Migrant Education Program

Preschool Affirmation of Consultation

Preschools promote the school readiness of children ages three to five by enhancing their cognitive, social, and developmental milestones.

Consulted Preschool Staff Name:	Title:	
District/Charter/Private School:	Phone:	Email:
MEP Staff Name and District:		

Attempt 1	**Attempt 2**	**Attempt 3**
Date: Time:	Date: Time:	Date: Time:
☐ Virtual: Consultation completed	☐ In-Person:Consultation completed	☐ In-Person: Consultation completed
☐ Virtual: Rescheduled	☐ In-Person: Rescheduled*	☐ In-Person: Rescheduled*
☐ Virtual: Declined	☐ In-Person: Declined*	☐ In-Person: Declined*
☐ Virtual: No-show	☐ No one available: left message	☐ No one available: left message
☐ Other (explain below)	☐ Other (explain below)	☐ 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: ☐ Virtual ☐ In-Person ☐ Hybrid Preschool Hours (include times and days):	Number of eligible migratory students identified by the Project: 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 (*MEP Staff to consult with parents/guardians prior to filling out this section*):

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: _____

Arizona Migrant Education Program (MEP)

Preschool Consultation Form- Program Narrative Questions

This form is **required** if a MEP Project is planning to provide instructional services to eligible migratory children ages 3-5 (not enrolled in kindergarten) during the regular school day.

Note: If MEP project is only providing instructional services to this population outside of the regular school day and/or during intercessions, then it is **not necessary** to complete this form.

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Question 1: Using available sources of data (MIS2000, MSIX, MSIX Child Mobility Reports, SIS, parent surveys, LCNA Tool-2 etc.), please explain the need for a MEP-funded preschool.

Question 2: Please describe how the MEP-funded preschool will not supplant early childhood instructional services provided by the public districts or community agencies in district boundaries.

Question 3: Please describe how the LEA will ensure that data for the MEP-funded preschool will be submitted to MIS2000 and will accurately report student counts and services during the performance period.

Arizona Migrant Education Program (MEP)

Preschool Consultation Form- Attestations for FY27

In operating a MEP-funded daytime preschool, the MEP Project is aware and attests to the following (please check all boxes):

- ☐ ***Funding available to LEA for MEP-funded preschool is subject to approval on a yearly basis, and LEA submitting an application does not guarantee approval.***
- ☐ ***Staff hired for MEP-funded preschool are informed that their position is grant-funded and contingent to funding application approval.***
- ☐ ***Staff providing instruction for the MEP-funded preschool are appropriately certified.***
- ☐ ***LEA will report an accurate and unduplicated count of services provided to eligible migratory children ages 3-5 (not enrolled in kindergarten) during the performance period.***
- ☐ ***At least one of the Migrant Parent Advisory Council (MPAC) meetings held during the performance period will be used to collect parent surveys (e.g., needs assessment and data evaluation surveys, district surveys, etc.).***
- ☐ ***LEA will ensure that the operation of the MEP-funded preschool does not supplant any other instructional services available to migratory children ages 3-5 (not enrolled in kindergarten).***
- ☐ ***By operating a MEP-funded daytime preschool, LEA will participate in designated monitoring cycle.***

LEA Migrant Education Program Official:

_____	_____	_____
Name	Title	Signature

ADE Migrant Education Program Official:

_____	_____	_____
Name	Title	Signature

Date of Approval by ADE
MEP Director