



Priority for Services Form

Section 1304(d) of ESSA — Title I, Part C (Migrant Education Program)

"In providing services under this part, each State educational agency shall give priority to migratory children who have made a qualifying move within the previous 1-year period and who are failing, or most at risk of failing, to meet the challenging State academic standards, or who have dropped out of school."

DIRECTIONS

- **Purpose:** Every Kansas MEP Project District is required to maintain a list of eligible migrant students and students receiving services. The eligibility list must indicate whether each student is a Priority for Services (PFS) student. This form provides documentation of the determination for audit purposes.
- **Data Entry:** Regardless of whether a student meets PFS criteria, ALL at-risk information must be entered into the Migrant data system. The data supports district MEP allocation decisions and ensures portability when students move.
- **Required Documentation:** Each district must maintain: (1) List of eligible migrant students, (2) List of PFS students, (3) List of available services, and (4) List of students receiving services.
- **Form Completion:** Complete this form for each PFS student. Completed forms must be on file at the district and readily available to auditors and KSDE staff.

PRIORITY FOR SERVICES – Criteria Summary

To be identified as a PFS migrant student, BOTH conditions must be met:

1. Table A – Interruption (Item 1 MUST be checked):

An interruption of services must occur within the preceding 12 months (the Performance Period). The interruption must relate to the migrant lifestyle. Out-of-School Youth (OSY) automatically meet this requirement.

2. Table B – At Risk Criteria (Items 2-12, at least 1 must be checked):

At-risk criteria must occur during the current performance period or within the previous two performance periods. State assessments from other states must be verified through school records.

ADDITIONAL GUIDANCE NOTES

- Interruption: Interruption must relate to the migrant lifestyle — a two-week vacation does not qualify.
- At-Risk Period: At-risk criteria must occur during the current or previous two performance periods.
- Out-of-State Assessments: State assessment results from other states must be verified through school records or the Migrant Data System.
- Norm-Referenced Tests (NRTs): NRTs refer to nationally normed assessments. Use reading and/or math results only — not science or social studies.
- Proficiency Test Abbreviations: LAS = Language Assessment Scales; IPT = IDEA Proficiency Test; LPTS = Language Proficiency Test Series. These are commercial English language proficiency tests, along with the Kansas English Language Proficiency Assessment (KELPA).
- Age-Appropriate Placement: A student is 'not age-appropriate' when significantly older than typical peers at that grade level.
- Grades Below Average: Refers to end-of-grading-period grades or withdrawal grades — not daily classroom grades. This form assists the MEP in determining which migrant students meet the Priority for Services criteria.



Priority for Services Form

Use format MM/DD/YYYY for all dates. Blue-tinted fields support date entry with auto-formatting.

Student's Full Name*	Migrant System ID#	Today's Date*
Qualifying Arrival Date (QAD)*	District Student ID#	Student State ID#
School Name	Current School Year	Current Grade Enrolled
	Select a Fiscal Year	Select a Grade

*Priority for Services Student: ☐ Yes ☐ No Receiving MEP Services: ☐ Yes ☐ No

*A migrant student is identified as PFS if they have an interruption during the performance period and meet at least one at-risk criterion, with required boxes checked in both Table A and Table B.

TABLE A – Interruption During the Regular School Year (Item 1 MUST be checked.)

Check:	Interruptions Related to Migrant Issues	During Performance Period	School Year
1 ☐	The QAD must fall within the prior fiscal/school year (09/01 - 08/31). For 2025-2026, this means between 09/01/2024 and 08/31/2025. -The interruption must relate to the migrant lifestyle; a routine vacation does not qualify.		Select Year

TABLE B – At Risk of Failing to Meet State Standards (Items 2-12: At least one MUST be selected. Check all that apply.)

Check:	Criteria	Year It Occurred
2 ☐	Student scored below proficient on Kansas State ELA or math assessments.	Select Year
3 ☐	Student scored below age/grade level on local reading or math assessments.	Select Year
4 ☐	Student is below grade level on any K-3 reading diagnostic assessment.	Select Year
5 ☐	Student is classified as non-English or limited English proficient (LAS, IPT, LPTS, or KELPA2).	Select Year
6 ☐	Student is behind in accruing credits toward graduation requirements.	Select Year
7 ☐	High school student is placed in a class that is not age-appropriate.	Select Year
8 ☐	Middle/ High school student with grades below average in math, language arts, science, or social studies.	Select Year
9 ☐	Student repeated a grade level or course.	Select Year
10 ☐	Student is an OSY/ dropout.	Select Year
11 ☐	Preschool-age student (3-5) not served by any other program.	Select Year
12 ☐	Student qualifies for the McKinney-Vento Homeless Program.	Select Year



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Student's Full Name*	School Name	Today's Date*

TABLE C – Description of services received by student (Recommended)

Description of Services Received	Comment/Notes	School Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year
Select Service		Select Year

Note: By completing Table C, MEP will have appropriate documentation to show that the Priority for Services student is receiving migrant services.

☐ **Electronic Data Entry Reminder**

Although hard copies are helpful for local filing, it is essential that the electronic version be updated in MIS2000 to ensure timely data entry into MSIX, which is critical for portability and national coordination. Thank you!

AUTHORIZATION & SIGNATURE

Completed by (Print Name)	Title/ Position	Date

Signature: _____ Date: _____