Title I Part C – Education of Migratory Children

Progress Monitoring of Academic Services

**Sample Template**

Local school districts receiving an MEP allocation are required to evaluate the impact of MEP services. An important component of that evaluation is the monitoring of the fidelity of implementation of services. On-going monitoring will ensure the MEP services are happening as outlined in the Implementation Plan (IP). On-going monitoring will also ensure that any needed changes are made to instruction and/or specific teaching/support strategies being used by staff. Identifying areas for change or adjustment during the plan, rather than at the end, will ensure high levels of impactful services are provided to migrant children and youth in the district.

This sample template should be used by MEP Contacts and administrators during the on-going observations of the MEP implementation plans. Results should be used during the IP evaluation process and the local program evaluation procedures.

If you have any questions about these materials or MEP service delivery and evaluation, please contact the regional coordinator in your region.

*Region 1 Region 2*

Cindell Mathis Marisela Trejo

[cmathis@doe.k12.ga.us](mailto:cmathis@doe.k12.ga.us) [mtrejo@doe.k12.ga.us](mailto:mtrejo@doe.k12.ga.us)

404-272-8762 404-561-7819

Use your own district letter head.

**ENTER DISTRICT NAME HERE**

**FYXX Implementation Plan Progress Monitoring Report**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Implementation Plan Information** | | | | |
| Actual IP Start Date: **ENTER HERE** | | | | |
| Title of Implementation Plan: **ENTER HERE** | | | | |
| Goal Area: ENTER HERE | | | | School Level: **ENTER HERE** |
| Planned Hours of Instruction Per Session: **ENTER HERE**  Actual Hours of Instruction Per Session: **ENTER HERE** | | | | Planned Frequency: **ENTER HERE**  Actual Frequency: **ENTER HERE** |
| **Projected Outcome:** | | | | |
| **Current Status of Migrant Participants Involved with this Implementation Plan** | | | | |
| Participant Name | Grade | PFS | Current IP Assessment Data | Changes (if needed) to improve participant’s outcome |
| **ENTER** | **ENTER** | **ENTER** | **ENTER** | **ENTER** |
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| **ENTER** | **ENTER** | **ENTER** | **ENTER** | **ENTER** |
| **Implementation Plans Progress Report Summary** | | | | |
| Progress Toward Outcome: **ENTER** of **ENTER** participants are currently receiving this service and meeting the outcome.  Report Completed By: **ENTER NAME HERE**  Date: **ENTER DATE HERE** | | | | |