

## **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 adopted: August 13, 2007

AMITY REGIONAL SCHOOL DISTRICT NO. 5  
Woodbridge, Connecticut

**Programs for Migrant Students - Family Interview Form**

*To be completed by Building Principal or designee: (please print)*

Child 1 Name	Birth Date	Grade	School
Child 2 Name	Birth Date	Grade	School
Child 3 Name	Birth Date	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 that interfere with their ability to learn? Explain:  Yes  No \_\_\_\_\_

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

	<b>Reading</b>	<b>Math</b>	<b>Language</b>	<b>Other (specify)</b>
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:

- |                     |                              |                             |                                   |
|---------------------|------------------------------|-----------------------------|-----------------------------------|
| Head Start          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enrolled |
| District Preschool  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enrolled |
| Parents as Teachers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enrolled |
| GED/ESL Classes     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enrolled |

2. Would you be interested in information on:

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| Public/County Health Dept.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Division of Family Services | <input type="checkbox"/> Yes | <input type="checkbox"/> 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

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Name of Person Completing Form

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Name of Person Being Interviewed and  
His/Her Relationship to Family/Children