

Migrant Education Program - Region 1
Evergreen School District
Individual Student Needs Assessment Form
 (copy must be placed in student migrant file and cum folder)

Student ID #	Student Name	School	Grade

LANGUAGE CLASSIFICATION (check one)	
ELL	
IFEP	
FEP/RFEP	
EO	
CELDT Overall Level: B/EI/I/EA/A	

SPECIAL NEEDS	Yes	No
Is student in Special Education/504/Kidfind?		
Has student been retained?		

EDUCATIONAL ASSESSMENT	READING	LANGUAGE	MATH
CST Level: FBB/BB/B/P/A			

ENVIRONMENTAL FACTORS	ACADEMIC PROGRESS	ATTENDANCE	ELD PRPGRESS	BEHAVIOR	PARENTAL SUPPORT
Good					
Average					
Below Average					

Would you consider this student at risk? Yes ___ Possibly ___ No ___

List any special needs/accommodations:

List any health concerns:

Name of reporting staff (please print): _____

Position of reporting staff (please print): _____

Signature of reporting staff: _____

Date: _____