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| **Student Name:** | **State Student ID #:** | | **COE #:** | | **QAD:** | | **District #** | **District Name:** | |
| **Male \_\_\_ Female \_\_\_** | **Current Grade:** | **Current School Year:** | | | | | **Building Name:** | | |
| **Parent/Guardian Name(s):** | | | | **District Contact (for student) Name:** | | | | | |
| **District Contact (for student) Phone:** | | | | | |
| **Home Address:** | | | | | | | | **Teacher’s Email:** | |
| **Parent/Guardian’s Phone:** | **Language(s) Spoken in the Home:** | | **Is the student also ELL?**  YES NO  **\_\_\_\_\_\_ \_\_\_\_\_** | | **English Language Proficiency:**  Which language assessment has been done?  \_\_\_ LAS \_\_\_ IPT \_\_\_ KELPA \_\_\_ LPTS \_\_\_Other: | | | | |
| **Known Areas of Support Needed:**  **\_\_\_** Reading \_\_\_ Math \_\_\_ Credit Recovery  \_\_\_ Post-Secondary/Career \_\_\_ English Proficiency (to be included in content) | | | | | | **Most Recent Grades:**  Is the student failing any courses/subjects? \_\_\_ YES \_\_\_ NO | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **YES** | **NO** | **At-risk of Failing to Meet State Standards Criteria**  **Please mark “Yes” or “No”** | **Year Occurred** | | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | Scored level 1 on Kansas Reading Assessment  Scored level 1 on Kansas Mathematics Assessment  Scored level 1 on Kansas Science Assessment |  | | \_\_\_\_\_\_ | \_\_\_\_\_\_ | Scored below proficient on state assessments from other states  Scored below 50% tile on norm-referenced test (reading and/or math) |  | |  |  | Is below grade level on any K-3 reading diagnostic assessment |  | |  |  | Classified as non-English or limited English proficient on LAS, IPT, LPTS or Kansas English Proficiency Assessment (KELPA2) |  | |  |  | Is behind in accruing credits toward graduation requirements |  | |  |  | Placed in a class that is not age appropriate |  | |  |  | Has grades indicating below average performance in math and/or language arts at the elementary level |  | |  |  | Has grades indicating below average performance in math, language arts, sciences or social studies at the middle or high school levels |  | |  | | | | |  |  | Repeated a grade level or course |  | |  |  | Other state information: |  | |  |  | District Assessments:  \_\_\_ Reading \_\_\_ Writing \_\_\_ Math \_\_\_ Science \_\_\_ Social Studies |  | |  |  | Which District Assessment(s) are referenced:  \_\_\_ DIBELS \_\_\_ Aimsweb \_\_\_ MAP \_\_\_ STAR \_\_\_ ACT \_\_\_ Other: |  | |  | | | | |  |  | Algebra I completed |  | | | | | | | | | **District Interventions Received** | |
| * Title I, Part A * Special Education * Gifted * Disabilities/504 Plan * ESOL * At-Risk * MTSS * Dual Credit Courses * AP Courses * SIT * Homeless * Extra-Curricular Activitites * Head Start * Parents as Teachers * Preschool * 4-Year-Old at Risk |  |
| *Additional comments section*  *provided on page 5* | |
| **18. Availability:**  Before After During  school school class  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | |

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| K-12 Migrant Student Profile - Continued | | | | | | | | | Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Please Complete for All Grade Levels | | | | | | | | | | | | | | |
| **Attendance and Participation** | | | □  **Follow-up Needed** | | **School Attendance:**  Attends Absent Only attends  regularly frequently occasionally  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | | **Classroom Participation:**  \_\_\_ Acceptable \_\_\_ Needs Improvement \_\_\_ Other (please comment) | | | | |
| **Behavioral and/or Discipline Issues** | | | □  **Follow-up Needed** | | Does the student display behavioral/discipline issues?  None reported Occasionally Frequently  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | | Are there disciplinary issues that are keeping the student from making progress? | | | | |
| **Learning Issues** | | | □  **Follow-up Needed** | | What learning issues is the student experiencing? | | | | | What has been done to address identified learning issues? | | | | |
| **Existing/Successful Interventions** | | | □  **Follow-up Needed** | | What MEP-funded interventions have been successful for this student? | | What results have you seen from MEP-funded interventions? | | | What opportunities have been provided to overcome skill deficits? | | | | What interventions have been implemented? |
| **MTSS:** Does the school implement MTSS?  \_\_\_\_ YES \_\_\_\_ NO | | | | | If so, at what Tier is the MEP student being served?  \_\_\_Tier 1 \_\_\_ Tier 2 \_\_\_ Tier 3 | | | | |
| K-12 Migrant Student Profile - Continued | | | | | | | | | | Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please Complete for All Grade Levels | | | | | | | | | | | | | | |
| **Parent Participation** | | □  **Follow-up Needed** | | | Do parents/guardians/ family members attend school events?  \_\_\_ YES \_\_\_ NO  Has anyone from the district made home visits?  \_\_\_ YES \_\_\_ NO | | | | | | Have parents attended conferences?  \_\_\_ YES \_\_\_ NO | | | |
| Are there issues at home the school is aware of that may affect school performance? \_\_\_ YES \_\_\_ NO  Please Explain: | | | | | | | | | |
| **Health Needs** | | □  **Follow-up Needed** | | | What health-related needs must be addressed to help the student learn?  \_\_\_ Medical \_\_\_ Dental \_\_\_ Vision \_\_\_ Other (please explain) | | | | | | | | How does the school address health-related needs? | |
| K-12 Migrant Student Profile - Continued | | | | | | | | Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Complete for Secondary Students Only | | | | | | | | | | | | | | |
| **Interventions** | □  **Follow-up Needed** | | | Is the student “on track to graduate”?  \_\_\_ YES \_\_\_ NO  Does the student have the correct number of credits to be with his/her age cohort?  \_\_\_ YES \_\_\_ NO | | If not, how many credits are they behind? \_\_\_\_\_\_\_\_\_\_\_  List course(s) needed to get the student back on track to graduate? | | | | | | **Existing Interventions:**  What interventions exist in the district/school for support? | | |
| **Student Participation** | □  **Follow-up Needed** | | | **Participation in extracurricular activities or clubs:**  \_\_\_ YES \_\_\_ NO | | **Participation in advanced learning opportunities:**  \_\_\_Gifted & Talented \_\_\_ MTSS \_\_\_ AVID \_\_\_ ACT Prep \_\_\_ Dual Credit  \_\_\_ AP Classes   Other (please comment): | | | | | | | | |
| ADDITIONAL COMMENTS AND NOTES: | | | | | | | | | | | | | | |
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