Instruction

Migrant Students

The Superintendent will develop and implement a program to address the needs of migrant children in the District.

This program will include a means to:

1. Identify migrant students and assess their educational and related health and social needs.

2. Provide a full range of services to migrant students including applicable Title I programs, special education, gifted education, vocational education, language programs, counseling programs and elective classes.

3. Provide migrant children with the opportunity to meet the same statewide assessment standards that all children are expected to meet.

4. Provide advocacy and outreach programs to migrant children and their families and professional development for District staff.

5. Provide parents/guardians an opportunity for meaningful participation in the program.

Migrant Education Program for Parent(s)/Guardian(s) Involvement

Parent(s)/guardian(s) of migrant students will be involved in and regularly consulted about the development, implementation, operation, and evaluation of the migrant program.

Parent(s)/guardian(s) of migrant students will receive instruction regarding their role in improving the academic achievement of their children.

Legal Reference: No Child Left Behind Act of 2001, §1301 et seq., 20 U.S.C. §6391 et seq., 34 C.F.R. §200.40 - 200.45.

Policy adopted: April 12, 2005

EASTON PUBLIC SCHOOLS
REDDING PUBLIC SCHOOLS
REGION 9 SCHOOL DISTRICT

6141.312
Form

Programs for Migrant Students - Family Interview Form

To be completed by Building Principal or designee: (please print)

Child 1 Name	Birth Date	Grade	School
Child 2 Name	Birth Date	Grade	School
Child 3 Name	Birth Date	Grade	School

Name of Parent/Guardian _____ Language(s) _____

Telephone Number or other contact information _____ Today's Date _____

Needs Assessment ***Please check response***

1. Do any of your children have health problems that interferes with their ability to learn? Explain: ☐ Yes ☐ No _____

2. In what areas might your child(ren) need additional help in school?

	Reading	**Math**	**Language**	**Other (specify)**
Child 1	☐	☐	☐	☐ _____
Child 2	☐	☐	☐	☐ _____
Child 3	☐	☐	☐	☐ _____

3. Are your child(rens)' immunizations up to date? ☐ Yes ☐ No ☐ Don't know

4. Do you have immunization records? ☐ Yes ☐ No ☐ Don't know

5. Have you established a source of primary healthcare? ☐ Yes ☐ No ☐ Don't know

   If not, would you be interested in information on primary healthcare? ☐ Yes ☐ No ☐ Don't know

Resources and Referrals ***Please circle/check response***

1. Would you be interested in information on:

Head Start	☐ Yes	☐ No	☐ Enrolled
District Preschool	☐ Yes	☐ No	☐ Enrolled
Parents as Teachers	☐ Yes	☐ No	☐ Enrolled
GED/ESL Classes	☐ Yes	☐ No	☐ Enrolled

2. Would you be interested in information on:

Public/County Health Dept.	☐ Yes	☐ No
Division of Family Services	☐ Yes	☐ No

3. May we share your name and address with these agencies? ☐ Yes ☐ No

4. When is the best time to reach you at home?

☐ AM ☐ PM

Days of the week:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

_____ _____

Name of Person Completing Form

Name of Person Being Interviewed and His/Her Relationship to Family/Children