPES

<b>E</b>	<b>Regular</b>	<b>Regular School Enrollments</b>
<b>R</b>	<b>Resident</b>	Those students in your area not attending school and have not had any migrant funded services provided.
<b>P</b>	<b>Preschool</b>	Those students attending preschool services on campus or off campus, with or without enrollment date. Should have SP Code 207.
<b>M</b>	<b>Participant</b>	Out of school youth or children not enrolled receiving at least 1 migrant academic funded service.
<b>T</b>	<b>Termination of Eligibility</b>	<b>Termination of Eligibility</b>
<b>TH</b>	<b>Termination of Eligibility</b>	High school students, whose eligibility ends while attending high school, but still receive migrant services until the end of the semester.
<b>TG</b>	<b>For high school graduates</b>	Those with type T in High School add G to the T = TG (Terminated Graduate).
<b>TE</b>	<b>EOE Elementary Schools Only</b>	Elementary School age children, grade K – grade 8, whose eligibility ends while attending school but still receive migrant services until the end of the semester.
<b>TP</b>	<b>For Preschoolers</b>	Terminated Preschoolers
<b>TM</b>	<b>For Participants</b>	Terminated Participants
<b>I</b>	<b>Intersession</b>	**Those students attending intersession classes.
<b>S</b>	<b>Summer School</b>	Those students attending summer school.
<b>SG</b>	<b>Summer School Graduate</b>	Those students who have attended summer school and graduated during the summer school session. (High School Only)
<b>G</b>	<b>Graduate</b>	Those students who graduate from High School.
<b>C</b>	<b>Charter Schools</b>	



# SERVICE CODES

Service Code	Description	Documentation
103	Migrant Funded Language Arts Instruction (not reading)	Class roster including teacher assigned and dates of service
104	Migrant Funded Mathematics Instruction	Class roster including teacher assigned and dates of service
105	Migrant Funded Reading Instruction	Class roster including teacher assigned and dates of service
106	Services (excluding math, language arts, reading)	Class roster including teacher assigned and dates of service
111	GED Completed	Documentation of certificate of GED completion
112	Includes PASS High School Credit Accrual	Documentation from the State PASS office showing enrollment/credits
203	Migrant Funded Support Services	Purchase order/receipt must be provided
204	Non-Migrant Funded Referred Service	Referral documentation/appointment dates/services provided
207	Preschool	Class roster showing enrollment into program; IF home visits, a log of visits made and services provided
301	Limited English Proficient	AZE LLA score results
800	Priority for Services	PFS form should be in folder
401	Special Education	A screenshot of the student database program w/s office for identification. NO IEP in folder!
405	Conexiones	Verification of Participation
700	Dropped out of school	Documentation from Registrar
710	Out of School Youth	



# MEP-SERVICES RECEIVED BY STUDENT FORM

- This form should be included in every folder
- Provide detailed information
- If explanation of Instructional Services is needed please refer to the *Definitions and Guidance of MEP Codes*
- If any “203” or “204” services were provided then the *Support Services Form* should be included
- Include a class roster listing the teacher assigned along with the dates of service
- Teacher must sign the Services Received by Student Form
- Some of these codes are district specific. If they do not apply to your district, please disregard



# MEP-SERVICES RECEIVED BY STUDENT

## 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 (✓)	✓	Criteria	MEP Staff Signature	Date
101: EL	<input type="checkbox"/>	English Learner		
102: Bilingual	<input type="checkbox"/>			
103: Language Arts Instruction (Migrant Funded)	<input type="checkbox"/>	Name of Teacher: _____		
104: Mathematics Instruction (Migrant Funded)	<input type="checkbox"/>	Name of Teacher: _____		
105: Reading Instruction (Migrant Funded)	<input type="checkbox"/>	Name of Teacher: _____		
106: Instructional Services (Migrant Funded)	<input type="checkbox"/>	Name of Teacher / Paraprofessional: _____		
107: Science	<input type="checkbox"/>			
108: Vocational / Career	<input type="checkbox"/>			
109: Elementary Tutorial	<input type="checkbox"/>			
110: Secondary Tutorial	<input type="checkbox"/>			
111: HSE Completed	<input type="checkbox"/>			
112: High School Credit Accrual (Including PASS)	<input type="checkbox"/>	Credit Accrued for following course/Program used to obtain credit: _____		
113: Other Instructional	<input type="checkbox"/>			
114: Future Within, Glendale Elem	<input type="checkbox"/>			
201: Counseling Services	<input type="checkbox"/>	Name of Counselor: _____		
202: Advocacy	<input type="checkbox"/>			
203: Support Services ( ) Health ( ) Dental ( ) Eyeglasses ( ) Educational supplies (Backpacks, Uniforms, Transportation) Other (please specify): _____	<input type="checkbox"/>			
204: Referred Service (Not Migrant Funded) (Please ✓)	<input type="checkbox"/>			

Migrant Education Program-Services Received by Student.doc ADE-Migrant Education Program (MEP):

## MIGRANT EDUCATION PROGRAM-SERVICES RECEIVED BY STUDENT

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

Migrant Education Program-Services Received by Student.doc ADE-Migrant Education Program (MEP):





# SUPPORT SERVICES RECEIVED VERIFICATION FORM

- Include this form if any “203” or “204” services were provided such as health, dental, eyeglasses, supplies, etc.
- The front side is to document 203 Migrant funded services
- The back side is to document 204 NON-MIGRANT funded services and/or referrals
- This form should be signed by the parent
- If these services were paid by the Migrant Education Program a purchase order, receipt or a form of documentation for services received **MUST** be included in the folder



# SUPPORT SERVICES VERIFICATION FORM

Student's Name: \_\_\_\_\_

MIS2000 #: \_\_\_\_\_ MSIX#: \_\_\_\_\_

## Services student received-Migrant Program

(Referencing Code 203: Support Services)

Health <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Health <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Dental <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Dental <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Social Service <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Eyeglasses <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Educational supplies <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Educational supplies <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Transportation <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Transportation <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Other <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Other <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>

(Referencing Code 204: Referred Services-Not Migrant Funded)

Health <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Health <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Dental <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Dental <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Food <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Food <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Clothing <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Clothing <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Other <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>
Other <input type="checkbox"/>	_____ <i>Parent Signature</i>	_____ <i>Date</i>







## STATEMENT OF NEED FORM

- This form should be completed and signed by a parent if MEP paid (full or partial) for a support service due to the parent's financial hardship
- A new form is required for every school year
- Document the date and the item/supplies purchased



# STATEMENT OF NEED



## STATEMENT OF NEED

Due to financial hardship I am requesting assistance from the Migrant Education Program to purchase the items/services listed below for my child.

Student Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Purchase	Item/Service Purchased



## DECLARACIÓN DE NECESIDAD

Yo estoy solicitando asistencia del programa Educacional para estudiantes Migrantes para comprar los servicios/materiales escolares para mi hijo/a \_\_\_\_\_ porque no puedo económicamente en estos momentos.

Firma del padre de familia o guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

<u>Fecha de Compra</u>	<u>Servicios/Materiales Escolares</u>



# AZELLA TEST

- The results page is the only page required in the student folder.
- It is not necessary to keep the entire test in the folder.
- Every student should have the results page in the folder



# DOCUMENTATION OF SPED SERVICES



- A typed statement that states “Student has IEP on folder” would suffice
- A screenshot from the LEAs database (*e.g. Infinite Campus*) can be included



## PRIORITY FOR SERVICES - PFS

- Every student should have a PFS form in their MEP folder
- If you check boxes 1 and 2 OR boxes 1 and 3, then the student qualifies as a PFS.
- If the student qualifies as a PFS please indicate (on the back side of the form) which services the student is receiving



# PRIORITY FOR SERVICES (PFS)



## Priority for Services Checklist

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School Enrollment date

\_\_\_\_\_  
COEstar #

\_\_\_\_\_  
School Withdrawal date

\_\_\_\_\_  
School Name

In providing services with funds received under this part, each recipient of such funds shall give priority to migratory children who are failing, or at most risk of failing, to meet the State's challenging State academic content standards, and whose education has been interrupted during the regular school year. 20 U.S.C. §6394 (d)

Use this form when a child is determined eligible for the Migrant Education Program. Priority for Service is based on the data, which occurred within the past twelve months to determine if the migrant student qualifies as Priority for Services (PFS). The PFS student may remain on PFS for approximately twelve months.

1. Is the student failing or most at risk of failing to meet State Academic Standards?

\_\_\_\_ YES = continue to question #2

\_\_\_\_ NO = does not qualify as PFS

**AND**

2. Has the student changed schools during the past 12 months due to the child's or family's migratory lifestyle? This move does not necessarily need to be a MEP-qualifying move.

\_\_\_\_ YES = qualifies as PFS

\_\_\_\_ NO = continue to question #3

**OR**

3. Has the student missed 10 or more days of school in a one month period during the past 12 months due to the child's or family's migratory lifestyle? Examples of missed school time due to migratory lifestyle: an injury suffered while working in the field or a pesticide-related illness.

\_\_\_\_ YES = qualifies as PFS

\_\_\_\_ NO = does not qualify as PFS

If you have answered YES to questions 1 AND 2 OR 3, the child qualifies as Priority for Service (PFS). On the reverse side, please indicate how the student is being provided additional educational services.

\_\_\_\_\_ is being provided additional educational services through:  
(Student Name)

☐ MEP Code 103: Language Arts Instruction

☐ MEP Code 104: Mathematics Instruction

☐ MEP Code 105: Reading Instruction

☐ MEP Code 106: Instructional services (excluding math, language arts, and reading)

☐ Title I Intervention

☐ Other \_\_\_\_\_



# THANK YOU!

If you have any questions please feel free to contact the State Migrant Education Program.

Mary Haluska,	<a href="mailto:Mary.Haluska@azed.gov">Mary.Haluska@azed.gov</a>	(602)542-5169
Patrick Bohanan,	<a href="mailto:Patrick.Bohanan@azed.gov">Patrick.Bohanan@azed.gov</a>	(602)634-1805
Laura Alvarez	<a href="mailto:Laura.Alvarez@azed.gov">Laura.Alvarez@azed.gov</a>	(602)542-7463
Doreen Candelaria	<a href="mailto:Doreen.Candelaria@azed.gov">Doreen.Candelaria@azed.gov</a>	(602)542-3747