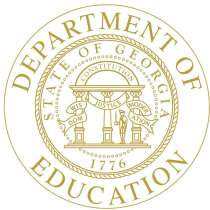


Title I Part C – Migrant Education 2012-2013 Implementation Plan (IP) Form Walkthrough

Dr. John D. Barge, State School Superintendent
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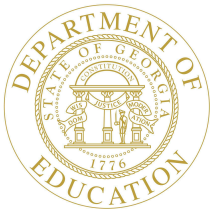


About the New Implementation Plan (IP) Form

The IP form is designed to provide your district with a seamless solution for completing your Migrant Education Program project plans. This interface will allow you to easily complete and submit your implementation plan form in a user-friendly, easy-to-navigate interface. A single form must be completed per every project plan to be implemented in the district during the 2012-2013 school year.

Follow along this walkthrough to get started...

Dr. John D. Barge, State School Superintendent
"Making Education Work for All Georgians"



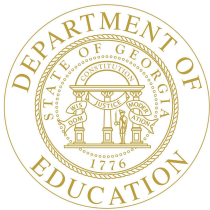
Getting Started

In order to access the 2012-2013 IP form online you will need to have completed a *District-Level Comprehensive Needs Assessment (CNA) Profile form* first. Please contact your regional Migrant Education Agency (MEA) if you need assistance.

Region 1, Margarita Munoz – 1-800-621-5217

Region 2, Jose Israel Cortez – 1-866-505-3182

Region 3, Alice Matthews – 1-800-648-0892



Accessing and Completing the IP Form

The implementation plan evaluation form is web-based, so there is no software or files to download. In order to access it, please refer to the District-Level CNA Profile Submission receipt and click on the Implementation Plan (IP) form link.

Reply-To: Omar Lopez-Nunez <gamep@doe.k12.ga.us>

Date: Thursday, April 19, 2012 6:41 PM

To: Omar Lopez-Nunez <olopez@doe.k12.ga.us>

Subject: District-Level CNA Profile - Submission Receipt

Thank you for submitting your District-Level Comprehensive Needs Assessment (CNA) Profile. This is your e-mail confirmation receipt containing the information you have submitted online along with the link to the 2012-2013 Migrant Education Implementation Plan form. **Make sure to keep this e-mail confirmation for your records.**

You may now begin to complete and submit your migrant implementation plan(s) for the 2012-2013 school year by going to:

<https://adobeformscentral.com/?f=tRfJ4s2L22at264ad6JhGh>



Thank you again on behalf of the Georgia Migrant Education Program!

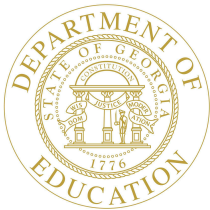
Dear LEA,

Thank you for submitting your migrant project plan. **Keep a this e-mail confirmation receipt for your records.**

Your regional Migrant Education Agency (MEA) will soon begin to review the plan you have submitted. During the review process you may be contacted only if revisions in your project plan are needed. Otherwise, once your project plan is reviewed and approved, a copy of it will be sent to you by e-mail.

Thank you again on behalf of the Georgia Migrant Education Program.

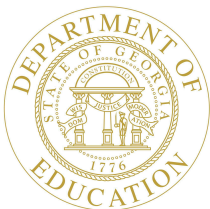
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After clicking on the link, your web browser will launch and display the form in a web environment.

The screenshot shows a web interface for the Georgia Migrant Education Program 2012-2013 Implementation Plan Form. At the top, a yellow banner contains the title "Georgia Migrant Education Program 2012-2013 Implementation Plan Form". Below this, the Department of Education seal is centered. Under the seal, the heading "About the New Implementation Plan (IP) Form" is followed by a paragraph explaining the form's purpose: "The IP form is designed to provide your district with a seamless solution for completing your Migrant Education Program project plans. This interface will allow you to easily complete and submit your implementation plan form in a user-friendly, easy-to-navigate interface. A single form must be completed per every project plan to be implemented in the district during the 2012-2013 school year." Below this text, it says "Click 'Next' below to get started." A red notice states: "NOTICE: Any information submitted through this form will pass through Acrobat.com servers. By clicking on the 'Next' button below you agree that no student-level, confidential or sensitive data will be submitted through this form." At the bottom, a yellow bar contains a "Next" button on the left and a "0% Complete" progress indicator on the right.

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Click "Next" in order to continue.

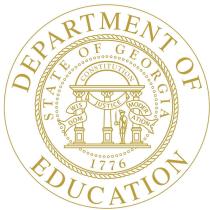
About th

The IP form is designed to provide your distr project plans. This interface will allow you to easy-to-navigate interface. A single form mu during the 2012-2013 school year.

Click "Next" below to get started.

NOTICE: Any information submitted through this form will p level, confidential or sensitive data will be submitted throug

Next



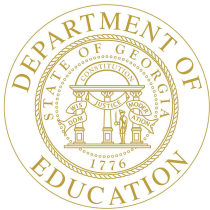
On the next screen, select the regional service area where your district is located.

I. PROJECT I

Regional Service Area*

Region 1 - Live Oak MEA
Region 2 - Southern Pine MEA
Region 3 - Piedmont MEA

Title of Project Plan*



Select your district from the dropdown in the regional MEA you have selected.

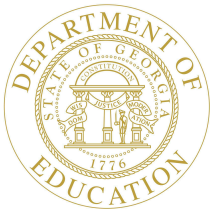
Regional Service Area*

Region 3 - Piedmont MEA

Region 3 Funded Districts

- Barrow
- Cherokee
- Clarke
- Cobb
- Dalton City
- Elbert
- Forsyth
- Franklin
- Gainesville City
- Gilmer

** Only directly funded districts will be listed under each regional MEA dropdown option*



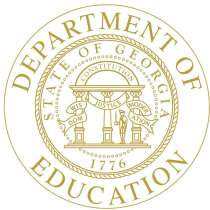
Select the term of the plan for which you will submit an Implementation Plan form.

Region 3 Funded Districts*

Clarke

Term*

2012-2013 Regular School Year
2012-2013 Summer Term



Type in the title of the implementation plan.

Term*

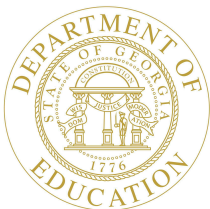
2012-2013 Regular School Year

Title of Project Plan*

This is an IP TEST

Project plan start date*

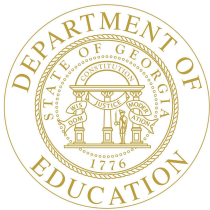




Indicate the projected start date and end date of your implementation plan.

Click **Next** after you are done.

The screenshot shows a web form with two date selection fields. The first field is labeled "Project plan start date*" in red text, with the date "04/24/2012" entered in a text box next to a calendar icon. The second field is labeled "Project plan end date*" in red text, with the date "05/01/2013" entered in a text box next to a calendar icon. A large red oval is drawn around both date fields. Below these fields is a yellow bar containing two buttons: "Prev" and "Next".

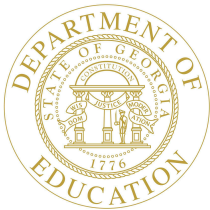


On the next part of the form, indicate if this is a new implementation plan by answering **Yes**. If this implementation plan is a revision of an implementation plan submitted prior, then indicate **No**.

If you select **Yes**, click "Next" to continue. Otherwise answer the questions regarding this plan being submitted as a revision.

Is this a new project plan?*

Yes
No



On this page, indicate the goal area on which the implementation plan will focus.

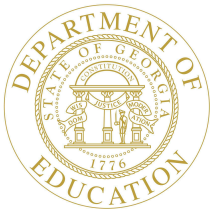
Click **Next** to continue

2012-2013 Imp

Goal area*

- Reading/Language Arts (Goal 1)
- Writing (Goal 1)
- Math (Goal 1)
- High School Graduation (Goal 2)
- Supplemental Services (Goal 3)
- School Readiness (Goal 4)

Prev Next



Depending on your prior selection, you will be asked to complete additional information for the particular sub-group (grade level) on which the plan will focus. This example shows the options selected for academic services provided at the elementary grade level.

III. MIGRANT PARTICIPANTS

Supplemental services type*

School level*

Elementary school participants*

☐ Kindergarten
☐ 1st Grade
☒ 2nd Grade
☐ 3rd Grade
☒ 4th Grade
☐ 5th Grade

PFS in 2nd Grade*

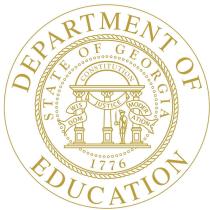
Non-PFS in 2nd Grade*

PFS in 4th Grade*

Non-PFS in 4th Grade*

Prev Next 16% Complete

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"Making Education Work for All Georgians"



After indicating the goal, services type and school level subgroup (K-5, 6-8, 9-12 or OSY/DO), you will be asked to provide an achievement gap or need statement (between 50-300 characters long) to support the project plan for which you are completing an implementation plan. As an added option, you can attach any files that support your gap or need statement, for instance, CRCT scores, performance indicators, etc.) This is optional.

IV. PROJECT PLAN JUSTIFICATION - PART 1

Achievement gap/need*

Achievement gap/need attachment(s)

Select File

Prev Next

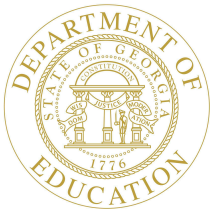
60% Complete

When you are done, click **Next** to continue.



When done with each of these sections, click **Next** to continue.

[illegible]



On this section, indicate the projected time (in hours) per individual session that will be employed when providing supplemental services in this project plan.

Click **Next** to continue

Hours of instruction per session*

5

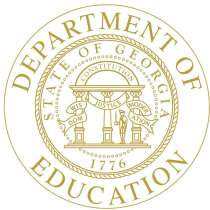
Frequency of session*

Once

Frequency intervals*

per day

Prev Next



Indicate the staff that will be involved in implementing, delivering and evaluating the supplemental services provided under this project plan including the number of actual staff involved. In this example, there is one (1) full-time migrant Supplemental Service Provider (SSP) that will be involved in this project plan.

VI. MIGRANT STAFF

Will migrant-funded staff participate in the implementation and delivery of supplemental services for this project plan?*

☒ Yes

☐ No

No (Explain):

Migrant-funded staff*

	FULL-TIME	PART-TIME	SPLIT FUNDED	NONE
MIGRANT SSP	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TEACHERS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
TUTORS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
OTHER (explain below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Number of MIGRANT SSP participating in this project plan:*

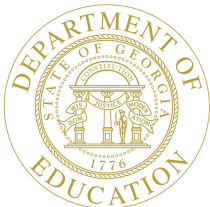
1

Prev

Next

74% Complete

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This is the last section of the form. Please complete all required fields before submitting the form.

NOTE: Make sure your work email is typed in correctly since a submissions receipt will be sent to this address containing all the data you have submitted through this form.

Click **Submit** to send your form online.

VII. CONTACT INFORMATION

Implementation plan submitted by:* 

Omar Lopez-Nunez

Title:*

State R&D Coordinator


Contact number:*

404-463-1775

Work E-mail:*

olopez@doe.k12.ga.us

Today's date*

04/24/2012 

Are you in charge of supervising the implementation, delivery and evaluation of supplemental services under this project plan?

☒ Yes

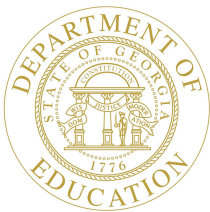
☐ No

Prev

Submit

87% Complete

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"Making Education Work for All Georgians"



After submitting, you will see a splash screen for a few seconds indicating the form is being submitted online.

Georgia Migrant Education Program
2012-2013 Implementation Plan Form

VII. CONTACT INFORMATION

Implementation plan submitted by:*
Omar Lopez-Nunez

Title:*
State R&D Coordinator

Contact number:*
404-463-1775

Work E-mail:*
olopez@doe.k12.ga.us

Today's date*
04/24/2012

Please Wait...

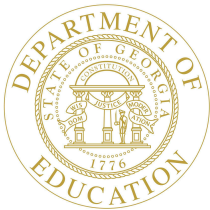
Your response is being submitted

Are you in charge of supervising the implementation, delivery and evaluation of supplemental services under this project plan?

☒ Yes
☐ No

Prev Submit 100% Complete

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2012-2013 Implementation Plan (IP) Form

After the form is submitted successfully, you will see the following screen



Georgia Migrant Education Program
2012-2013 Implementation Plan Form

Thank you for submitting your 2012-2013 implementation plan. You will soon receive an e-mail confirmation receipt containing the information you have submitted online. **Make sure to keep this e-mail confirmation for your records.**

Your regional Migrant Education Agency (MEA) will soon begin to review the plan you have submitted. During the review process you may be contacted only if revisions in your project plan are needed. Otherwise, you will be notified via email once your project plan is reviewed and approved.

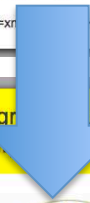
When you are ready to complete your implementation plan evaluation at the end of your project plan, please go to:

<https://adobeformscentral.com/?f=3unnmcAg--1S-aaNDSUbw>

Remember, a single IP evaluation form must be completed per each implementation plan submitted for the current school year. You will have two (2) weeks from the end of your implementation plan(s) to complete and submit your evaluation(s).

Thank you again on behalf of the Georgia Migrant Education Program!

You will be redirected to <https://adobeformscentral.com/?f=xm...KpMRPFcvX8g> in 20 seconds.



After a few seconds, you will be redirected to the beginning of the form should you need to complete additional ones. *NOTE: Remember that you will need to submit an evaluation form per each implementation plan you have submitted during the academic year.*

Georgia Migrant Education Program
2012-2013 Implementation Plan Form



About the New Implementation Plan (IP) Form

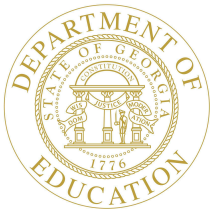
The IP form is designed to provide your district with a seamless solution for completing your Migrant Education Program project plans. This interface will allow you to easily complete and submit your implementation plan form in a user-friendly, easy-to-navigate interface. A single form must be completed per every project plan to be implemented in the district during the 2012-2013 school year.

Click "Next" below to get started.

NOTICE: Any information submitted through this form will pass through Acrobat.com servers. By clicking on the "Next" button below you agree that no student-level, confidential or sensitive data will be submitted through this form.

Next 0% Complete

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Thank you for taking the time to review this walkthrough guide in order to complete your implementation plan(s).

The data provided in your implementation plan(s) will help us determine the quality of supplemental services provided to migrant participants throughout the state as well as provide us with valuable information for future program enhancements.

Thank you again on behalf of the Georgia Migrant Education Program!

Dr. John D. Barge, State School Superintendent
"Making Education Work for All Georgians"