



Santa Clara County Office of Education  
 Migrant Education Program, Region I  
 1290 Ridder Park Drive San Jos CA 95131  
 408-453-6770



### Migrant Student Academic Needs Assessment Form (K-12)

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRICT/SCHOOL: \_\_\_\_\_ CLASSROOM TEACHER : \_\_\_\_\_

The student indicated above has been determined to be eligible for Migrant Education services through the SCCOE Program, Region I. In compliance with California Education Code 54443.1(a) and in an effort to link appropriate supplemental services, we request your support in completing this brief form. Based on the student’s classroom performance, please **check** (✓) the areas that best characterize the student’s skills.

**Mathematics Level:**

Above Grade-level	At Grade-level	Below Grade-level

**Need for support in Math:**

Great Need	Some Need	No Need

**Reading Level:**

Above Grade-level	At Grade-level	Below Grade-level

**Need for support in Reading:**

Great Need	Some Need	No Need

**English Language Development (ELD):**

Skill	Emerging	Expanding	Bridging
Speaking			
Listening			
Reading			
Writing			

**Need for ELD support:**

Skill	Great Need	Some Need	No Need
Speaking			
Listening			
Reading			
Writing			

**Attendance / Study Skills / Other**

Attendance		Completes In-Class Assignments		Homework		Other Needs	
Regular	Irregular	On-time	Incomplete/Late	On-time	Incomplete/Late	Special Ed	Health

**Student Motivation:**

\_\_\_\_\_

*Low* *Average* *High*

*Please use the space below for any additional comments or other information you would like to share regarding the student.*

**Comments:**

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**Classroom Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\* Please contact the SCCOE Case Manager assigned to your district.**



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**INDIVIDUAL LEARNING PLAN (ILP) BETWEEN LEA & MIGRANT REGION 1**  
**PLAN DE ESTUDIOS ENTRE REGION 1 Y LEA**

Teacher's/Counselour's name: \_\_\_\_\_

*Nombre del maestro(a) o consejero (a):*

Email: \_\_\_\_\_

*Correo electrónico*

**Proposed Supplemental Migrant Services / Servicios propuestos del Programa Migrante**

Regular Year Services <i>Servicios del año escolar</i>	Regular Year <i>Año escolar</i>	Summer <i>Verano</i>
Monitoring of Academic Achievement Progress <i>Supervisión del progreso del logro académico</i>		
Graduation Check / Transcript Review <i>Revisar créditos y clases para graduarse</i>		
Educational Advocacy <i>Servicios de enlace</i>		
MEP Health Services Referral <i>Recomendación a servicios de salud</i>		
Referral to Community Resources <i>Recomendación a recursos comunitarios</i>		
Referral <i>remisión</i>		
Educational Excursion <i>Excursión académica</i>		
Migrant Summer Service <i>Servicio de verano</i>		
Cyber High?/Credit Recovery <i>Apoyo académico con el programa Cyber High</i>		
Other <i>Otro</i>		

ILP completed by MEP Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up monitored by: \_\_\_\_\_ Date: \_\_\_\_\_