

**FLORIDA DEPARTMENT OF EDUCATION  
DOE INFORMATION DATA BASE REQUIREMENTS  
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM  
AUTOMATED STUDENT DATA ELEMENTS**

**Implementation Date:**  
Fiscal Year 2005-06  
July 1, 2005

<b>Element Name:</b> Migrant Referred Services									
<b>Definition/Domain</b>									
<p>Indicates whether a migratory student has been referred for services that are provided through mental or health facilities, community agencies, family or social services agencies, etc. Further, this indicator represents children who are placed in an educational or educationally-related service that they would not have otherwise obtained without the efforts of the Migrant Education Program (MEP). Services include but are not limited to counseling, medical attention, social needs, housing, legal services, tutoring, etc. These services <u>are not</u> paid for out of Migrant program funds but are supported by or through other agencies or facilities.</p> <table border="0"> <thead> <tr> <th align="left"><u>CODE</u></th> <th align="left"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td><b>Y</b></td> <td>The migrant student was provided referred service(s).</td> </tr> <tr> <td><b>N</b></td> <td>The migrant student did not receive referred service(s).</td> </tr> <tr> <td><b>Z</b></td> <td>The student was not a migrant student.</td> </tr> </tbody> </table> <p>NOTE: Only migrants that received referred services should be coded Y. If the migrant student was referred for services but did not receive the referred services use code N.</p>		<u>CODE</u>	<u>DEFINITION</u>	<b>Y</b>	The migrant student was provided referred service(s).	<b>N</b>	The migrant student did not receive referred service(s).	<b>Z</b>	The student was not a migrant student.
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<b>Y</b>	The migrant student was provided referred service(s).								
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<b>Z</b>	The student was not a migrant student.								
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>								
<b>Format:</b> Alphabetic	All Programs Grades PK-12								
<b>Compatibility Requirement:</b> Compatible									
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>								
<input checked="" type="checkbox"/> <b>State Report</b> <input checked="" type="checkbox"/> <b>Local Accountability</b> <input type="checkbox"/> <b>F.A.S.T.E.R.</b> <input type="checkbox"/> <b>Migrant Tracking</b>	Federal/State Compensatory Project Evaluation DB9 18x								
<b>Data Element Number:</b> 148188	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9								
<b>Revised</b> 11/6/08	<b>Volume I</b> <b>Effective: 7/08</b> <b>Page Number: 199-1</b>								