

# Colorado Migrant Education Program Priority for Services (PFS)

Required by law per Sections 1302, 1303, 1304, 1305 and 1306 of Title I part C; Section 9302 of Title IX;

Section 421 (b) of GEPA.

**Definition:** Migrant children who have made a qualifying move within the previous 1-year period AND who are most at risk of failing to meet the challenging State academic standards, or have dropped out of school, are considered Priority for Services and shall receive priority in receiving services that are migrant funded.

**Instructions:** Please complete all information for the demographic section. Only fill in the information you are utilizing as justification for PFS designation for the student based on the definition above. Section 4 should only be filled in if no assessment information is available.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | **First:** | Click here to enter text. | Middle: | Click here to enter text. | Paternal Last: | Click here to enter text. | **Maternal Last:** | Click here to enter text. |
| School Name: | Click here to enter text. | Grade: | Choose an item. | SASID: | Click here to enter text. |
| NGS Family ID: | Click here to enter text. | **QAD: (must be within the last 12 months):** | Click here to enter a date. |
| 1. **State Assessments:** Student is in grades 3-10 and has scored Did Not Meet, Partially Met, or Approaching on the state mandated academic assessments in English Language Arts or Math, within the previous one year period.
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| [ ]  Scored Did Not Meet, Partially Met, or Approaching on ELA CMAS[ ]  Scored Did Not Meet, Partially Met, or Approaching on Math CMAS | [ ]  Scored Emerging or Approaching on ELA CoAlt[ ]  Scored Emerging or Approaching on Math CoAlt |
| 1. **OR – English Language Proficiency Assessment**: Student has not achieved proficiency on the state-mandated English Language Proficiency Assessment, currently level 5 on the literacy and the overall composite scores on ACCESS for ELL’s.
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| [ ]  Non-English Proficient | [ ]  Limited English Proficient |
| 1. **OR – Out of School Youth:** Student who has dropped out of school.
 |
| [ ]  Out of School Youth |
| 1. **OR – A Body of Evidence:** If the criteria in category 1, 2, or 3 are not available for a student/youth, a body of evidence that shows that the student has met, within the preceding 12 months, at least two criteria that put the student most at risk of failing. Check all that apply.
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| [ ]  Student has scored below grade level on the district reading or math assessment  | [ ]  Student has repeated a grade level |
| [ ]  Student is on a school readiness plan that shows s/he entered school below grade level | [ ]  Student is more than one year over age for grade |
| [ ]  Student has been identified by the school district as Non-English Proficient (NEP), Limited-English Proficient (LEP) or Fully English Proficient (FEP) and is being monitored during the first year (FEP M1) or the second year (FEP M2) | [ ]  Student has failed one or more content courses |
| [ ]  Student is identified for services in special education | [ ]  Student has experienced trauma (mental or physical) |
| [ ]  Student is not on track for graduation | [ ]  Student has been expelled. Provide date of expulsion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Student has had multiple suspensions (in-school and/or out-of-school) | [ ]  Student has attempted a High School Equivalency course |
| [ ]  Student has experienced or is experiencing homelessness | [ ]  Student is habitually tardy or absent |
| [ ]  Student is pregnant or a father who is expecting | [ ]  Student has not received full credit for Algebra I or a higher mathematics course by the 11th grade |
| [ ]  Student is already a parent or the primary caregiver of a relative or friend | [ ]  A pre-K child “failing or most at risk of failing” a developmental milestone |
| [ ]  Student is working to support themselves and/or family | [ ]  A pre-K child who is not served by any other educational program |
| [ ]  Student has experienced or is experiencing bullying | [ ]  Other: \_Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Comments:** | Click here to enter text. |
| Designated as Priority for Services: |  [ ]  Yes [ ]  No | Designated as PFS by: |  |
| Signature: |  | Date: |  |

Form 427/19-20[PFS Form] 07/2019