



## Migrant Education Program Preschool Affirmation of Consultation

*Preschools promote the school readiness of children ages three to five by enhancing their cognitive, social, and emotional development.*

Consulted Preschool Staff Name:		Title:	
District/Charter/Private School:		Phone:	Email:
MEP Staff Name and District:			
<b>Attempt 1</b>		<b>Attempt 2</b>	
Date: _____	Time: _____	Date: _____	Time: _____
<input type="checkbox"/> Virtual: Consultation completed	<input type="checkbox"/> In-Person: Consultation completed	<input type="checkbox"/> In-Person: Consultation completed	
<input type="checkbox"/> Virtual: Rescheduled	<input type="checkbox"/> In-Person: Rescheduled*	<input type="checkbox"/> In-Person: Rescheduled*	
<input type="checkbox"/> Virtual: Declined	<input type="checkbox"/> In-Person: Declined*	<input type="checkbox"/> In-Person: Declined*	
<input type="checkbox"/> Virtual: No-show	<input type="checkbox"/> No one available: left message	<input type="checkbox"/> No one available: left message	
<input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Other (explain below)	
Other:			
If in-person visit was rescheduled or declined, please provide their contact information, reason for rescheduling, and follow-up:			
Current number of preschool seats occupied, and date:		Current number of seats available, and date:	
Method of Instruction: <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person <input type="checkbox"/> Hybrid		Number of eligible migratory students identified by the Project:	
Preschool Hours (include times and days):		Number of children whose parents/guardians are interested in preschool:	
If the preschool has seats available for eligible migratory students, please describe barriers and/or challenges preventing migratory students from enrolling in this Preschool ( <i>MEP Staff to consult with parents/guardians prior to filling out this section</i> ):			
I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief.			
Preschool Staff Name & Signature: _____		Date: _____	
MEP Staff Name & Signature: _____		Date: _____	