

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 approved: 9/17/06

BROOKFIELD PUBLIC SCHOOLS
Brookfield, Connecticut

Program for Migrant Studies – Family Interview Form

To Be Completed by Building Principal or Designee: (Please Print)

Child 1 Name Birthdate Grade School

Child 2 Name Birthdate Grade School

Child 3 Name Birthdate 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? Yes No

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

	Reading	Math	Language	Other(specify)
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

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:

District Preschool Yes No Don't know

GED/ESL Classes Yes No Don't know

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