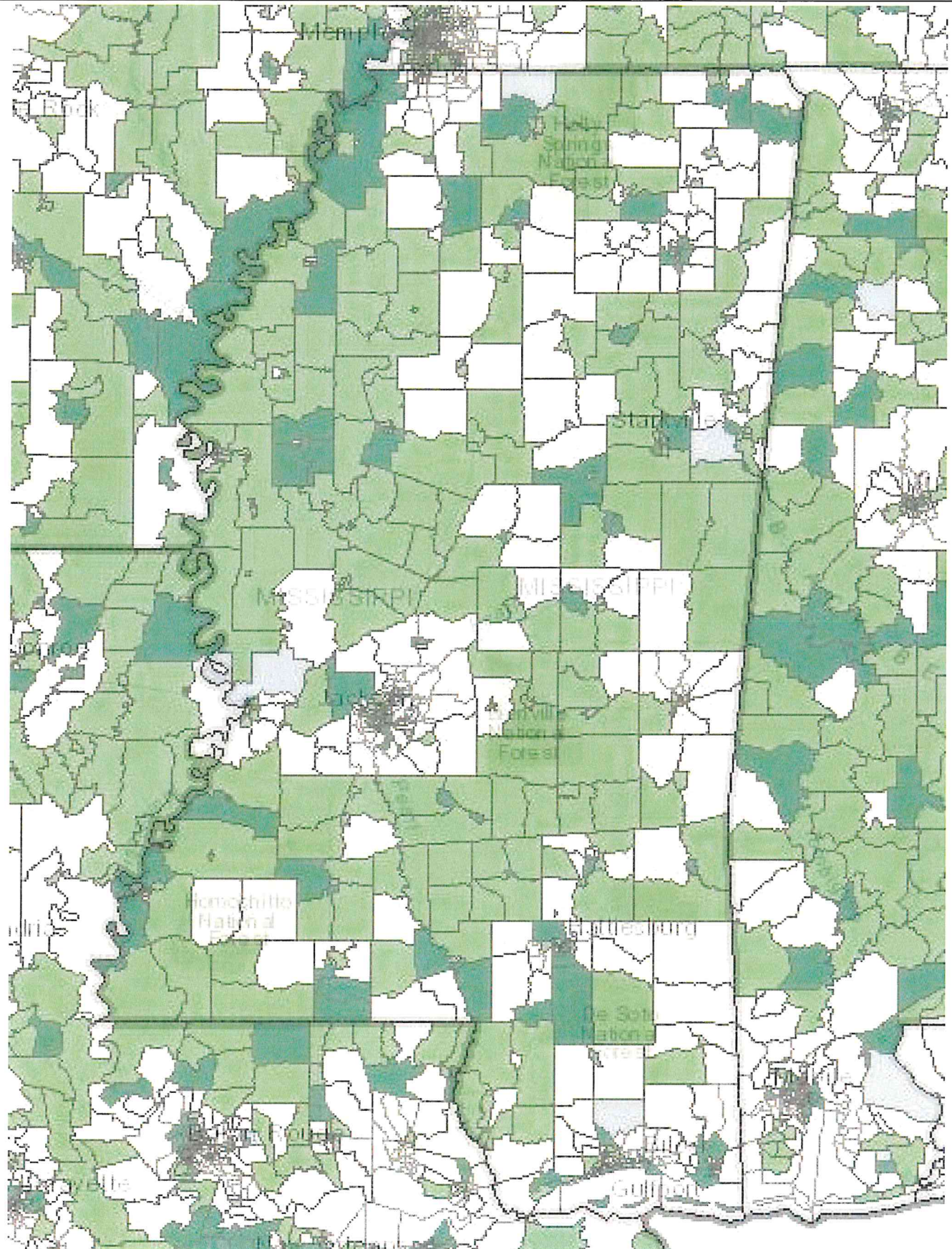


Achieving Through Focus- McKinney-Vento Strategies

Alcorn School District
Corinth, MS

Mississippi Qualified Opportunity Zones -Tracts with a poverty rate of 20 percent or greater, and/or family income of less than 80 percent of the area's median income were eligible for consideration.



ALCORN SCHOOL DISTRICT RESIDENCY FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ How long has **the student** lived at this address?: _____

Is this address: (Circle One) **Temporary** or **Permanent**

Please choose which of the following situations **the student** currently resides in (**you can choose more than one**):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (**other than or in addition to parent/guardian**)

If you are living in shared housing, **please check all of the following reasons that apply:**

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at 662-286-3202 or the State Coordinator at 601-359-3499.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Comprehensive Needs Assessment

Please indicate below any specific needs that your child may have this school year.

Areas of need	My child needs assistance	My child does not need assistance
Homework Help		
Tutoring in Reading		
Tutoring in Math		
Basic School Supplies (Paper/Pencil/Crayons/Etc)		
Counseling services		
Back-Pack		
Binders		
Clothing		
Health Services		

Please list below any other needs not mentioned above.

Child's Name _____ Grade _____



Student:	Grade/Teacher:	Date:
School:	DOB:	MSIS #:

Summary of Discussion: (See back for addition information)

Student Data Examined: (Check all that apply)

<ul style="list-style-type: none"> <input type="radio"/> Prior Retention Information <input type="radio"/> Hearing/Vision Screening <input type="radio"/> Attendance <input type="radio"/> Current Grades/Classroom Performance <input type="radio"/> Universal Screening Data 	<ul style="list-style-type: none"> <input type="radio"/> Behavior/Discipline Records <input type="radio"/> Learning Style Inventories <input type="radio"/> Dyslexia Tendency Screenings <input type="radio"/> Oral Language Assessment <input type="radio"/> McKinney-Vento
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TST/RTI/MTSS Recommendations: (Check all that apply)

<ul style="list-style-type: none"> <input type="radio"/> Parent Contact <input type="radio"/> Student Conference <input type="radio"/> Conduct Behavior Observation <input type="radio"/> Begin/Continue Language Therapy <input type="radio"/> Remain on T1 <input type="radio"/> Begin T2 Interventions <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T2 Intervention Successful/Move Back to T1 <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T2 Intervention Successful/Continue Same Int. Plan: <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T2 Intervention Not Successful/Modify Intervention: <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T2 Intervention Not Successful/Move to T3 <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other 	<ul style="list-style-type: none"> <input type="radio"/> Refer to School Counselor <input type="radio"/> Refer to Community Agency <input type="radio"/> Refer to Mentoring Program <input type="radio"/> Refer to Afterschool Tutoring <input type="radio"/> Begin T3 Interventions <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T3 Intervention Successful/Move Back to T2 <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T3 Intervention Successful/Continue Same Int. Plan: <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T3 Intervention Not Successful/Modify Intervention: <ul style="list-style-type: none"> _____ ELA _____ Math _____ Behavior _____ Other <input type="radio"/> T3 Intervention Not Successful/Refer to LSC <input type="radio"/> Other: _____
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Grades as of Meeting:

Subject	Progress Report	Term 1	Progress Report	Term 2	Sem. 1	Progress Report	Term 3	Progress Report	Term 4	Final Average
Reading										
Language										
Spelling										
Math										
Science										
Social Studies										

Most Current Universal Screener Results:

Screener	Date	Results
I-Ready Reading		
I-Ready Math		
REACH Behavior		

Current Intervention(s): (if applicable)

Area	Current Skill Being Addressed	Current Intervention	New Skill (if applicable)	New Intervention (if applicable)
Reading				
Math				
Behavior				
Other:				

***Person Responsible for Interventions: _____

RTI/MTSS Members (Title) Present:
