Illinois Migrant Education Program
Early Childhood Assessment Summary

Please complete this information on all children who were tested and provided services even if they were only given the pretest. Attach a copy of each child's test and submit all the information no later than August 20th to Susana Das Neves: imes@niu.edu

MEP Project Site_____ Teacher_____

Child's Name	Age*	Pre-test Score	Post-test Score	Gain/Loss (+/-)	# Weeks Enrolled	Check All Indicators That Apply			**Check One	
						1	2	3	SB	HB
Jose Maldonado	*4.6*	*98*	*105*	*+ 7*	*6*					

* Please provide the child's age, at the time of the pre-test, in years and months. For example, a child aged 4 years 3 months would be recorded as 4.3.

Indicators
1 – First experience with a pre-school program
2 – Indigenous Language Only
3 – French speaker

**Indicate if services were provided through a Site-based (SB) or Home-based (HB) program.