***Certificate of Eligibility Review Form***

**North Carolina Migrant Education**

**Quality Assurance System**

**LEA**:

**Date COE was received:** / /

**Date COE was reviewed:** / /

**Student(s) Name(s):**

**Qualifying Arrival Date:**

/ /\_

**Recruiter:**

 **COE Reviewer**:\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COE item to be reviewed** | **Not****Applicable** | **Yes** | **No****(Explanation of error or missing data)** | **Date of corrections** |
| The COE was completed in blue or black ink. |  |  |  |  |
| Any change made is initialed and dated by the person making the change. |  |  |  |  |
| **Section I: Family Data** |
| The parent’s/guardian’s name includes the first name and last name(s). If the worker is the child, his/her name is written in this section. |  |  |  |  |
| The family’s current address is complete. |  |  |  |  |
|  | **Section II: Child Data** |  |
| The name of each eligible child includes last name 1, mother’s maiden name, first name, and middle name (when applicable). |  |  |  |  |
| **“Race**” is identified for all students. Ethnicity is identified for Hispanic students. |  |  |  |  |
| The **“Birth Date”**  includes the month, day and year. The **“Birth Date”** is before the **“QAD.”** Two-digitsnumbers to refers to the month and day, and the last two-digits for the year**.** |  |  |  |  |
| Multiple Birth Flag (MB). Record “Y” for yes if the child is a twin, triplet, etc. Write “N” for No if the child is not a twin, triplet, etc. |  |  |  |  |
| If a response may not be required or does not apply, a dash (**-**) or **NA**is required. No empty spaces   |  |  |  |  |
| The **“Residency Date”**  includes the month, day and year. This must becompleted for each child. Used 2 digit-numbers MM/DD/YY |  |  |  |  |
| **Section III: Qualifying Move & Work** |
| 1. The **“from”** and **“to”** information meets criteria of crossing established school district boundaries. |  |  |  |  |
| 2.a. One of the boxes is marked for **“the child(ren) moved.”** |  |  |  |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **COE item to be reviewed** | **Not** **Applicable** |  **Yes** | **No** **(Explanation of error or missing data)** |  **Date of**  **corrections** |
| 2.i. If the **“to join or precede the worker”** box is marked, the worker and child(ren) move dates are included; correct comments are also provided inthe “Comments” section. |  |  |  |  |
| 2.b. The **“worker’s name”** includes the first name and last name(s). The relationship is marked. |  |  |  |  |
| 3. The **“QAD”**includes the month, day and year recorded using two-digit numbers that refers to the month, day and last two-digits for the year  |  |  |  |  |
| 4. The date is specified for “**the worker moved due to economic necessity.”** |  |  |  |  |
| 4. The **“from”** and **“to”** residences are indicated for the worker |  |  |  |  |
| 4a. If box 4a is checked, **but the worker engaged in work more than 60 days after the move,”** a comment explaining the reason for the delay mustbe entered into the comments section. |  |  |  |  |
| 4b. If “**The worker has sought work AND has a prior history of moves”**box is marked, a correct comment is included in the “Comments” section(type of work, places, dates, etc.). At least 2 **RHM**, including dates and **QW** are documented.  |  |  |  |  |
| 5. The **“qualifying work”** specifies the activity and the crop and corresponds with the **“QAD.”** The work can only involve production, initialprocessing, cultivation, and/or harvesting. |  |  |  |  |
| 5.a.b. The **“seasonal”** or **“temporary”** box is marked and the**“agricultural”** or **“fishing”** box is also marked accordingly. |  |  |  |  |
| 6.a.b. If the **“temporary”** box is marked, then the **“worker’s statement”** or **“employer’s statement”** box is also marked and a correct comment is included in the “Comments” section. |  |  |  |  |
| **Section V: Parent/Guardian/Spouse/Worker Signature** |
| The interviewee signed and dated the COE. The interviewee noted the relationship to the child. If no signature due to a pandemic (COVID-19) a comment is necessary.  |  |  |  |  |
| **Section VI: Eligibility Data Certification** |
| The recruiter signed and dated the COE. The **“interview date”** is on orafter the **“QAD.”** |  |  |  |  |
| **Final Review** |
| Each section of the COE is complete |  |  |  |  |
| Any additional change made is initialed and dated by the person making the change. |  |  |  |  |

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