**McKinney-Vento Homeless**

**Education of Children and Youth Program**

District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liaison: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liaison address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liaison Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liaison Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Illinois State Board of Education is responsible for the administration and supervision of all McKinney-Vento programs, whether or not district receives funds under Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act. The purpose of this assessment is to monitor regulatory compliance of educational services to homeless children and youth in the district/service area.

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| **REGULATORY COMPLIANCE**  **NCLB (2001) Title X, Part C: McKinney-Vento**  **Homeless Assistance Act, Title VII, Subtitle B** | **Comments/Details** | **Compliance Status** |
|  |  |  |
| **Liaison** |  | **YES NO** |
| 1. Do you have a trained district homeless liaison? |  |  |
| 2. Date of last training attended. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Liaison Duties** |  |  |
| 1. Are homeless students enrolled immediately? |  |  |
| 2. Explain how you go about enrolling students. |  |  |
| 3. Explain how you determine the services a student needs. |  |  |
| 4. What is the protocol with parents? |  |  |
| 5. Are posters and brochures displayed? |  |  |
| 6. Have you provided professional development for any of your staff? How? Provide sign in sheets, agendas, or copies of email or handouts. Must be done annually. |  |  |
| **REGULATORY COMPLIANCE**  **NCLB (2001) Title X, Part C: McKinney-Vento**  **Homeless Assistance Act, Title VII, Subtitle B** | **Comments/Details** | **Compliance Status** |
|  |  |  |
| **Identification and Reporting** |  | **YES NO** |
| 1. Who enters data into the Student Information System (SIS)? |  |  |
| 2. Is it entered monthly, weekly, as enrolled? |  |  |
| 3. How do you check to ensure accuracy? |  |  |
| 4. Have you or the data entry person received training from ISBE? |  |  |
|  |  |  |
| **Student Rights: Homeless children and youth are allowed to:** |  | **YES NO** |
| 1. Enroll immediately |  |  |
| 2. Enroll without all necessary documents |  |  |
| 3. Enroll in Free Lunch program |  |  |
| 4. Have all allowable fees waived |  |  |
| 5. Assistance offered to obtain necessary records |  |  |
| 6. Attend school of origin |  |  |
|  |  |  |
| **Transportation: In district or out of district** |  | **YES NO** |
| 1. Do you have any homeless students for which you are providing transportation to school of origin? |  |  |
| 2. What methods of transportation are you providing your homeless students? (In district and out) |  |  |
|  |  |  |
| **Dispute Resolution** |  | **YES NO** |
| 1. Have you had a Dispute Resolution in your district? |  |  |
| 2. Are homeless students enrolled in school pending outcome of the dispute? |  |  |
| **REGULATORY COMPLIANCE**  **NCLB (2001) Title X, Part C: McKinney-Vento**  **Homeless Assistance Act, Title VII, Subtitle B** | **Comments/Details** | **Compliance Status** |
|  |  |  |
| **Policies and Procedures** | **Please review your enrollment documents and board policies to ensure there are no barriers for homeless students. Documents should allow for easy identification. Please provide copies of these documents.** | **YES NO** |
| 1. Included in school board policy? |  |  |
| 2. Included in enrollment documents? |  |  |
| 3. Included in student and staff handbook, etc? |  |  |
|  |  |  |
| **Title I: Part A** | **Please provide copies of these documents.** |  |
| 1. How much is your set-aside for homeless students? |  |  |
| 2. How much have you used this school year? |  |  |
| 3. What have you used the set-aside money for? |  |  |
|  |  |  |
| **Coordination with Community: List agencies district works closely with.** |  | **YES NO** |
|  |  |  |
| **Website has homeless liaison information that is easily located** |  |  |

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| --- | --- | --- |
|  |  |  |
| **Current SIS Numbers** |  |  |
| K-12: Preschool: |  |  |
| Comments: |  |  |

I certify that I have been given a copy of the monitoring visit and agree with the findings:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Liaison PRINT Signature of Regional Liaison Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of attendee PRINT Signature of attendee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of attendee PRINT Signature of attendee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of attendee PRINT Signature of attendee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

McKinney-Vento Program Director PRINT Signature of Program Director Date