North Carolina Migrant Education

***Continuation of Services Student Record***

This record should be maintained on site for each Continuation of Services (COS) student and be available for review during Program Quality Review and Consolidated Monitoring.

|  |
| --- |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_COE Number: UID Number: Date of COS Determination *(to be left blank until approval)* End of Eligibility Date Provision (check one): 1 2 3 *In the table below, place an “X” if a service is provided.* |
|  | In SchoolTutorials | AfterSchoolTutorials | SummerSchool | Home-BasedPrograms | Pre-KServices | OSYServices | Other(Specify) |
| MEPServicesAvailable |  |  |  |  |  |  |  |
| Districtor Other Provider Services Available |  |  |  |  |  |  |  |
| Notes and justification for COS: |
| Goals for COS: |
| Strategies to be used/Services to be provided: |
| Person making COS Determination: Date:  |