

**Florida Migrant Education Program  
Out-of-School Youth Services Portfolio**

District Winchester County Name Ana Martin Date 4/4/14

**Quadrant (Educational Outcomes Chart)**

COE # 1314 789100 I  II  III  IV  OSY Profile Completed

**Instructional Service**

SERVICE/FOCUS	Type of Service Provided – Measurable Program Outcome		Post Services Summary # of hours of instruction
	Survival English/Life Skills	Building Educational Capacity	
<input type="checkbox"/> Adult Basic Ed			
<input type="checkbox"/> CAMP			
<input type="checkbox"/> Career Exploration			
<input type="checkbox"/> ESL Instruction			
<input type="checkbox"/> Health Education			
<input type="checkbox"/> HEP			
<input type="checkbox"/> HS Diploma			
<input type="checkbox"/> Job Training Referral			
<input type="checkbox"/> Life Skills			
<input type="checkbox"/> MP3/Mobile Technology			
<input type="checkbox"/> PASS			
<input checked="" type="checkbox"/> Pre-GED/GED Prep		<input checked="" type="checkbox"/>	10
<input type="checkbox"/> Other			

**Supportive Service/Referral**

<input type="checkbox"/> Medical	<input type="checkbox"/> Vision	<input type="checkbox"/> Dental
<input type="checkbox"/> Legal	<input type="checkbox"/> Childcare	<input type="checkbox"/> Hearing Screening
<input type="checkbox"/> Counseling re-enroll in school	<input type="checkbox"/> Translation/Interpretation	
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Other	

**Describe Services**

Provided transportation to Planned Parenthood; Ana met with a counselor who provided safety information. Provided transportation to Lorenzo Walker Technical Center so that Ana could take the GED exam.

**Florida Migrant Education Program  
Out-of-School Youth Services Portfolio**

District Winchester County Name Ana Martin  
 COE # 1314 123456

**Service Log**

Date/Time Served		Services Provided/Outcomes
Date:	4/5/14	Taught Ana GED prep course.
Time:	1:00-3:00 pm	
Date:	4/8/14	Taught Ana GED prep course
Time:	6:00-8:00 pm	
Date:	4/12/14	Taught Ana GED prep course.
Time:	1:00-3:00 pm	
Date:	4/15/14	Taught Ana GED prep course.
Time:	6:00-8:00 pm	
Date:	4/19/14	Taught Ana GED prep course.
Time:	1:00-3:00 pm	
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		

**Additional Comments/Notes**

---



---



---



---



---

## **Florida Migrant Education Program Out-of-School Youth Services Portfolio**

The **OSY Services Portfolio** is a record-keeping tool that has been adapted from the SOSOSY Student Services Plan to help Florida migrant educators keep track of the educational and supportive services that they provide or refer to their OSY. This tool would be particularly useful for a Migrant Education Program (MEP) that does not have an established process for reporting on the types of services they offer to their OSY population.

### **Instructions for Completing the OSY Services Portfolio:**

**District** – Enter district name.

**Name** – Write OSY's name, first then last. Make sure that the name matches the COE.

**COE #** – Enter the corresponding COE #

**Date** – Record date that a plan has been initiated.

**Instructional Service** – Fill out this section only if specific instructional services have been provided or referred.

**Service/Focus** – Check type of instruction offered. More than one category may be checked (e.g. ESL Instruction and Job Training)

**Type of Service Provided** – Indicate with a check mark the measurable program outcome (MPO). Both MPOs may be checked.

- **Survival English Skills** – Percentage of migrant OSY (expressing an interest and then) receiving survival English skills will increase over the next three to five years (CNA<sub>2</sub>)
- **Building Capacity** – Percentage of migrant OSY receiving support to access educational resources in communities where they live and work needs to increase over the next three to five years (CNA<sub>2</sub>)

**Post Services Summary** – This section is to be filled out once the instructional services are completed.

**Number of Hours of Instruction** – Fill out total number of instructional hours completed.

**Supportive Service** – Fill out this section only if specific supportive services have been provided. Check all services provided.

**Describe Services** – Describe type and frequency of services provided.

**Service Log** – Record the date, time, and description of each service or activity that is provided. Include the outcomes.

**Additional Comments/Notes** – Optional; use this section to document additional information or notes.