

**Florida Migrant Education Program  
2014/15 Out-of-School Youth Services Portfolio**

District \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**Quadrant (Educational Outcomes Chart)**

COE # \_\_\_\_\_ 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
	Access Resources	Survival English Skills	Life Skills Training	Reengagement in School	
<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 type="checkbox"/> Pre-GED/GED Prep					
<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 type="checkbox"/> Transportation		<input type="checkbox"/> Other

**Describe Services**

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District \_\_\_\_\_ Name \_\_\_\_\_  
COE # \_\_\_\_\_

**Service Log**

Date/Time Served		Services Provided/Outcomes
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		
Date:		
Time:		

**Additional Comments/Notes**

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## **Florida Migrant Education Program 2014/15 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). Check all that apply.

- **Access Resources** (i.e., support to help OSY access resources (educational, health, advocacy, etc.) in communities where they live and work)
- **Survival English Skills** (i.e., basic English for use at work, home, and in the community)
- **Life Skills Training** (i.e., how to balance a checkbook, time management training)
- **Reengagement in School** (i.e., assisting OSY toward graduating high school/alternative program)

**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. Example: Date - 12/10/14 Time – 10:00-11:00am

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