North Carolina Migrant Education



***Continuation of Services Student Record***

This record should be maintained on site for each Continuation of Services (COS) student and be available for review during Program Quality Review and Consolidated Monitoring.

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| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_  COE Number: UID Number: Date of COS Determination *(to be left blank until approval)* End of Eligibility Date  Provision (check one): 1 2 3  *In the table below, place an “X” if a service is provided.* | | | | | | | |
|  | In School  Tutorials | After  School  Tutorials | Summer  School | Home-  Based  Programs | Pre-K  Services | OSY  Services | Other  (Specify) |
| MEP  Services  Available |  |  |  |  |  |  |  |
| District  or Other Provider Services Available |  |  |  |  |  |  |  |
| Notes and justification for COS: | | | | | | | |
| Goals for COS: | | | | | | | |
| Strategies to be used/Services to be provided: | | | | | | | |
| Person making COS Determination: Date: | | | | | | | |