



FY 10 Individual Student Needs Assessment for MEP Projects (<10 Students)

Student Name: _____ School: _____ District and Number: _____

Age: _____ Grade Level: _____ COE#: _____ ELL: Yes No If yes, are services provided? Yes No

Educational Interruption: Has the student changed schools in the preceding 12 months or missed significant amounts of school during the school year? Yes No

Are district personnel familiar with services that can be provided through Migrant Education: Yes No

Is the student an out-of-school youth? Yes No Is student on track to graduate with cohort group? Yes No NA

Check (✓) those performance and local services that apply to migrant children/youth, and insert appropriate assessment information.

	School Read- iness (3-5)	Reading	Mathematics	Graduation
Migrant Family Literacy				
Four-Year Old At Risk				
Early Head Start				
Early Childhood Special Education				
Parents As Teachers 3-5 Year Old				
Local Pre-School				
K-2 Early Reading Assessment				
KS State Reading Assessment				
Core Classroom				
Title I A				
At Risk				
Title III/State ESOL				
Summer School				
Counseling Services for Graduation				
PASS				
Local Credit Accrual Program				
Local Community Learning Center				
Other (specify):				

List potential service providers: Pre-school home visits: _____

Tutoring: _____ Counseling for graduation: _____

OSY: _____