

No. 7300
SECTION: PROGRAMS
TITLE: MIGRANT STUDENTS

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OXFORD AREA SCHOOL DISTRICT

The Board establishes a program to address the needs and provide appropriate services for migrant students attending district schools.

"Migratory Child" means a child who is, or whose parent, spouse or guardian is a migratory agricultural worker, including a migratory dairy worker or a migratory fisher, and who in the preceding 36 months accompanied such parent, spouse or guardian in order for parent, spouse or guardian to obtain temporary or seasonal employment in agricultural or fishing work -

- A. has moved from one school district to another
- B. in a State that is comprised of a single school district, has moved from one administrative area to another within such district or
- C. resides in a school district of more than 15,000 square miles and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

The district program for migrant students shall include procedures to:

1. Identify migrant students and assess their educational and related health and social needs.
2. Ensure migrant students have the appropriate educational opportunities to meet the same academic standards required of all students.
3. Provide a full range of services for migrant students including applicable Title I programs, special education, gifted education, vocational education, language programs, counseling programs and elective classes.
4. Provide parents with an opportunity for meaningful participation in the program.
5. Provide advocacy and outreach programs for migrant students and their families.
6. Provide professional development for district staff.

The district shall provide materials to parents regarding their role in improving the academic achievement of their child.

The Superintendent or designee shall develop procedures to notify and involve parents in the development, implementation and evaluation of the district's program for migrant students.

PROGRAMS FOR MIGRANT STUDENTS
FAMILY INTERVIEW FORM

To be completed by building principal or designee (please print)

Child 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. Is your child(ren)s' 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 Check Response

1. Would you be interested in information on: Public/County Health Dept. Yes No
Division of Family Services Yes No

2. May we share your name and address with these agencies? Yes No

3. 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

PROGRAMAS PARA LOS ESTUDIANTES MIGRANTES

FORMA DE ENTREVISTA PARA LA FAMILIA

Para ser completado por el director de la escuela u otro de la escuela
(favor de imprimir)

Nombre del estudiante	Fecha del cumpleaños	Grado	Escuela
Nombre de los padres	idiomas		
Número de teléfono u otro manera de contactar	La fecha de hoy		

Evaluación de necesidades

Marca la respuesta con cheque (✓)

4. ¿Tienen algunos de sus niños problemas medicales que intervienen con su habilidad de aprender? Sí No

Explique: _____

5. En qué áreas necesitan sus niños ayuda adicional en escuela?

	Lectura	Matemáticas	Idioma	Otra (especifique)
Niño 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Niño 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Niño 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

6. ¿Tienen todos sus niños sus inmunizaciones corrientes?

Sí No No sé

4. ¿Tiene usted los registros de la inmunización? Sí No No sé

5. ¿Ha establecido usted un seguro primario para la salud?

Sí No No sé

Si no, ¿Quiere usted información del seguro primario para la salud?

Sí No No sé

Recursos y Referencias

Marca la respuesta con cheque (✓)

4. ¿Quiere usted información de:

El departamento de salud para la pública o comunidad

Sí No

La división de Servicios de Familia

Sí

No

5. ¿Podemos compartir su nombre con estas agencias?

Sí

No

6. ¿Cuándo prefiere usted que llama alguien de la escuela?

por la mañana

por la tarde o noche

Días de la semana:

lunes

martes

miércoles

jueves

viernes

Nombre de la persona completando este forma

Nombre de la persona en la entrevista
Y su relación con los estudiantes