Statement

The Superintendent will develop and implement a program to address the needs of migrant children in the school 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.
6. 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.
7. 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 “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 has moved from one school district.

B. Move or Moved means a change from one residence to another residence that occurs due to economic necessity.

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.


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

Adopted: January 23, 2012
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: __________________________________

2. In what areas might your child(ren) need additional help in school?
   Reading Math Language Other (specify)
   Child 1  ☐  ☐  ☐  ☐ _______________________________________
   Child 2  ☐  ☐  ☐  ☐ _______________________________________
   Child 3  ☐  ☐  ☐  ☐ _______________________________________

3. Are your child(ren)’ 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

1. Would you be interested in information on:

   - **Head Start**
     - [ ] Yes
     - [ ] No
     - [ ] Enrolled
   - **District Preschool**
     - [ ] Yes
     - [ ] No
     - [ ] Enrolled
   - **Parents as Teachers**
     - [ ] Yes
     - [ ] No
     - [ ] Enrolled
   - **GED/ESL Classes**
     - [ ] Yes
     - [ ] No
     - [ ] Enrolled

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

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**Name of Person Completing Form**

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