

Todd/Muhlenberg Migrant Education Summer Plan Narrative 2020

Our current enrollment includes 127 students, 118 of whom will be eligible for summer learning services. These include six out of school youth, twelve preschool aged children and 100 who rising K – 12th grade students. We intend to serve all of these students in addition to the others we locate between now and the first day of school in August.

Students will explore various topics including:

- Reading Comprehension strategies
- Vocabulary Development
- Writing
- Library/Research Skills
- Nutrition/Cooking/Healthy Eating/Food Safety
- Fitness
- Life Science
- Water Safety
- KY/American History
- Friendship/Sportsmanship/Team Building
- Career Exploration (6-12)
- Home and/or Site Based Instruction Designed to Maintain Math& ELA Skills
- Home Activities for Kindergarten Readiness (PreK)
- Home Based English as a Second Language/Practical Living Skills (Out of School Youth)

Services will be provided in a variety of ways including district day camps, in and out of district field trips and home study. We have secured the POPS facility in addition to the fellowship hall as needed at Petrie Memorial UMC in Elkton as our home base for activities provided by the MEP in Todd County and have plans to collaborate with Todd County Extension Services and the Todd County Library to provide services locally. Since Muhlenberg County only has thirteen eligible students, they will be served in the homes and will be invited on field trips and will not have a site program provided by the MEP.

Summer Learning materials designed to prevent loss of grade level reading and math skills and/or other materials will be provided for students to use in the home as needed. Students will also be provided home libraries in addition to reading logs and incentives for meeting reading engagement goals.

Three and four-year-old students will be served in their homes. Readiness skills will be addressed (e.g. concepts, language, self-help). Summer Learning kits are available for preschoolers as well and will focus on kindergarten readiness. Out of school students will be offered adult education referrals, English as a Second Language classes, life skills and/or parenting for school readiness services in their homes. We are maintaining relationships with our community partners and will promote other learning opportunities available to all students in both counties.

MEP Calendar of Events

June 9 & June 11 – AM Vacation Bible School @ Elkton Baptist Church (K-5) or MEP staff led classes ELA & Science (K-5 and 6-12). Elementary parents will choose which option they prefer. PM ELA Learning Centers and Sports for all K-12.

June 10 – Field Trip – Land Between the Lakes

June 16 – AM Literacy Camp @ Todd County Library (K-3), VBS @ Petrie Memorial VBS option or Knowing You Career Prep (4-5) and Leadership/Team Building/Career Awareness Camp (6-12). 4-5 parents will choose which option they prefer. PM Math/Science Centers and Sports for all K-12

June 17 - Field Trip – KY Museum @ WKU, Railpark Museum, Sims Center

June 18 –AM Literacy Camp @ Todd County Library (K-3), VBS @ Petrie Memorial option for 4-5 and Job Shadowing/Career Exploration (4-5 & 6-12) with Todd MEP staff. 4-5 parents will choose which option they prefer. PM Math/Science Centers and Sports for all K-12

June 23 - 24 - AM Literacy Camp @ Todd County Library (K-3), Life Science Camp (4-5) and Teen Cuisine Cooking/Nutrition/Math Camp (6-12). Afternoon Life Science and Sports Camp for all ages.

June 25 - Field Trip to Pennyrile Forest State Park

Parent Meeting TBA

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/9/20
Organization MEP School disney
Number of Passengers 40

Type of Trip (Check One)

☒ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☐ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State) Site Program - Petrie

Planned Stops To and From homes

Departing Location NTE Date of Departure 6/9/20 Time of Departure 600 AM

Returning Location NTE Date of Return 6/9/20 Time of Return 600 PM

Chaperone/s LVOth / JJones Chaperone's Phone # 2706045091 / 2702258558

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/10/20
Organization MEP School district/consortium
Number of Passengers 40

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain in Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State) LBL Field Trip

Planned Stops To and From only homes

Departing Location NTE

Date of Departure 6/10/20

Time of Departure 500 AM

Returning Location NTE

Date of Return 6/10/20

Time of Return 700 PM

Chaperone/s LVathl Jones

Chaperone's Phone # 270 604 5091 / 270 225 8558

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain in Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes

☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____

Odometer Start _____

Date/Time of Return _____

Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/10/20
Organization MEP School district / consortium
Number of Passengers 10 (bus to Mahanburg)
2nd Bus

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State) LPL Field Trip

Planned Stops To and From only homes

Departing Location _____ Date of Departure 6/10/20 Time of Departure 5:00 AM

Returning Location _____ Date of Return 6/10/20 Time of Return 7:00 PM

Chaperone/s _____ Chaperone's Phone # _____

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/11/20
Organization MEP School disney
Number of Passengers 40

Type of Trip (Check One)

- ☒ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail)
☐ Out-of-County Instructional ☐ Out-of-County Athletic
☐ Out-of-State Instructional ☐ Out-Of-State Athletic

Destination (Event, City, and State) Site Program

Planned Stops To and From homes

Departing Location NTE Date of Departure 6/11/20 Time of Departure 600 AM

Returning Location NTE Date of Return 6/11/20 Time of Return 600 PM

Chaperone/s L Voth / J Jones Chaperone's Phone # 2706045091 / 2702258558

Special Requests (Check One)

- ☐ Van ☐ Handicap Access ☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/16/20
Organization MEP School disney
Number of Passengers 40

Type of Trip (Check One)

☒ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain in Detail)

☐ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State) Site Program

Planned Stops To and From homes

Departing Location NTE Date of Departure 6/16/20 Time of Departure 600 AM

Returning Location NTE Date of Return 6/16/20 Time of Return 600 PM

Chaperone/s L Voth / J Jones Chaperone's Phone # 2706045091 / 2702258558

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain in Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/17/20
Organization M&P School District Consortium
Number of Passengers 40

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-Of-State Athletic

Destination (Event, City, and State) Ky Museum / Ky Rail Park / Simms Aquatic

Planned Stops To and From only homes

Departing Location NTE Date of Departure 6/17/20 Time of Departure 500 AM

Returning Location NTE Date of Return 6/17/20 Time of Return 700 PM

Chaperone/s LUOth / Jones Chaperone's Phone # 270 604 5091 / 270 225 8558

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/17/20
Organization MEP School district/consortium
Number of Passengers 10 (bus to Muhlenberg
2nd Bus)

Type of Trip (Check One)

- ☐ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail)
☒ Out-of-County Instructional ☐ Out-of-County Athletic
☐ Out-of-State Instructional ☐ Out-Of-State Athletic

Destination (Event, City, and State) Ky Museum / Ky Fair / Park / Sims Aquatic
Planned Stops To and From only home

Departing Location _____ Date of Departure 6/17/20 Time of Departure 5:00 AM
Returning Location _____ Date of Return 6/17/20 Time of Return 7:00 PM
Chaperone/s _____ Chaperone's Phone # _____

Special Requests (Check One)

- ☐ Van ☐ Handicap Access ☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/18/20
Organization MEP School disney
Number of Passengers 40

Type of Trip (Check One)

- ☒ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail)
☐ Out-of-County Instructional ☐ Out-of-County Athletic
☐ Out-of-State Instructional ☐ Out-Of-State Athletic

Destination (Event, City, and State) Site Program

Planned Stops To and From homes

Departing Location NTE Date of Departure 6/18/20 Time of Departure 600 AM

Returning Location NTE Date of Return 6/18/20 Time of Return 600 PM

Chaperone/s L Voth / J Jones Chaperone's Phone # 2706045091 / 2702258558

Special Requests (Check One)

- ☐ Van ☐ Handicap Access ☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/23/20
Organization MEP School disney
Number of Passengers 40

Type of Trip (Check One)

- ☒ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail)
☐ Out-of-County Instructional ☐ Out-of-County Athletic
☐ Out-of-State Instructional ☐ Out-of-State Athletic

Destination (Event, City, and State) Site Program

Planned Stops To and From homes

Departing Location NTE Date of Departure 6/23/20 Time of Departure 6:00 AM

Returning Location NTE Date of Return 6/23/20 Time of Return 6:00 PM

Chaperone/s L Voth / J Jones Chaperone's Phone # 2706045091 / 2702258558

Special Requests (Check One)

- ☐ Van ☐ Handicap Access ☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/24/20
Organization MEP School disney
Number of Passengers 40

Type of Trip (Check One)

- ☒ In-County Instructional ☐ In-County Athletic ☐ Other: (Explain In Detail)
☐ Out-of-County Instructional ☐ Out-of-County Athletic
☐ Out-of-State Instructional ☐ Out-Of-State Athletic

Destination (Event, City, and State) Site Program

Planned Stops To and From homes

Departing Location NTE Date of Departure 6/24/20 Time of Departure 600 AM

Returning Location NTE Date of Return 6/24/20 Time of Return 600 PM

Chaperone/s L Voth / J Jones Chaperone's Phone # 2706045091 / 2702258558

Special Requests (Check One)

- ☐ Van ☐ Handicap Access ☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

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Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/25/20
Organization MEP School district Consortium
Number of Passengers 90

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain In Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-of-State Athletic

Destination (Event, City, and State) Pennycuik Forest State Park

Planned Stops To and From only homes

Departing Location NTE Date of Departure 6/25/20 Time of Departure 500 AM

Returning Location NTE Date of Return 6/25/20 Time of Return 700 PM

Chaperone/s L. Voth Jones Chaperone's Phone # 270 604 5091 / 270 225 8558

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request 4/2/20 Date of Event 6/25/20
Organization MEP School district / consortium

Number of Passengers 10

(Muhlenberg
2nd bus)

Type of Trip (Check One)

☐ In-County Instructional

☐ In-County Athletic

☐ Other: (Explain in Detail)

☒ Out-of-County Instructional

☐ Out-of-County Athletic

☐ Out-of-State Instructional

☐ Out-of-State Athletic

Destination (Event, City, and State) Pennycuik Forest State Park

Planned Stops To and From only homes

Departing Location _____ Date of Departure 6/25/20 Time of Departure 500 AM

Returning Location _____ Date of Return 6/25/20 Time of Return 700 PM

Chaperone/s _____ Chaperone's Phone # _____

Special Requests (Check One)

☐ Van

☐ Handicap Access

☐ Other: (Explain in Detail)

If requesting the Van, has the person driving been certified and approved to drive? ☐ Yes ☐ No (Check One)

Person Driving Van _____ Trip Requested By _____

Organization Responsible for Payment _____

Approval of Site Based Council Representative _____ Date _____

DISTRICT USE ONLY

Section 2

Approval of District Representative _____ Date _____

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Section 3

Date/Time of Departure _____ Odometer Start _____

Date/Time of Return _____ Odometer End _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments _____

Coach or School Representative Signature _____ Date _____