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|  | Wisconsin Department of Public Instruction**STUDENT REPORTING FORM****TITLE I MIGRANT EDUCATION**PI-1732 (Rev. 03-13) | **INSTRUCTIONS:** Submit **within seven (7) days of withdrawal or term ending** for each school-enrolled migratory child this term. A valid COE must exist and the child’s name must be listed on this term’s CER. Send to: **WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTIONTITLE I MIGRANT EDUCATION PROGRAM****PO BOX 7841****MADISON, WI 53707-7841** |
| If this student received Section 1304 *Continuation of Services*, check the appropriate number below to identify service authorization.  |
| ☐ **1** = Eligibility ended this term☐ **2** = 1 additional year☐ **3** = Eligibility ended in secondary school | School Term☐ Regular ☐ Summer  |
|  | **SCHOOL DISTRICT DATA** |  |
| School District Name      | School Building SSID Code *Enter only one.* |
| Regular Term = WI |   |   |   |   | Summer = WI |   |   |   |   |
| Name of Records Contact Person Completing This Form      | Email Address of Records Contact Person      | School Phone *Area/No.*     Ext.      |
|  | **STUDENT DATA** |  |
| Unique Student ID (USID) *Only as listed under NGS*      | Date of Birth *Mo./Day/Yr.*      | Sex *Check One*☐Male ☐Female |
| Student’s Last Name      | Student’s First Name *Formal spelling*      | Middle Name      |
| Birth City      | State   | Country *Only if not USA*      |
| Homebase District      | City      | State   | ZIP Code      |
| Mother’s Last Name      | Mother’s First Name      | Father’s Last Name      | Father’s First Name      |
|  | **EDUCATION DATA***Add to or close a child’s COE/CER reported enrollment for this term/history ID line.* |  |
| Enrollment This Term *Mo./Day/Yr.*      | Withdrawal This Term *Mo./Day/Yr.*      | Education Interrupted☐ | School Grade   | Days Enrolled    | Days Present    | Graduated *Mo./Day/Yr.*      |
| Teacher Observed English Language Oral Proficiency☐ None ☐ Limited ☐ Fluent | Date Observed *Mo./Day/Yr.*      | Medical Alerts☐ Chronic ☐ Acute☐ None | Assessment Data Attached☐ Yes ☐ No | Immunization Records Attached☐ Yes ☐ No |
| **Supplemental Programs** *Check services provided below that were* ***in part or fully funded*** *through the migrant education budget this term.* |
| **Instructional Services** |
| ☐ Bilingual☐ Career Exploration☐ Distance Learning☐ ESL☐ Financial Literacy☐ GED / HEP | ☐ Health Education☐ Life Skills☐ Literacy☐ Math Instruction☐ MathMATTERS☐ Mini-PASS | ☐ NovaNet☐ Out of School Youth (OSY)☐ PASS☐ PLATO☐ Post Secondary Prep☐ Pre-GED | ☐ Preschool☐ Reading Instruction☐ Science☐ Social Studies☐ Test Prep☐ Tutorial Elementary | ☐ Tutorial Middle/Secondary☐ UT Austin☐ Other |
| **Supportive Services** |
| ☐ Clothing☐ Counseling Service☐ Health / Dental / Eye Care☐ Homeless Support | ☐ Materials☐ Nutrition☐ Out of School Youth (OSY)☐ Parent Education | ☐ Precollege Programs☐ Referred Services☐ School Supplies☐ Social Work / Outreach / Advocacy | ☐ Transfer Packet☐ (Pupil) Transportation☐ Other |
|  | **SECONDARY SCHOOL COURSEWORKComplete for students in grades 7-12, per semester***An “R” in a column means a required entry for grades 9-12.* |  |

**Courses Requiring Immediate Attention** (for evaluation by school of graduation)—See/use NGS state course list.

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|  | If Partial | If Final |
| Grade Level | Course Name *(formal name) or add your school’s course name to be added under NGS subject area* | Course Type*See list, NGS, UT, PASS, Smart* | Course SectionA / B *If any* | Course Subject | Term TypeSem / Qtr | Term Name —*Fall / Spring /Summer* | This Calendar Year of Term | Partial Grade in Percentage *Example: 91%* | Course Hours Attended | Final Grade *as a Percentage Example: 89%* | Credit Granted *as a decimalExample: .5* |
| **R** | **R** | **R** |  | **R** | **R** | **R** | **R** |  |  |  |  |
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| **Use the second Reporting Form, below, if enrollment continues with uninterrupted attendance and courses in the second semester.**  | Date NGS Reported *Mo./Day/Yr.*       |
| **Comments**      | **For GED Completions, enter date received.**       |
| If Partial | If Final |
| Grade Level | Course Name *(formal name) or add your school’s course name to be added under NGS subject area* | Course Type*See list, NGS, UT, PASS, Smart* | Course SectionA / B *If any* | Course Subject | Term TypeSem / Qtr | Term Name —*Fall / Spring /Summer* | This Calendar Year of Term | Partial Grade in Percentage *Example: 91%* | Course Hours Attended | Final Grade *as a Percentage Example: 89%* | Credit Granted *as a decimalExample:.5* |
| **R** | **R** | **R** |  | **R** | **R** | **R** | **R** |  |  |  |  |
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|  | Date NGS Reported *Mo./Day/Yr.*       |
| Comments      |