



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

TITLE: Migrant Education Program for Elementary and Secondary Schools

NUMBER: REF-041180.1

ISSUER: Vivian Ekchian, Deputy Superintendent
Office of the Deputy Superintendent

Alvaro Cortés, Senior Executive Director
Beyond the Bell Branch

DATE: October 2, 2018

PURPOSE: The purpose of this Reference Guide is to provide program information for the Migrant Education Program (MEP) for elementary and secondary schools.

MAJOR CHANGES: Attachments updated to reflect current senior administration.

INSTRUCTIONS: I. Background

The Migrant Education Program (MEP) is a federally funded program, under the Every Student Succeeds Act (ESSA), that offers supplemental services to migratory children ages 3 to 21. A child is considered a “migrant student” if the parent, guardian, or family member in the household is a migratory worker in the agricultural, dairy, lumber, packing, fishing, or livestock industries who has performed the work within the last 36 months and has traveled with that child.

II. Student Identification and Recruitment

A. The MEP’s Family Questionnaire (Attachment A) must be included in the school enrollment packet and is to be returned as part of the enrollment process. All completed MEP Family Questionnaires must be sent via school mail to the Migrant Education Program, Beaudry Building, 29th Floor, within 10 school days of receipt. School personnel should not attempt to determine the eligibility of students. The MEP Family Questionnaire serves as the initial screening document to determine eligibility for migrant services. A certified Migrant Education Technician (MET) will contact the family based on the information provided on the MEP Family Questionnaire.

ROUTING

Local District Superintendents
Administrators of Instruction
Administrators of Operations
Local District Instructional Directors
K-12 Counseling Coordinators
Principals/Assistant Principals
Counselors
School Administrative Assistants



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

- B. Migrant student eligibility is established through an interview conducted by a trained and certified Migrant Education Technician (MET). During the interview, the MET will complete a Certificate of Eligibility (COE) per state and federal guidelines (for sample, see Attachment B). The COE is a legal document and serves as the official record of California's eligibility determination for each migrant child. The Los Angeles Office of Education's Migrant Education Program Region X will review and verify the information on the submitted COE to determine student eligibility. Once the eligibility of a student is established, the MEP office will notify eligible families with a welcome letter and a copy of the child's COE. A program brochure highlighting supplementary services that are available will also be provided.
- C. A certified Migrant Education Technician will work with families to complete an Individual Student Needs Assessment (Attachment C) for each eligible migrant child.
- D. The MEP office will provide the school contact person the Certificate of Eligibility and an Individual Student Needs Assessment (Attachment C) for each eligible migrant student enrolled at the school once completed.

III. Migrant Education Program School Contact Person

A. Selection

The school principal will designate a staff member to be the MEP school contact person within 30 days of the start of the school year. The MEP school contact should be an out of the classroom certificated staff member, such as a Coordinator, Coach, or Assistant Principal with access to student data and records, and who can meet with teachers to monitor migrant students' needs and progress.

Please fax completed Contact Designation form (Attachment D) to:
Migrant Education Program (213) 241-8479

Once Attachment D is received, MEP Office staff will forward all documentation to communicate information pertaining to migrant students to the designated contact person at the school.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

B. Responsibilities

1. MEP Individual Learning Plan (ILP)

The MEP school contact is responsible for monitoring the completion of the MEP Individual Learning Plan (ILP) (Attachment E) within 30 calendar days of a notification of a new migrant student by the MEP office.

The MEP school contact person helps coordinate the completion of the ILP as follows:

- a. Provide the classroom teacher with a roster indicating the names of the migrant students enrolled in each class. Schools may run a Migrant Master List in MiSiS as follows:
 - i. Log on as Office Manager or Principal.
 - ii. Go to the Reports menu.
 - iii. Under Programs, select Migrant Master List.
- b. Assist the classroom teacher at the elementary level in completing the MEP ILP. Assist the student's counselor at the middle and high school levels in completing the MEP ILP.
- c. Complete the "Credit Check Box" on the MEP ILP for High School students.
- d. Send copies of completed MEP ILPs, within 30 days, via school mail to:

Migrant Education Program
Beaudry Building, 29th Floor

2. Intervention Services Survey

The MEP school contact is responsible for completing and returning the Intervention Services Survey (Attachment F) within 10 days of selection by the principal. Schools indicate the times that intervention services are scheduled to be offered at the school. MEP staff will use the information schools provide to inform and guide students to resources and programs available through the District and community.

The MEP school contact should ensure that migrant students enroll for intervention and enrichment classes offered at the school and noted on the Migrant Student's MEP ILP (e.g., Migrant Education summer school and afterschool programs, locally designed and District funded intervention programs).



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

A copy of the Intervention Services Survey is to be provided during a teacher/parent conference or mailed home to the parents along with the MEP ILP, Sample Letter (Attachment G), and the MEP Services Letter (Attachment H).

3. Single Plan for Student Achievement

The contact person shall address educational needs of migrant students in the school's *Single Plan for Student Achievement* (SPSA) as necessary and appropriate.

4. Communication

Information regarding the Migrant Education Program is to be shared with parents and staff during a meeting within 30 days of selection of the contact person. Please contact MEP office for assistance and/or obtaining program materials at: (213) 241-0510.

To document the school's completion of this task, please provide copies of meeting agendas via school mail to:

Migrant Education Program,
Beaudry Building, 29th Floor

IV. Parent Notification

Parents must be notified of their child's academic progress and receive a copy of the MEP ILP via a teacher/parent conference at the elementary level or a counselor/parent conference at the middle and high school levels. Indicate the date the conference was held on the MEP ILP. If a parent conference is not feasible, the following items are to be mailed to the parents:

1. A copy of the MEP ILP (Attachment E)
2. Planned Intervention Services Survey (Attachment F)
3. Sample Letter for Parents (Attachment G)
4. MEP Services Letter (Attachment H)

Parent permission is required for student participation in recommended school site intervention programs as verified by the parent signature on the MEP ILP. Schools must inform parents of intervention program dates, times and locations (Attachment E) as appropriate.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

V. Documentation and Record Keeping

A Migrant Education Purple Folder is established after a migrant student's eligibility status has been determined by the Migrant Education Program Office.

The Migrant Education Purple Folder Checklist (Attachment I) is used to monitor requirements for each migrant student on an ongoing basis. The items identified on the checklist shall be filed in the student's cumulative record inside a purple folder.

1. Certificate of Eligibility (Attachment B)
2. Individual Student Needs Assessment (Attachment C)
3. MEP ILP (Attachment E)
4. Copy of the Planned Intervention Services Survey (Attachment F)
5. Copy of Letter for Parent (Attachment G)
6. Copy of MEP Services Letter (Attachment H)

RELATED RESOURCES:

None

ASSISTANCE:

For assistance regarding the Migrant Education Program, call Nellie Barrientos at (213) 241-0510 or visit the Beyond the Bell Branch website at www.btb.lausd.net.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1
October 2, 2018

ATTACHMENT A



Los Angeles Unified School District

Migrant Education Program
Family Work Questionnaire



Your children may be eligible to receive **FREE** educational and health services.

Possible services may include:

- After-School Tutoring
- Saturday School
- Preschool Programs
- Help Recovering High School Credits
- Summer College Academies
- Summer Outdoor Camp
- Summer Science Academies
- Dental Screenings/Medical Referrals

Parents receive training on:

How to become involved in their children's schools, how to support their children's academic success, requirements for college admissions and other services. We also provide information for classes to obtain a GED certificate, which is an equivalent to a high school diploma.

Have you or any family member moved to work or seek work in agriculture within the last 3 years? Yes ☐ NO ☐

If you answered YES, please answer the next question

Did your children move with you during the time you worked or went to seek work? Yes ☐ NO ☐

(Please check all the agricultural and fishing jobs, temporary and seasonal, that applies.)

☐ **Field Work/
Agriculture**

Examples: (plant, prune, pick, harvest, pack, sort or transport fruits, vegetables, grains, or other crops; soil preparation, irrigation, fumigation, etc.)

☐ **Orchard**

Examples: (pick, prune, sort fruit, nut trees, vines, etc.)

☐ **Nursery**

Examples: (plant, cultivate, harvest flowers, plants, trees, bushes, herbs, sod, etc.)

☐ **Fishing**

Examples: (catch, sort, pack, process, transport fish or shellfish, etc.)

☐ **Dairy/Farm/Ranch/
Livestock**

Examples: (milking, cattle feeding, transporting animals; raising farm animals such as poultry, goats, pigs, etc.; and sale of its products such as milk, eggs, cheese, etc. for someone or for family support.

☐ **Packing**

Examples: (process, store, freeze, can, pack fruits, vegetables, meats, etc.)

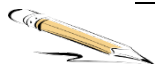
☐ **Food Processing**

Examples: (prepare, process foods like tomato sauce, fruit jellies, chili sauce; processing of wheat or flour for tortilla items, pack cut or pack an assortment of meats.)

☐ **Forestry/Lumber**

Examples: (plant, grow, cultivate, harvest trees; thinning and vegetation control, etc.)

Important: Proof of family income or immigration status is **NOT** required to receive services.



Please provide the following information to your school:

Parent(s)/Guardian(s) Name: _____ Date: _____

Address: _____

Telephone: _____

What is the best time to call you? ☐ 8am-12pm ☐ 12pm-6pm ☐ 6pm-8pm

Student's Name: _____

School Name: _____ Grade: _____

For more information, call the Los Angeles Unified School District, Migrant Education Office at: (213) 241-0510

*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Office, Beaudry Building, 29TH Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-0510 for more information.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1
October 2, 2018

ATTACHMENT A



Los Angeles Unified School District

Programa de Educación Migrante
Cuestionario Sobre el Trabajo de la Familia



Sus hijos pueden ser elegibles para recibir servicios educativos y de salud **GRATUITOS**.

Algunos servicios pueden incluir:

- Tutoría Después de Clases
- Clases los Sábados
- Programas de Preparación para el Kinder
- Ayuda para Recuperar Créditos de la Médicas Secundaria/Preparatoria (High School)
- Academias Universitarias en el Verano
- Campamento al Aire Libre en el Verano
- Academias de Ciencias en el Verano
- Exámenes Dentales/Referencias

Los padres recibirán entrenamiento en lo siguiente:

Como involucrarse en la escuela de sus hijos, como apoyar el logro académico de sus hijos, conocer los requisitos de admisión al colegio y otros servicios. También tenemos información sobre las clases para obtener el certificado del GED, que es un equivalente al diploma de la escuela preparatoria (high school).

¿Se ha mudado usted o algún miembro de la familia a trabajar o buscar trabajo en la agricultura dentro de los últimos 3 años? Sí ☐ No ☐

Si contesto SI, favor de contestar la siguiente pregunta

¿Sus hijos se mudaron con usted cuando fue a trabajar o a buscar trabajo? Sí ☐ No ☐

(Por favor indique todos los trabajos agrícolas y de pesca, temporales o de temporada, que aplican.)

<input type="checkbox"/> Trabajo de Campo/Agricultura Ejemplos: (sembrar, plantar, podar, pizar, cosechar, empacar, sortear o transportar frutas, vegetales, granos, u otras cosechas; preparación de la tierra, irrigación, fumigación, etc.)	<input type="checkbox"/> Huerta Ejemplos: (pizar, podar, sortear frutas, árboles de nueces, y viñas, etc.)	<input type="checkbox"/> Vivero Ejemplos: (sembrar, cultivar, plantar, cosechar flores, plantas, árboles, arbustos, hierbas, siembra del césped, etc.)	<input type="checkbox"/> Pesca Ejemplos: (pescar, sortear, empacar, procesar, transportar pescado o mariscos, etc.)
<input type="checkbox"/> Lechería/Granja/Rancho/Ganadería Ejemplos: (ordeñar, alimentar ganado, transportar animales; crianza de animales de granja, tales como aves de corral, chivos, cerdos, etc.; y venta de sus productos como leche, huevos, queso, etc. para alguien o para el sustento de la familia.)	<input type="checkbox"/> Empacadora Ejemplos: (procesamiento/tratamiento, almacenaje, congelación, enlatar, empacar frutas, vegetales, carnes, etc.)	<input type="checkbox"/> Tratamiento/Procesamiento de Comida Ejemplos: (preparar, procesar, tratamiento de comidas como la salsa de tomate, jaleas de fruta, salsa, o procesamiento de trigo o de harina para productos de tortilla, cortar o empacar un surtido de carnes.)	<input type="checkbox"/> Silvicultura/Madera de Construcción/Trabajo Forestal Ejemplos: (sembrar, plantar, cultivar, cosechar árboles; control de la vegetación, etc.)

Importante: **NO** se requiere pruebas del ingreso familiar o documentos de inmigración para recibir servicios.

Favor de proveer la siguiente información a su escuela:

Nombre del Padre de Familia o Guardián: _____ Fecha: _____

Domicilio: _____

Número de Teléfono: _____

¿Cuál es la mejor hora para llamarle? ☐ 8am-12pm ☐ 12pm-6pm ☐ 6pm-8pm

Nombre del Estudiante: _____

Escuela del Estudiante: _____ Grado: _____

Para más información llame a la oficina del Programa de Educación Migrante, del Distrito Escolar Unificado de Los Ángeles al (213) 241-0510
*** TO HOME SCHOOL STAFF ***

Please return this survey to the Migrant Education Office, Beaudry Building, 29TH Floor, within two weeks of student's enrollment, in order to make services available to eligible families. Please call (213) 241-0510 for more information.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1

October 2, 2018

ATTACHMENT B



CERTIFICATE OF ELIGIBILITY – Part 1 CALIFORNIA STATE DEPARTMENT OF EDUCATION MIGRANT EDUCATION PROGRAM

COE # _____

I. QUALIFYING MOVES & WORK	III. ACTIVELY SOUGHT WORK & RECENT HISTORY OF MOVES
<p>1. The child(ren) listed on this form moved due to economic necessity from a residence in _____ to a residence in _____.</p> <p>2. The child(ren) moved (complete both a. and b.):</p> <p>a. <input type="checkbox"/> as the worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker.</p> <p>b. The worker, _____, is</p> <p><input type="checkbox"/> the child or the child's <input type="checkbox"/> parent/guardian <input type="checkbox"/> spouse.</p> <p>i. (Complete if "to join or precede" is checked in #2a.) The child(ren) moved on _____. The worker moved on _____. (provide comment)</p> <p>3. The Qualifying Arrival Date was _____.</p> <p>4. The worker moved due to economic necessity on _____ from a residence in _____ to a residence in _____ and:</p> <p>a. <input type="checkbox"/> engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR</p> <p>b. <input type="checkbox"/> actively sought new qualifying work AND has a recent history of moves for qualifying work (provide comment)</p> <p>5. The qualifying work, * _____ was (check one selection both a. and b.):</p> <p>a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment</p> <p>b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work</p> <p>6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:</p> <p>a. <input type="checkbox"/> worker's statement (provide comment), OR</p> <p>b. <input type="checkbox"/> employer's statement (provide comment), OR</p> <p>c. <input type="checkbox"/> State documentation for _____</p>	<p><input type="checkbox"/> Not Applicable (not 4b)</p> <p>Actively Sought Work</p> <p>1. Enter date when qualifying work was sought: _____</p> <p>2. Describe how the work was actively sought: _____</p> <p>Recent History of Moves (Two moves for qualifying work in the last 36 months.)</p> <p>1. Move Date: _____ 2. Worker: _____</p> <p>3. From: _____ 4. To: _____</p> <p>Qualifying work: _____</p> <p>1. Move Date: _____ 2. Worker: _____</p> <p>3. From: _____ 4. To: _____</p> <p>5. Qualifying work: _____</p>
<p>II. COMMENTS (Must include 2bi, 4a, 4b, 5, 6a and 6b of the Qualifying Moves & Work section, if applicable.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>For 4b comments, complete Section III instead.</p>	<p><input type="checkbox"/> Not Applicable (no round trip)</p> <p>1. Enter departure date: _____ 2. Enter number of days gone: _____</p> <p>3. Enter information to show that both legs of the round trip were "due to economic necessity" (i.e., due to financial need or economic benefit): _____</p> <p>_____</p> <p>4. Enter information to show that the child(ren) and worker were living in the new location rather than just visiting: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1

October 2, 2018

ATTACHMENT B

CERTIFICATE OF ELIGIBILITY – Part 2

COE #

V. FAMILY DATA	Legal Father		Legal Mother		Current Parent /Guardian 1		Current Parent/Guardian 2	
	Last Name	First Name	Last Name	First Name	Last Name	First Name	Last Name	First Name
Street								
City								
Zip								
Telephone(s)								
Current Address								
Mailing Address								
Residency Date (applies to all children on this COE)								
MSD #								
Last Name 1								
Last Name 2								
Suffix								
First Name								
Middle Name								
Sex								
Latino								
Race								
Birth Date								
MB								
BV								
VII. SCHOOL and HEALTH DATA (applies to children numbered 1 - 5)								
VIII. BIRTH PLACE								
District								
School Name								
Enrollment Date								
School Yr.								
Type								
Track								
Grade								
Med A								
City								
State								
Country								
IX. INTERVIEWEE SIGNATURE								
X. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE (FERPA)								
I understand the purpose of this form is to help the school district 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 the information I provided to the interviewer is true.								
The Family Education Rights and Privacy Act (FERPA) has been explained to me. I also hereby authorize the school district, Migrant Education Program Regional Office and the Department of Education to release, transfer, and receive all information on my child's education, support services, and health records for the purpose related to academic assessment, program services planning and transfer of student records. I further agree that student/family information otherwise confidential under the provisions of FERPA may be shared with other MEP statewide service providers under contract to the Department of Education/Migrant Education Program.								
Signature								
Relationship to the child(ren)								
Date								
Signature								
Date								
XI. ELIGIBILITY DATA CERTIFICATION								
XII. LOCAL COMMENTS								
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(2) 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								
Signature of Designated SEA Reviewer								
Date								



LOS ANGELES UNIFIED SCHOOL DISTRICT

REFERENCE GUIDE

REF-041180.1
October 2, 2018

ATTACHMENT C

INDIVIDUAL STUDENT NEEDS ASSESSMENT EVALUACIÓN DE LAS NECESIDADES INDIVIDUALES DEL ALUMNO

Student/Alumno:	QAD:
School/ Escuela:	District/Distrito:
Home Address/Dirección:	Grade/Grado:
Family Name/APELLIDO:	Phone Number/Número telefónico:
	# of Family/ # en familia:

Health Assessment/Evaluación de Salud

Health Insurance: Seguro Médico	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Health Provider? ¿Proveedor médico?	
Immunizations: Vacunas	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	1 st Gr. Physical Examen de 1º año	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		7 th Gr. HIB 7º año HIB	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		Dental Kindergarten	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Emergency Services: Servicios de emergencia	<input type="checkbox"/> Clothing/Ropa	<input type="checkbox"/> Food/Comida	<input type="checkbox"/> Housing/Casa
			<input type="checkbox"/> Other/Otro
Health Concerns: Problemas de Salud	<input type="checkbox"/> Chronic	<input type="checkbox"/> Acute	<input type="checkbox"/> Explain

Educational Assessment/Evaluación Académica

Level/Nivel	Comments/Comentarios		
Preschool Preescolar	Enrolled in Preschool? ¿Inscrito en preescolar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Drop Out	Enrolled in Adult/GED/HEP? ¿Inscrito en clases para adultos/GED/HEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

List of Migrant Services/Servicios del Programa de Educación Migrante

Service Provided	Date	Service Provided	Date
<input type="checkbox"/> Counselor Home Visit Visita académica		<input type="checkbox"/> Parent Education, Topic Educación para padres, Tema	
<input type="checkbox"/> MEP Health Services Referral Referencia de Servicios de Salud por parte de MEP		<input type="checkbox"/> Monitoring of Academic Achievement Progreso del logro académico	
<input type="checkbox"/> Referral to Community Resources Referencia a recursos comunitarios		<input type="checkbox"/> Preschool Program Programa preescolar	
<input type="checkbox"/> Summer Services Servicios durante el verano		<input type="checkbox"/> Educational Advocacy Servicios de enlace	
<input type="checkbox"/> Graduation Check/Transcript Review Revisar créditos y clases para graduarse		<input type="checkbox"/> Referral to tutoring Referencia para tutoría	
<input type="checkbox"/> Educational Conferences Conferencias educativas		<input type="checkbox"/> High School Student Conference Topic Conferencias para estudiantes de High School	
<input type="checkbox"/> Health Insurance Information Información de seguro médico		<input type="checkbox"/> Volunteer Referrals Referencias para ser voluntario	
<input type="checkbox"/> Portable Assisted Study Sequence (PASS) Apoyo académico del Programa PASS			

- The Family Education Rights and Privacy Act (FERPA) have been explained to me. I also hereby authorize the school district, Migrant Education Program Regional Office and the Department of Education to release, transfer, and receive all information on my child's education support services, and health records for the purpose related to academic assessment, program services planning, and transfer of student records. Se me ha explicado la ley FERPA y autorizó al distrito escolar, la oficina regional del Programa de Educación Migrante y el Departamento de Educación para dar, transferir y recibir toda la información relacionada con la educación de apoyo.
- California law [AB1382 and EC5443.1(d)] requires that each year parents be provided a list of services available to their children. The school district provides all children with a basic program as well as a wide range of supplemental services during the instructional day/year. The basic program includes instruction in language arts, math, science, social studies and physical education/health and visual and performing arts. Also, the school district provides special education for identified students. In addition to the basic program that is offered by the school district, Region IX Migrant Education provides the following supplemental services after the instructional day and during the summer and intersession:
- La ley de California [AB1382 and EC5443.1(d)] obliga entregarle a cada padre una lista de los servicios disponibles para sus hijos. El distrito escolar proporciona un programa básico para todos los niños, así como una variada gama de servicios complementarios durante la instrucción diaria y la anual. El programa básico abarca la enseñanza de lenguaje y lectura, matemáticas, ciencias, ciencias sociales, educación física, la salud y bellas artes. El distrito escolar también brinda educación especial para los alumnos que han sido identificados. Además del programa básico que ofrece el distrito escolar, la Región IX del programa de Educación Migrante ofrece los siguientes servicios suplementarios después del horario escolar, durante el verano y entre los intervalos.

LOS ANGELES UNIFIED SCHOOL DISTRICT

REFERENCE GUIDE



Los Angeles Unified School District
Beyond The Bell Branch
MIGRANT EDUCATION PROGRAM
INDIVIDUAL LEARNING PLAN

Student's Name: _____ Date of Birth: _____

District ID: _____ Migrant # ID: _____ GENDER: Male: ☐ Female: ☐

School: _____ Grade: _____

Home Language: _____ Language Fluency: EL ☐ RFEP ☐ FEP ☐ EO ☐

Indicate if student is participating: Title 1: ☐ Special Education: ☐ College Preparation: ☐ Honors: ☐ Gifted: ☐

Grade	9	10	11	12
Credits Required	50	105	160	210
Credits Earned				
Credits Missing				

Indicate # of credits needed for grade level (High School Only): _____

Indicate courses failed to complete (High School Only):

1 _____ 2 _____ 3 _____ 4 _____

Teacher: Please indicate the student level	Below grade level	At Level	Above grade level	Special Ed meeting IEP goals?
Language Arts				
Oral Language				
Written				
Reading				
Math				
Science				
Social Science				
Other				

NURSE: HEALTH NEEDS
Asthma _____
Poor Vision _____
Chronic Nose Bleeding _____
Poor Hearing _____
Chronic Dizziness _____
Dental: _____
COMMENTS: _____

NONE: <input type="checkbox"/>

ATTENDANCE (check one)
Absent more than 4 days per month: <input type="checkbox"/>
Absent less than 4 days per month: <input type="checkbox"/>

SUSPENSIONS
#: _____ NONE: <input type="checkbox"/>

COMMENTS: _____

PLAN OF ACTION - INTERVENTIONS / RECOMMENDATIONS:	MEP	School Site
Summer School/Intersession:		
Credit Recovery (other): (CyberHigh, Adult Ed, Com College)		
Saturday Classess:		
After School Classess:		
Special Sessions with counselor:		
Parent Conference (additional):		
Other:		

Parent Conference date: _____

Parent Signature _____

MEP Rep. Signature _____

Title: _____

DATE: _____



Distrito Escolar Unificado de Los Angeles
Beyond The Bell Branch
PROGRAMA DE EDUCACION PARA MIGRANTES
PLAN INDIVIDUAL DE APRENDIZAJE

Nombre del Estudiante: _____		Fecha de nacimiento: _____	
District ID: _____	Migrant # ID: _____	SEXO: Masculino <input type="checkbox"/> Femenino <input type="checkbox"/>	
Escuela: _____		Grado: _____	

Idioma Natal: _____	Dominio del Lenguaje: EL <input type="checkbox"/> RFEP <input type="checkbox"/> FEP <input type="checkbox"/> EO <input type="checkbox"/>
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Indicar si el estudiante requiere servicios especiales: Titulo 1: <input type="checkbox"/> Educación Especial: <input type="checkbox"/> Preparación para el Colegio: <input type="checkbox"/> Honores: <input type="checkbox"/> Dotado: <input type="checkbox"/>
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Indicar el # de créditos necesarios para obtener el nivel académico (Solo Educ. Secundaria):	Grado	9	10	11	12
	Créditos Requeridos	50	105	160	210
	Créditos Ganados				
	Créditos que le faltan				
Indicar las materias que el estudiante haya reprobado (Solo High School):					
1	2	3	4		

Maestro(a): Favor de indicar el nivel del estudiante <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Por debajo del nivel</th> <th>En el nivel</th> <th>Por encima del nivel</th> <th>Ed. Especial logro sus metas EIP?</th> </tr> </thead> <tbody> <tr> <td>Lenguaje</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lenguaje Oral</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Forma Escrita</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Lectura</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Matemáticas</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ciencias</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ciencias Soc.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Otro</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Por debajo del nivel	En el nivel	Por encima del nivel	Ed. Especial logro sus metas EIP?	Lenguaje					Lenguaje Oral					Forma Escrita					Lectura					Matemáticas					Ciencias					Ciencias Soc.					Otro					Enfermera: Indicar las Necesidades de Salud Asma _____ Visión deficiente _____ Sangrado Nasal Crónico _____ Deficiencia Auditiva _____ Mareos Crónicos _____ Problemas Dentales _____ COMENTARIOS: _____ NINGUNA: <input type="checkbox"/>	ASISTENCIA: (marque una) Ausente menos de 4 días en el mes: <input type="checkbox"/> Ausente mas de 4 días en el mes: <input type="checkbox"/> SUSPENSIONES #: _____ NINGUNA: <input type="checkbox"/>
	Por debajo del nivel	En el nivel	Por encima del nivel	Ed. Especial logro sus metas EIP?																																											
Lenguaje																																															
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Lectura																																															
Matemáticas																																															
Ciencias																																															
Ciencias Soc.																																															
Otro																																															

COMENTARIOS:

PLAN DE ACCION/INTERVENCIONES/ RECOMENDACIONES: Programa de Verano/Intercesión: Recuperación de Créditos: (CyberHigh, Adult Ed., Com College) Clases de los sábados: Clases después de escuela: Sesiones con el consejero: Conferencia con los padres: Otro:	MEP	School Site	Fecha de Conferencia con el padre: _____ Firma del Padre _____ Firma del Rep. MEP _____ Cargo: _____ FECHA: _____
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**LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE**

REF-041180.1
October 2, 2018

ATTACHMENT F

**MIGRANT EDUCATION PROGRAM
PLANNED INTERVENTION SERVICES SURVEY**

School: _____ Local District: _____

MEP Contact Person: _____ Date: _____ Telephone Number: _____

Program: **(Please indicate the time your school offers support services)**

Grade	Subject	Start Date	End Date	Days Offered M-T-W-Th-F (Circle One)	Start & End Time
Kinder				M - T - W - Th - F	
1st				M - T - W - Th - F	
2nd				M - T - W - Th - F	
3rd				M - T - W - Th - F	
4th				M - T - W - Th - F	
5th				M - T - W - Th - F	
6th				M - T - W - Th - F	
7th				M - T - W - Th - F	
8th				M - T - W - Th - F	
9th				M - T - W - Th - F	
10th				M - T - W - Th - F	
11th				M - T - W - Th - F	
12th				M - T - W - Th - F	

Please complete and return via school mail:

**Migrant Education Program
Beaudry Building, 29th Floor
(213) 241-0510**



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1
October 2, 2018

ATTACHMENT G

(Insert School Letter Head)
Sample Letter for Parents

Date

To the parents of:

Address

Dear Parent,

The enclosed Individual Learning Plan (ILP) and Student Needs Assessment were completed by the teachers and other staff members of our school to indicate the unique educational and/or health needs of your son or daughter.

Please sit with your child and review this important form. You are then encouraged to contact your child's teacher or counselor to discuss ways in which your child can receive extra help in those areas indicated.

Included, please find information regarding afterschool or Saturday intervention classes at our school. Also, the attached letter provides information on the Migrant Education Program. All of the programs sponsored by the Migrant Education Program are in addition to the programs sponsored at our school. We recommend that you take advantage of all the programs designed to assist your child in reaching his or her highest potential.

I am confident that your continued support of your child, while working together with us and the Migrant Education Program, will bring about a very positive outcome in your child's academic success.

If you have any questions regarding the enclosed ILP or the Migrant Education Program, please do not hesitate to call _____ at () _____.

Sincerely,

Name
Title

c: file



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1
October 2, 2018

ATTACHMENT G

(Insert School Letter Head)
Sample Letter for Parents

Fecha

Para los padres del estudiante:

Domicilio

Estimados padres:

El plan individual de aprendizaje del año escolar (ILP) y la evaluación de las necesidades educativas del estudiante fueron diseñados por los maestros y otros miembros del equipo educativo de nuestra escuela para indicar las necesidades educativas y/o de salud de su hijo(a).

Por favor siéntese con su hijo(a) y revisen el formulario. Se le recomienda que contacte al consejero o maestro de su hijo(a) para que hablen sobre las diferentes maneras en las que se pueda ayudar al estudiante en las áreas indicadas.

Asimismo, encontrará información acerca de los programas de después de escuela o clases de intervención los sábados que se ofrecen en nuestra escuela. Además, la carta adjunta provee información acerca del Programa de Educación para Migrantes. Todos los servicios que ofrece el programa, son suplementarios a los que su hijo(a) ya está recibiendo en su escuela. Le recomendamos que tome ventaja de todos los programas designados para ayudar a su hijo(a) a alcanzar su máximo potencial académico.

Confío en que usted seguirá animando a su hijo(a) para que en conjunto con la escuela y el Programa de Educación para Migrantes, se puedan obtener resultados positivos que beneficiarán el progreso académico de su hijo(a).

Si tiene alguna pregunta acerca del Plan Individual de Aprendizaje (ILP) aquí adjunto o del Programa de Educación Migrante, por favor no dude en llamar _____ al
() _____.

Atentamente,

Nombre
Posición

c: archivo



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

REF-041180.1
October 2, 2018

ATTACHMENT H



Beyond the Bell Branch

Extended Learning and Enrichment Programs

Migrant Education Program

333 South Beaudry Avenue, 29th Floor

Los Angeles, CA 90017-1466

Telephone: (213) 241-0510 | Fax: (213) 241-8479

Austin Beutner
Superintendent

Vivian Ekchian
Deputy Superintendent
Office of the Deputy Superintendent

Alvaro A. Cortés
Senior Executive Director
Beyond the Bell Branch

Dear Parent:

The Los Angeles Unified School District Migrant Education Program (MEP) offers additional free educational services to help your child be more successful in school. Before each program begins, you will receive a letter inviting your family to participate in the programs listed below. Bus transportation is available from designated school sites.

- **MEP Saturday School:** Pre-K – 9th grade students and their families meet on Saturday mornings for four hours a day at a designated school site. Students develop skills in language arts, math and science during fun hands-on Project Based Learning Activities. Music and art instruction offer students opportunities for self-expression.
- **MESR (Migrant Education School Readiness):** A Family Literacy Program prepares preschoolers ages 3-5 for kindergarten and instructs parents on parenting skills and reading strategies.
- **P.A.S.S. (Portable Assisted Study Sequence):** Students in grades 9-12 attend classes to “catch up” on credits to help them graduate from high school. Five credits per class may be earned upon completion of test and units of study.
- **Extended Day:** An after-school program for students grades K-12 at selected schools.
- **MEP Summer School:** Just for migrant students, grades PreK-12. Classes are held for four weeks, four hours a day. Teachers use an interdisciplinary approach to instruction with a focus on math, arts and language.
- **Parent Involvement:** Parent workshops and trainings are available throughout the year. Topics include family literacy, math, science, and parenting skills. Parents are also encouraged to participate in the Parent Advisory Council meetings.
- **Health:** Parent workshops on stress management, mental health, general health, health insurance, domestic violence, and obesity are offered throughout the year. Resource information for agencies that address health concerns are provided upon request.
- **Dental:** The LAUSD Nursing Unit provides free dental screening. Migrant students that need dental services are referred to receive *free dental care*.

For more information, please contact our office at (213) 241-0510. We hope to see you and your family very soon participating in one or more of our programs.

Sincerely,

Migrant Education Program

Mission Statement: In collaboration with community partners, Beyond the Bell ensures that all children and youth in the LAUSD have access to high quality, safe, and supervised education, enrichment, and recreation programs that engage and inspire learning and achievement beyond the regular school day.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

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ATTACHMENT H

Beyond the Bell Branch



Beyond the Bell Branch

Extended Learning and Enrichment Programs

Migrant Education Program

333 South Beaudry Avenue, 29th Floor

Los Angeles, CA 90017-1466

Telephone: (213) 241-0510 | Fax: (213) 241-8479

Austin Beutner
Superintendent

Vivian Ekchian
Deputy Superintendent
Office of the Deputy Superintendent

Alvaro A. Cortés
Senior Executive Director
Beyond the Bell Branch

Estimados padres:

El Distrito Escolar Unificado de Los Ángeles, a través del Programa de Educación Migrante ofrece en forma gratuita, servicios educativos adicionales para ayudar a sus hijos a tener más éxito en la escuela. Antes del inicio de cada programa se le enviará una carta invitándole a usted y su familia a participar en los programas que se listan abajo. Se proveerá transportación desde algunas escuelas seleccionadas.

- **MEP Escuela de los Sábados:** Los estudiantes de Preescolar hasta 9th grado y sus respectivas familias se reúnen los sábados, en el plantel que se haya designado. Los estudiantes desarrollarán sus habilidades en lenguaje, matemáticas y ciencia mediante un aprendizaje práctico basado en proyectos divertidos. Clases de música e instrucción artística ayudan a los estudiantes a desenvolverse mejor.
- **MESR (Preparación Escolar del Programa Migrante):** Programa de Educación Temprana para niños e infantes de 3 a 5 años, así como Educación de Adultos para ayudar a sus Padres a mejorar sus habilidades mediante estrategias de lectura.
- **PASS (Programa para Facilitar la Transferencia de Ciclo de Estudiantes):** Para estudiantes en los grados del 9-12 que les permite alcanzar los créditos necesarios para graduarse de la secundaria. Podrán obtenerse cinco créditos por clase.
- **Prolongación del día de clases:** Es un Programa escolar después de las horas normales de clases, que presta sus servicios a los que cursen cualquiera de los grados escolares, desde el jardín de niños hasta el grado 12, en escuelas que se hayan designado.
- **Clases de Verano:** Se ofrece a estudiantes migratorios en los grados K-12, para que asistan cuatro horas diarias durante cuatro semanas en el plantel escolar que se haya designado. Los maestros usan un programa interdisciplinario para impartir la enseñanza, con enfoque en matemáticas, ciencias, y lenguaje.
- **Programa Para Padres:** Se ofrece entrenamiento para padres durante el transcurso del año, este incluye: alfabetización familiar, talleres sobre cómo desarrollar las destrezas en el área de ciencias y matemáticas, entre otros. Asimismo, se les anima para que formen parte del concilio consejero de padres.
- **Salud:** Talleres para padres sobre manejo del estrés, salud mental, salud general, seguro de salud, violencia doméstica y obesidad se ofrecen a lo largo del año. Si los padres lo solicitan, se les puede proporcionar información sobre agencias externas que tratan problemas de salud.
- **Dental:** La Unidad de Enfermería del LAUSD provee exámenes dentales gratuitos. Los estudiantes migrantes que necesiten servicios dentales serán referidos para recibir **atención dental gratuita**.

Favor de llamar al teléfono (213) 241-0510 de nuestra oficina para obtener más información. Esperamos que ustedes y sus familias puedan participar en uno o más de nuestros programas.

Atentamente

Programa de Educación Migrante

Mission Statement: In collaboration with community partners, Beyond the Bell ensures that all children and youth in the LAUSD have access to high quality, safe, and supervised education, enrichment, and recreation programs that engage and inspire learning and achievement beyond the regular school day.



REF-041180.1
October 2, 2018

ATTACHMENT I

Migrant Education Purple Folder Checklist
(To be completed by MEP contact person)

Name:

Date:

☐ Yes ☐ No Certificate of Eligibility

☐ Yes ☐ No Individual Student Needs Assessment

☐ Yes ☐ No MEP ILP

Parent Notification:

☐ Yes ☐ No Copy of Letter for Parent

☐ Yes ☐ No Copy of Intervention Services Survey

☐ Yes ☐ No Copy of MEP Service Letter
