

## Re-Interview Number:\_\_\_\_\_

Student Full Name: (prepopulate)	Child's Qualifying Arrival Date (QAD) or 2bi (to-join/precede)							
District:	DOB:	Grade:	(prepopulate): <u>mm/dd/yy</u>					
Address:  Same as COE Different from COE (include new address below)								
□ Attempt #1	□ Attempt #2		🗆 Attempt #3					
Date: mm/dd/yy Time:	Date: <u>mm/dd/yy</u> Time:		Date: <u>mm/dd/yy</u> Time:					
Made contact (in-person or phone call)	Made contact (in-person o	r phone call)	Made contact (in-person or phone call)					
Declined interview	Declined interview		Declined interview					
No one home/No answer	No one home/No answer		No one home/No answer					
Moved away (select reason below)								
Moved AwayIn New occupants in residenceIn Neighbor indicated family movedSelect reason:In Residence empty/abandonedIn Other:								
Interviewer (print name):	:							
Person Interviewed (print name):			(Select interviewee's relationship to student) □ Parent/Guardian □ Self □ Spouse □ Other:					
*Date individual established him/herself as a migratory qualifying worker.  1. When and where was								
When/ <i>Cuándo</i>	From-To /Desde-Ha		Work/ <i>Trabajo</i>					
Enter Move A Date: mm/dd/yy       □         Is this within 30 days of the EWD?       □         □       Yes       □       No	From City, ST (or Country) / To Cur	rent City, ST						
Enter Move B Date: <u>mm/dd/vv</u> Is this within 30 days of the EWD? Yes I No	From City, ST (or Country) / To	OCity, ST						
Enter Move C Date: <u>mm/dd/yy</u> Is this within 30 days of the EWD? Yes I No	From City, ST (or Country) / To	OCity, ST						
1a. If the EWD is not listed in question #1 (within 30 days), ask for an explanation.								
<ol> <li>When the worker moved on the EWD, what type of work did he/she do or actively seek? <u>Must ask #2a if "temporary" is checked</u>.</li> </ol>								
¿Cuándo se mudó el trabajador activamente? (pregunta #2a si	ó 🛛 Seasonal OR 🗆 Temporary							
2a. When the employment first a work? If the employment ha Must ask if "temporary" is check Cuando empezó el trabajo, ¿cua	Length of employment:							



3.	Did the worker m another and acro	🗅 Yes 🗖 No					
	<i>¿El trabajador se n cruzando distritos (</i>						
4.	Did nam from one residen ¿El niño/niña se mu cruzando distritos o	🗅 Yes 🗖 No					
5. Did the child last move a AS a WITH a TO-JOIN or PRECEDE (2bi) the worker?							
¿Se mudó el niño/la niña como, junto con, para unirse con o antes del trabajador?							
6.	Enter the date th ¿En qué fecha? ¿De	Is this within 30 days of the child's					
	Date the child me		QAD or 2bi?				
	From: City	, ST (our Country)	То:	City, ST	🗆 Yes 🗖 No		
7. List full names and ages (at time of move) of the children who made the move on date listed in #6. ¿Cuáles son los nombres y las edades de los niños que hicieron la movida/mudanza en la pregunta #6?							
8.		o made this move grad the U.S.? If yes, when		school or obtained an	🗆 Yes 🛛 No		
			If yes, when (MM/YY)				
	<i>¿Se han graduado de la escuela superior o han obtenido un diploma de equivalencia</i> (GED) en EE.UU. algunos de los niños que hicieron la mudada? ¿Si? ¿Cuándo?						
<ul> <li>9. Re-interviewer notes – Use this space to provide explanations if needed.</li> <li>If the response to #3 and/or #4 is "no", ask for an explanation.</li> <li>If date in #6 is not within 30 days of the child's Target QAD or 2bi, ask for an explanation.</li> <li>If any child listed in #7 is not listed on the COE, provide a clarification.</li> </ul>							
To the	e best of my knowle	dge, the information doc	umented on this fo	rm 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:							
	interview is comp						
Location (city, state) of person interviewed:							
Phone number of person interviewed:							
FOR LOCAL MEP ADMINISTRATOR USE ONLY							
	dministrator Signat			Review Date:			
do	gible as cumented on COE	Eligible; corrections required on COE	Eligible; new COE required	Need more information to make determination	Not Eligible – Remove from MEP count		
FOR STATE MEP ID&R OFFICE USE ONLY							
State ID&R Office Staff Signature: Review Date:							
	gible as cumented on COE	Eligible; corrections required on COE	Eligible; new COE required	Need more information to make determination	Not Eligible – Remove from MEP count		