

**ENFIELD BOARD OF EDUCATION
ENFIELD, CONNECTICUT**

Instruction

6141.312

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, nutrition and social needs.
2. Provide to the extent feasible a full range of services that will provide 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.

In providing services, priority shall be given to migratory children who have made a qualifying move within the previous one year period and who are failing, or most at risk of failing, to meet the challenging State academic standards or who have dropped out of school.

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.

Migratory Child/Student Definition

- A.** A “**migratory child**” means a child who:
- (1) is a migratory agricultural worker or a migratory fisher; or
 - (2) in the preceding 36 months, in order to accompany a parent, spouse, or guardian who is a migratory agricultural worker or a migratory fisher –
 - (i) Has moved from one school district to another;

Migrant Students**Migratory Child/Student Definition** (continued)

- (ii) As the child of a migratory fisher, resides in a school district or more than 15,000 square miles and migrates a distance of 20 miles or more to a temporary residence.

- B. Qualifying Move** means a move from one residence to another residence that occurs due to economic necessity and from one school district to another school district.
- C. Migratory Agricultural Worker** means a person has moved from one school district to another in order to obtain temporary employment or seasonal employment in agricultural work, including dairy work.
- D. Migratory Fisher** means a person who, in the preceding 36 months has moved from one district or another in order to obtain temporary employment or seasonal employment in fishing work.

Legal Reference: Federal Register – July 29, 2008 – Final Rule
34 C.F.R. Part 2000

P.L. 114-95, Every Student Succeeds Act §1301 et seq., U.S.C. 20 6391

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?

| | 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:

- | | | | |
|---------------------|------------------------------|-----------------------------|-----------------------------------|
| 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

Name of Person Completing Form

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