



ARIZONA MIGRANT EDUCATION PROGRAM COS – Continuation of Services Approval Form

This form must be submitted to the State Director, Migrant Education Program, for approval prior to the End of Eligibility.

Please check the box that applies to this request for “Continuation of Services”:

- A child’s eligibility ends during the school term and the district provides services for the ***duration of the term*** (fall, spring, summer, intercession).
- A child’s eligibility ends and the district provides services for an ***additional school year*** because comparable services are not available through other programs.
- A district continues to serve secondary school students who were eligible for services in secondary school through ***credit accrual programs until they graduate***.

STUDENT INFORMATION	
Date of Request: _____	EOE: _____ District: _____
School: _____	Grade: _____ MIS Student ID# _____
Student Name: _____	Date of Birth: _____
List the MEP service(s) to be continued (reading tutoring, math tutoring, # of hours per week)	
Explanation of why the educational service(s) listed above should be continued.	
Explain the process used to determine that the MEP is the only resource available to meet this student’s need for the continuation of the service(s) listed above.	
LEA INFORMATION	
Name of Requestor: _____	Title: _____
Email: _____	Phone: _____
ARIZONA STATE MIGRANT EDUCATION PROGRAM	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	<i>Reason for the decision:</i>
New Start Date: _____	New End Date: _____
AZ MEP State Director: _____	Date: _____