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| **Name of Grant Program:** Massachusetts Migrant Education Program  | **Fund Code: *308*** |

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| Fiscal Year 2020 (FY20)PART III – REQUIRED PROGRAM INFORMATION |

1. **ORGANIZATIONAL STRUCTURE:** *All information provided in section I should match Part II – Budget and Narrative pages*
2. ***Please complete the following organizational chart by providing position, staff name, and office location for administrative staff and for services provide the titles. You may adjust the chart (using SmartArt) accordingly.***

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1. ***Please complete the table for office location information:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Main Office** | **Western Region** | **Eastern Region** | **Satellite Location for Southeast** |
| **Location:** | EDCO Collaborative |  |  |  |
| **Address:** | 36 Middlesex Turnpike Bedford, MA  |  |  |  |
| **Contact Phone Number:** |  |  |  |  |

1. **Identification and Recruitment**

***Briefly describe plans for identification and recruitment activities. Consider the following areas:***

* ***Training and testing of staff***
* ***Collaboration efforts***
* ***Tools and techniques***
1. **Eligibility and Quality Control**
2. ***Briefly describe the results of the internal re-interviewing conducted in March 2019 as outlined in the FY19 RFP. Indicate if there will be any changes to the eligibility and quality control processes as a result.***
3. ***Briefly describe the process for follow-up notification to the school and/or district of a student’s eligibility status. Especially consider if the school/district was contacted prior to the determination.***
4. **PARENT/FAMILY ENGAGEMENT**

***Briefly describe planned activities for parent and family engagement activities for the FY20 program. Consider the following areas:***

* ***State Parent Advisory Council Meetings***
* ***Regional Parent Advisory Council Meetings***
* ***Parent Workshops***
* ***Family Activities***
* ***Community Resources***
1. **SERVICES AND EVALUATION**
2. ***Based upon the evaluation results, please complete the following table with any revisions to the Measurable Program Objectives (MPOs) for the Goal Areas. Adjust the table accordingly.***

|  |  |
| --- | --- |
| **Goal Area 1:** | **ELA, Math and Science Achievement** |
| **MPO:** |  |
| **Goal Area 2:** | **School Readiness** |
| **MPO:** |  |
| **Goal Area 3:** | **High School Graduation** |
| **MPO:** |  |
| **Goal Area 4:** | **Out-of-School Youth (OSY)** |
| **MPO:** |  |

1. ***Based upon the evaluation results, briefly describe any needs identified and services to be provided in FY20 that would be a change from FY19.***
2. ***Complete the following chart for direct and/or indirect services for FY20 for Preschool to Grade 12 migrant students. Be sure to include services planned for OSY and/or drop out students, secondary students transitioning to post-secondary education or employment, and priority for services students. Adjust chart accordingly.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Student Group*** | ***Service Type*** | ***Location*** | ***Timeline (School Year, Summer etc)*** | ***Program*** | ***Curriculum*** | ***Assessment Tool*** | ***Partners*** |
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1. **DATA COLLECTION**
2. ***Briefly describe any changes to obtaining data from local school districts; other states; and/or other entities (such as MOU’s).***