



Los Angeles Unified School District  
Multilingual Multicultural Education Department  
**MIGRANT EDUCATION PROGRAM**  
333 South Beaudry Avenue, 25th Floor  
Los Angeles, California 90017  
(213) 241-0510  
mep@lausd.net



---

## MEP PRESENTATION FORM

---

School Name: \_\_\_\_\_ Region: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location/Zoom Code: \_\_\_\_\_

Expected # of Participants: \_\_\_\_\_

Type of Meeting: ☐ MEP Only ☐ Coffee with the Principal ☐ ELAC

☐ Other: \_\_\_\_\_

NOTE: Please include in the agenda as **"LAUSD Migrant Education Program"**.

After the meeting, please provide the presenter with the names and phone numbers of participants, if possible.

Please return this form to:  
**mep@lausd.net**  
or go to **bit.ly/MEPPresents**