



**Florida Migrant Education Program
2017- 18 Re-Interview Form**

Re-Interview No.: _____

Student Name:		Qualifying Arrival Date: (Target QAD)													
District:		DOB:	Grade:												
Address: <input type="checkbox"/> Same as COE <input type="checkbox"/> Different from COE (include new address below)															
<input type="checkbox"/> Attempt #1		<input type="checkbox"/> Attempt #2													
Date:	Time:	Date:	Time:												
<input type="checkbox"/> Home/Made Contact		<input type="checkbox"/> Home/Made Contact													
<input type="checkbox"/> Declined Interview		<input type="checkbox"/> Declined Interview													
<input type="checkbox"/> No one home/No Answer		<input type="checkbox"/> No one home/No Answer													
<input type="checkbox"/> Moved away (select reason below)		<input type="checkbox"/> Phone Call													
Moved Away		<input type="checkbox"/> Neighbor indicated family moved													
Indicate reason:		<input type="checkbox"/> Residence empty/abandoned <input type="checkbox"/> Other:													
Interviewer (print name):															
Person Interviewed (print name):		(Check relationship to student) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:													
<p>1. When and where was [insert name of worker on COE] living before moving here? What was the type of work did he/she do? (Capture recent history of moves.)</p> <p><i>¿Cuándo y dónde vivió el trabajador antes de mudarse hacia acá? ¿Qué tipo de trabajo hizo?</i></p> <p>Move A – current move; Move B – move before A (if occurred); Move C – move before B (if occurred)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">When/Cuándo</th> <th style="width:33%;">From-To/Desde-Hacia</th> <th style="width:33%;">Work/Trabajo</th> </tr> </thead> <tbody> <tr> <td> Move A Date: <u>mm/dd/yy</u> Within 36 months of [COE sec. III no. 4]? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td></td> <td></td> </tr> <tr> <td> Move B Date: <u>mm/dd/yy</u> Within 36 months of [COE sec. III no. 4]? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td></td> <td></td> </tr> <tr> <td> Move C Date: <u>mm/dd/yy</u> Within 36 months of [COE sec. III no. 4]? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td></td> <td></td> </tr> </tbody> </table>				When/Cuándo	From-To/Desde-Hacia	Work/Trabajo	Move A Date: <u>mm/dd/yy</u> Within 36 months of [COE sec. III no. 4]? <input type="checkbox"/> Yes <input type="checkbox"/> No			Move B Date: <u>mm/dd/yy</u> Within 36 months of [COE sec. III no. 4]? <input type="checkbox"/> Yes <input type="checkbox"/> No			Move C Date: <u>mm/dd/yy</u> Within 36 months of [COE sec. III no. 4]? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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1a. If [COE Sec. III No. 4 date] is not listed in question #1, ask for an explanation.															
<p>2. When the worker moved on [COE Sec. III No. 4 date], what type of work did he/she do or actively look for? (ask #2a if "temporary" is checked)</p> <p><i>¿Cuándo se mudó el trabajador en _____, que tipo de trabajo hizo o buscó activamente? (pregunta #2a si marca "temporary")</i></p>		<input type="checkbox"/> Agricultural OR <input type="checkbox"/> Fishing <p align="center">AND</p> <input type="checkbox"/> Seasonal OR <input type="checkbox"/> Temporary													
<p>2a. (ask if "temporary" is checked in #2) When the work first started, how long did the worker intend to work?</p> <p><i>Cuando empezó el trabajo, ¿cuánto tiempo intentó trabajar?</i></p>		Length of employment: _____													

<p>3. Did the worker move due to economic necessity, from one residence to another, and across school district lines? <i>¿El trabajador se mudó debido a necesidades económicas, de una residencia, y cruzando distritos escolares?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Did the child move due to economic necessity, from one residence to another, and across school district lines? <i>¿El niño/niña se mudó debido a necesidades económicas, de una residencia a otra, y cruzando distritos escolares?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3a./4a. If the response to #3 and/or #4 is "no", ask for an explanation.</p>	
<p>5. Did the child last move <input type="checkbox"/> AS <input type="checkbox"/> WITH <input type="checkbox"/> TO-JOIN or PRECEDE the worker? (If TO-JOIN/PRECEDE, what was the last date the child moved?) Date: <u>mm/dd/yy</u> <i>¿Se mudó el niño/la niña como, junto con, para unirse con o antes del trabajador? Si fue para unirse con o antes del trabajador, ¿en qué fecha se mudó el niño/la niña? Fecha:</i></p>	
<p>6. List the full names and ages (at time of move) of all the children who made the move on [Target QAD]? <i>¿Cuáles son los nombres completos y las edades de todos los niños que hicieron la movida/mudanza en (Target QAD)?</i></p>	
<p>7. Are the children that are living with you under 22 years old? <i>¿Los niños que viven con usted tienen menos de 22 años?</i></p>	<p>(Under 22 years old?) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Have any of your children graduated from high school or obtained a GED? If yes, when did they graduate? <i>¿Se han graduado de la escuela superior o han obtenido un diploma de equivalencia (GED) algunos de sus hijos? ¿Si? ¿Cuándo (mes, año)?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when (MM/YY) _____</p>
<p>Re-interviewer notes (optional)</p>	

To the best of my knowledge, the information documented on this form is correct.

De acuerdo a mi conocimiento y entendimiento, la información estipulada en éste documento es verdadera.

Signature of person interviewed: _____ Date: _____

Signature of re-interviewer: _____ Date: _____

If re-interview is completed by phone –

Location (city, state) of person interviewed: _____

Phone number of person interviewed: _____

FOR LOCAL MEP ADMINISTRATOR USE ONLY

LOA Administrator Signature: _____

Review Date: _____

<input type="checkbox"/> Eligible as documented on COE	<input type="checkbox"/> Eligible with corrections on COE required	<input type="checkbox"/> Need more information to make determination	<input type="checkbox"/> Not Eligible
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FOR STATE ID&R OFFICE USE ONLY

State ID&R Office Staff Signature: _____

Review Date: _____

<input type="checkbox"/> Eligible as documented on COE	<input type="checkbox"/> Eligible with corrections on COE required	<input type="checkbox"/> Need more information to make determination	<input type="checkbox"/> Not Eligible
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