



Resources

Out-of-School Youth



QA Charts



COE

Re-interview Reporting Form

FL MEP Implementation Strategies Meeting IV: ID&R in Florida

September 23-24, 2014

Tallahassee, Florida



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Certificate of Eligibility

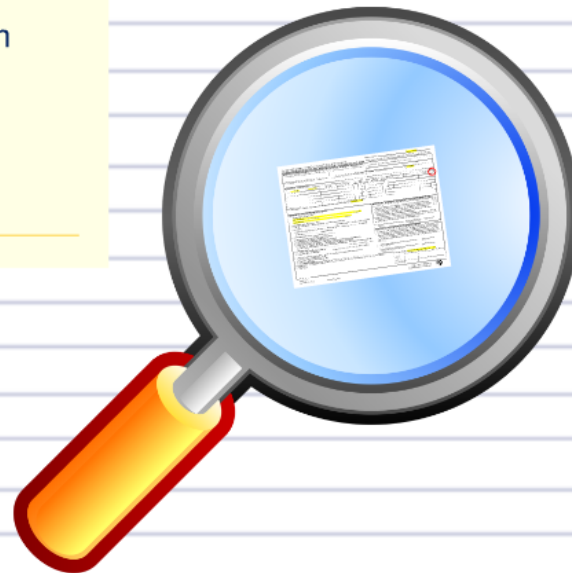
Let's take a closer look at the changes to the 2014/15 COE.



S.T.A.M.P. of Eligibility



- S – School Completion
- T – Time of Move
- A – Age of Child/Youth
- M – Move
- P – Purpose



Re-int
Report

- Refer to pages 54-55 in the ID&R Manual
 - No set time of the year; schedule when families are in the area
- Best practice:*
Conduct as soon after the initial interview as possible

SECTION I: CURRENT PARENT/GUARDIAN/SPOUSE and LEGAL PARENT/GUARDIAN DATA	
1. Current Male Parent/Guardian/Spouse/OSY: (Last name, First name)	2. Legal Male Parent/Guardian: (Last name, First name)
3. Current Address (Street, Rural Route, Lot Number – Physical Address Only)	
City _____ State _____ Zip _____	
Current Female Parent/Guardian/Spouse/OSY: (Last name, First name)	Legal Female Parent/Guardian: (Last name, First name)
4. Home Base (City/State/Country)	
5. Telephone _____	

SECTION II: CHILD DATA														
1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birthplace City State Country	14. School	15. Gr

16. Child/Family Data Comments (e.g., urgent health conditions, non-eligible children in the household, **email address if any**):

SECTION III: QUALIFYING MOVE & WORK
<p>1. The child(ren) listed above moved from a residence in _____ City _____ State _____ Country _____ to a residence in _____ City _____ State _____</p> <p>2. The child(ren) moved (complete both a. and b.): a. <input type="checkbox"/> on own as worker, OR <input type="checkbox"/> with the worker, OR <input type="checkbox"/> to join or precede the worker. b. The worker, _____ First Name and Last Name of Worker _____, is the child or the child's <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> guardian. i. (Complete if "to join or precede" is checked in 2a.) The worker moved on _____ MM/DD/YY _____. The child(ren) moved on _____ MM/DD/YY _____. (provide comment) 3. The Qualifying Arrival Date was _____ MM/DD/YY _____.</p> <p>4. The worker moved due to economic necessity in order to obtain: a. <input type="checkbox"/> qualifying work, and obtained qualifying work, OR b. <input type="checkbox"/> any work, and obtained qualifying work soon after the move, OR c. <input type="checkbox"/> qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work: i. <input type="checkbox"/> The worker has a prior history of moves to obtain qualifying work (provide comment), OR ii. <input type="checkbox"/> There is other credible evidence that the worker actively sought qualifying work soon after the move (provide comment).</p> <p>5. The qualifying work,* _____ describe agricultural or fishing work _____, was (make a selection in both a. and b.): a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work *If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)</p> <p>6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on: a. <input type="checkbox"/> worker's statement (provide comment), OR b. <input type="checkbox"/> employer's statement (provide comment), OR c. <input type="checkbox"/> State documentation for _____ Employer _____.</p>

SECTION IV: PARENT/GUARDIAN/SPOUSE/WORKER/SIGNATURE
<p><i>Check all that apply</i></p> <p>1. I give my permission for my child(ren) to participate in the Title I Migrant Program. Yes / No <input type="checkbox"/> / <input type="checkbox"/></p> <p>2. I give my permission for my child(ren) to be given emergency medical referral services. <input type="checkbox"/> / <input type="checkbox"/></p> <p>3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive my child(ren)'s educational and health records with other districts, educational agencies and pertinent agencies, including the ID&R Office. <input type="checkbox"/> / <input type="checkbox"/></p> <p>I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form is/are eligible for the Title I, Part C, Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.</p> <p>4. _____ Signature Relationship to the child Date</p>

SECTION V: ELIGIBILITY/DATA CERTIFICATION
<p>I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.</p> <p>1. _____ Signature of Interviewer Date</p> <p>2. _____ Signature of Designated SEA Reviewer Date</p>

7. Residency Date (Child Arrival Date) MM/DD/YY	8. COMMENTS Must include <input type="checkbox"/> 2b, <input type="checkbox"/> 4c, <input type="checkbox"/> 5, <input type="checkbox"/> 6a and <input type="checkbox"/> 6b (of the Qualifying Move & Work Section, if applicable):	9. OSY Info ONLY. Was OSY Profile completed? <input type="checkbox"/> Yes <input type="checkbox"/> No												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Last grade attended:</td> <td style="width: 25%;">OSY Sec. II no. _____</td> <td style="width: 25%;">OSY Sec. II no. _____</td> <td style="width: 25%;">OSY Sec. II no. _____</td> </tr> <tr> <td>When (year):</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Where (country):</td> <td> </td> <td> </td> <td> </td> </tr> </table>	Last grade attended:	OSY Sec. II no. _____	OSY Sec. II no. _____	OSY Sec. II no. _____	When (year):				Where (country):			
Last grade attended:	OSY Sec. II no. _____	OSY Sec. II no. _____	OSY Sec. II no. _____											
When (year):														
Where (country):														

Certificate of Eligibility

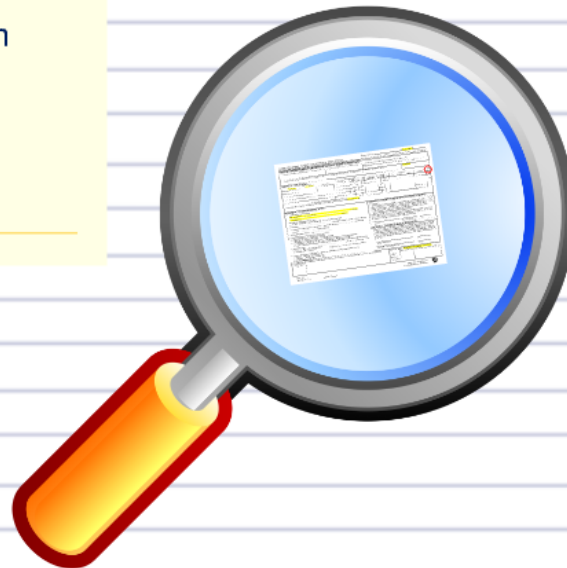
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S.T.A.M.P. of Eligibility



- S – School Completion
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Re-interview Report

- Refer to pages 54-55 in the ID&R Manual
 - No set time of the year; schedule when families are in the area
- Best practice:**
Conduct as soon after the initial interview as possible



Re-interview Reporting Form

Submit to the ID&R Office annually by Oct. 1

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 - No set time of the year; schedule when families are in the area
- Best practice:**
Conduct as soon after the initial interview as possible

Florida Migrant Education Program
Re-Interview Reporting Form

County: Alachua County

Re-Interview Date(s): 09/10 to 09/12/11

How many ODEs were selected for the original sample (Random Sample size):	10
How many of the original sample were re-interviewed:	8
How many were found eligible:	7
How many were found ineligible:	1
How many were non-responsive/not found:	2
Moved away:	1
Not available:	0
Declined to be interviewed:	1

Alternate sample size:	2
How many of the alternate sample were re-interviewed:	2
How many were found eligible:	2
How many were found ineligible:	0
How many were non-responsive/not found:	0
Moved away:	0
Not available:	0
Declined to be interviewed:	0

Form completed by: Sheela
Date: 09/17/11 (Form is due to be submitted annually by October 1st)
Please submit this reporting form and the reasons for every entry to the FLIEDRS Office at: FLIEDRS@fldoe.org
If you have any questions, please call the office at: 850-352-6527.
FLIEDRS Office 09/17/11



- Refer to pages 54-55 in the ID&R Manual
- No set time of the year; schedule when families are in the area

Best practice:

Conduct as soon after the initial interview as possible



**Florida Migrant Education Program
Re-Interview Reporting Form**

District: Palmetto County

Re-interview Date(s): <u>5/1/14 to 5/31/14</u>	
How many COEs were extracted for the original sample (Random Sample size):	<u>10</u>
How many of the original sample were re-interviewed:	<u>8</u>
How many were found eligible:	<u>7</u>
How many were found ineligible:	<u>1</u>
How many were non-responsive/not found:	<u>2</u>
Moved away	<u>1</u>
Not available	<u>0</u>
Declined to be interviewed	<u>1</u>
Alternate sample size:	<u>2</u>
How many of the alternate sample were re-interviewed:	<u>2</u>
How many were found eligible:	<u>2</u>
How many were found ineligible:	<u>0</u>
How many were non-responsive/not found:	<u>-</u>
Moved away	<u>-</u>
Not available	<u>-</u>
Declined to be interviewed	<u>-</u>

Form completed by: Adia Valdez
Date: 9/17/14 (Form must be submitted annually by October 1st)

Please submit the reporting form and the reasons for ineligibility to the FL ID&R Office at:

fl-idr-office@escmail.org.

If you have any questions, please call the office at: 866.963.6677.

Palmetto County – Re-interview Reporting Form

Reason for Ineligibility

We found one (1) family ineligible. This family did not make a qualifying move during the reporting period.





Re-interview Reporting Form

Submit to the ID&R Office annually by Oct. 1

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Florida Migrant Education Program
Re-Interview Reporting Form

County: Alameda County

Re-Interview Date(s): 09/10 to 09/12/11

How many ODEs were selected for the original sample (Random Sample size):	10
How many of the original sample were re-interviewed:	8
How many were found eligible:	7
How many were found ineligible:	1
How many were non-responsive/not found:	2
Moved away:	1
Not available:	0
Declined to be interviewed:	1

Alternate sample size:	2
How many of the alternate sample were re-interviewed:	2
How many were found eligible:	2
How many were found ineligible:	0
How many were non-responsive/not found:	0
Moved away:	0
Not available:	0
Declined to be interviewed:	0

Form completed by: Sheela
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 Please submit this reporting form and the reasons for every entry to the FLIEDRS Office at: FLIEDRS@fldoe.org
 If you have any questions, please call the office at: 850-352-6527.
 FLIEDRS Office Page 1 of 2



ID&R Office



Hillsborough
County

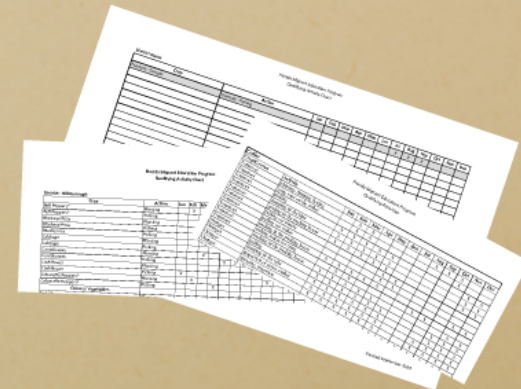


Collier County

Best Practice -

Districts are to review and update this information annually.

Contact Margot Di Salvo at mdisalvo@escort.org for questions regarding the QA charts. This includes districts that want to obtain a copy of the excel file they completed last year.



Submit QA charts to
fl-idr-office@escmail.org

ID&R Office



Hillsborough
County

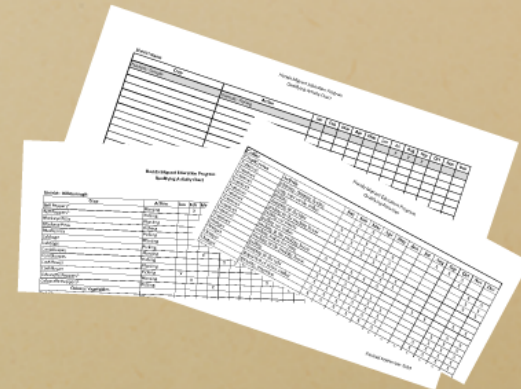


Collier County

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Submit QA charts to
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Download revised profile from the flrecruiter.org website

**Florida Migrant Education Program
Strategies, Opportunities, and Services for Out-of-School Youth (SOSOSY)
OSY PROFILE**

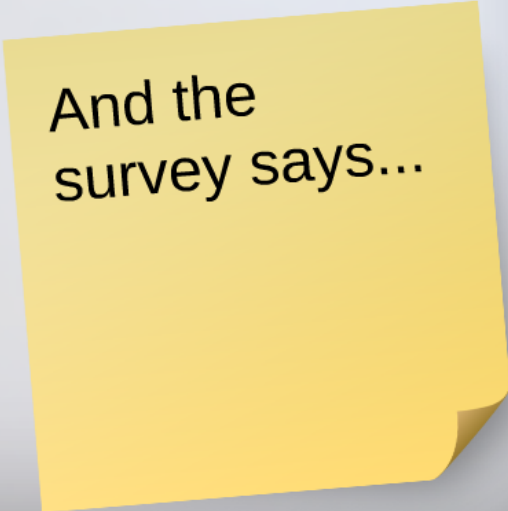
		COE Form #:						
First Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:					
Phone:	Optional: How long is youth planning on being in the area? <input type="checkbox"/> less than 3 months <input type="checkbox"/> 4 or more months <input type="checkbox"/> not sure							
Last grade attended? (Check grade below if applicable)	When (year)?	Where (country)? Or <input type="checkbox"/> Did not attend school						
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1st grade/primero de primaria <input type="checkbox"/> 2nd grade/segundo de primaria <input type="checkbox"/> 3rd grade/tercero de primaria <input type="checkbox"/> 4th grade/cuarto de primaria <input type="checkbox"/> 5th grade/quinto de primaria <input type="checkbox"/> 6th grade/sexta de primaria	<input type="checkbox"/> 7th grade/primero de secundaria <input type="checkbox"/> 8th grade/segundo de secundaria <input type="checkbox"/> 9th grade/tercero de secundaria <input type="checkbox"/> 10th grade/primer y segundo semestres de preparatoria (Bachillerato) <input type="checkbox"/> 11th grade/tercer y cuarto semestres de preparatoria (Bachillerato) <input type="checkbox"/> 12th grade/quinto y sexto semestres de preparatoria (Bachillerato)						
Home language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Health needs: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Urgent <input type="checkbox"/> Other:							
Youth lives: <input type="checkbox"/> With a crew <input type="checkbox"/> With friends outside of work <input type="checkbox"/> With his/her parents/family <input type="checkbox"/> With spouse only <input type="checkbox"/> With spouse & kids <input type="checkbox"/> With kids <input type="checkbox"/> Alone	Advocacy Needs: <input type="checkbox"/> Legal <input type="checkbox"/> Childcare <input type="checkbox"/> Translation/Interpretation <input type="checkbox"/> Other:							
Expressed interest in: <input type="checkbox"/> Learning English <input type="checkbox"/> Job training <input type="checkbox"/> GED <input type="checkbox"/> Earning a diploma <input type="checkbox"/> Not sure <input type="checkbox"/> No interests <input type="checkbox"/> Other:	Reason for leaving school: <input type="checkbox"/> Lacking credits <input type="checkbox"/> Needed to work <input type="checkbox"/> Missed State test <input type="checkbox"/> Other:							
At interview, youth received: <input type="checkbox"/> Educational materials <input type="checkbox"/> Support services <input type="checkbox"/> OSY welcome bag <input type="checkbox"/> Referral(s) (list in comments) <input type="checkbox"/> Other:	Availability: (Check)							
		Sun	M	T	W	Th	F	Sat
	Morning							
	Afternoon							
	Evening							
	Youth is a candidate for: <input type="checkbox"/> Adult Basic Education <input type="checkbox"/> CAMP <input type="checkbox"/> Career exploration <input type="checkbox"/> ESL <input type="checkbox"/> Health Education <input type="checkbox"/> HEP <input type="checkbox"/> HS diploma <input type="checkbox"/> Job training <input type="checkbox"/> Life skills <input type="checkbox"/> MP3 player <input type="checkbox"/> PASS <input type="checkbox"/> Pre GED/CEP <input type="checkbox"/> Other:							
Comments:	Where will youth move to next? Youth does not know. <input type="checkbox"/>							

Signature of interviewer: _____

Revised 9/9/14



And the
survey says...





<http://results.ed.gov/guidelines>

Know
where to
access
resources



<http://www.osymigrant.org/>



Toll Free Phone:

866-963-6677

Phone:

813-963-6677

Fax:

813-964-8985

Email:

fl-idr-office@escmail.org

<http://flrecruiter.org/>





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QA Charts



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