

WELLNESS DEPARTMENT
Local Educational Agency Assessment

The Illinois State Board of Education is required by the U.S. Department of Education, as authorized by the Every Students Succeeds Act, Title IX, Part A – Homeless Children and Youths, Section 722(f)(5), to monitor Local Education Agencies (LEAs) to ensure compliance with federal education regulations for children and youth experiencing homelessness.

The purpose of this assessment is to allow an LEA to evaluate and improve services and supports for students experiencing homelessness in your community. This review, along with a more comprehensive needs assessment, can enable an LEA to more effectively coordinate efforts to identify and eliminate barriers to the academic success of children and youth experiencing homelessness.

DISTRICT NAME

1. Public and Staff Awareness

- | | YES | NO |
|---|------------------------------------|--------------------------|
| A. Has your district 1) designated an appropriate staff person and 2) ensured capacity to execute all role requirements as the district homeless liaison for homeless children and youth? | A. <input type="checkbox"/> | <input type="checkbox"/> |
| B. Does your district's homeless liaison regularly inform school personnel about the education rights of homeless children, youth, and unaccompanied youth? | B. <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does every school employee know who your district's homeless liaison is and how to contact that person? | C. <input type="checkbox"/> | <input type="checkbox"/> |
| D. Does your district homeless liaison provide role-specific training for staff members who may interact with students experiencing homelessness (e.g., bus drivers, cafeteria workers, secretaries, registrars, social workers, counselors, nurses, truancy officials, administrators, and teachers)?
<i>More information on role-specific training is available in Appendix A of Identifying Children and Youth in Homeless Situations, published by the National Center for Homeless Education (NCHE).</i> | D. <input type="checkbox"/> | <input type="checkbox"/> |
| Last date of districtwide training: _____ | | |
| E. Does your district homeless liaison reach out to local service providers to inform them of the rights of homeless children, youth, and unaccompanied youth? | E. <input type="checkbox"/> | <input type="checkbox"/> |
| F. Are posters advocating for the educational rights of students experiencing homelessness displayed in each school building?
<i>Posters and other materials can be obtained for free from your Regional Office of Education or from the NCHE Publication Orders webpage.</i> | F. <input type="checkbox"/> | <input type="checkbox"/> |
| G. Are the name and contact information of the homeless liaison and a Public Notice of Educational Rights of Homeless Children and Youth available and easily located on the school district website? | G. <input type="checkbox"/> | <input type="checkbox"/> |
| H. Has your district disseminated information about the educational rights of students who are homeless in places throughout the community where families and youth are likely to see it? | H. <input type="checkbox"/> | <input type="checkbox"/> |

(Program monitor use only)

2. Liaison Collaboration

YES NO

- A.** Has your district liaison attended the annual McKinney-Vento training session held by a Regional Office of Education in their area?

A. ☐ YES ☐ NO

Last date liaison attended training: _____

- B.** Does your district liaison attend other regional meetings to collaborate with neighboring school districts and their liaisons to network and share resources?

B. ☐ YES ☐ NO

Meetings attended: _____

- C.** Has your district liaison attended any trainings held by the Illinois McKinney-Vento State Coordinator Office?

C. ☐ YES ☐ NO

Training(s) attended: _____

- D.** Does the district liaison work with the following personnel?

Special Education personnel

D1. ☐ YES ☐ NO

Nutrition personnel

D2. ☐ YES ☐ NO

Transportation personnel

D3. ☐ YES ☐ NO

Preschool and/or Head Start personnel

D4. ☐ YES ☐ NO

(Program monitor use only)

3. Identification

YES NO

- A.** Has your district established a protocol for staff to refer homeless children and youth to the homeless liaison?

A. ☐ YES ☐ NO

- B.** Are all staff trained regularly to identify the potential signs of homelessness and local protocol to connect students at risk of or experiencing homelessness to the district liaison for assistance?

B. ☐ YES ☐ NO

Last training date: _____

Provide sign in sheets, agendas, and copies of handouts (or emails).

- C.** Are homeless families/youth given their McKinney-Vento educational rights in an understandable, written format?

C. ☐ YES ☐ NO

- D.** Does your district consistently and annually administer a housing questionnaire to address housing instability for all children and youth (including preschool-age children) who are newly enrolling or returning?

D. ☐ YES ☐ NO

- E.** Does your district keep the homeless status confidential?

E. ☐ YES ☐ NO

(Program monitor use only)

4. Policy and Procedure Review/Revision

YES NO

- A. Does your LEA draft and maintain a written plan to ensure compliance with all requirements outlined in federal law and state statute regarding the education of youth experiencing homelessness? A. ☐ ☐

Compliance must be reviewed in accordance with the amended McKinney-Vento Act (10-1-16). District plans must include identification/elimination of barriers to identification, enrollment, attendance, and academic success of homeless children and youth. Policies concerning transportation, residency, academic and health records, guardianship, and privacy should also be included in policy and procedural reviews.

- B. Does your district regularly review policies, documents, and procedures to ensure that the district has eliminated barriers to the enrollment, attendance, and academic success of homeless children and youth? B. ☐ ☐

- C. Has your district developed policies and procedures affirming that homeless children and youth will not be stigmatized or segregated (with the exception of providing tutorial and before- and after-school programs)? C. ☐ ☐

- D. Has your district liaison collaborated with the district Title I Coordinator to determine the Title I McKinny-Vento set aside? D. ☐ ☐

(Program monitor use only)

5. Transportation to and from School of Origin

YES NO

- A. Does your district have a clear process and procedure to plan and schedule all necessary transportation to and from the school of origin? A. ☐ ☐

- B. Does your district have a clear process and procedure to plan and schedule all necessary transportation to school-related activities (e.g., tutoring, enrichment, athletics) to ensure equitable participation? B. ☐ ☐

- C. Does your district have agreements with neighboring districts to equally share the cost of transportation for students who are transported to and from the school of origin across district boundaries? C. ☐ ☐

(Program monitor use only)

6. Immediate Enrollment

YES NO

- A. Does your district immediately enroll homeless children, youth, and unaccompanied youth even without the records ordinarily required for enrollment? A. ☐ ☐
- B. Does your district utilize information release forms to share and maintain relevant academic and health records for students experiencing homelessness? B. ☐ ☐
- C. Does your district have a process in place to ensure the timely transfer of student records for students experiencing homelessness? C. ☐ ☐

(Program monitor use only)

7. Resources/Information Provided

YES NO

- A. Are students experiencing homelessness automatically enrolled for free participation in school nutrition programs (e.g., breakfast and lunch)? A. ☐ ☐
- B. Are homeless families/youth given a list of, and assistance connecting with, local service providers that can help with basic needs, housing, health, mental health, and other appropriate services? B. ☐ ☐
- C. Are homeless students given free school supplies and course fee waivers? C. ☐ ☐
- D. Is tutoring coordinated for homeless students? D. ☐ ☐
- E. Does your district provide information to parents/guardians of homeless children, youth, and unaccompanied youth in a comprehensible format (e.g., in native language, geared for low literacy, or other needs)? E. ☐ ☐

(Program monitor use only)

McKinney-Vento Act Compliance Review: LEA Assessment

SCHOOL DISTRICT NAME	DISTRICT ADDRESS
SUPERINTENDENT NAME	SUPERINTENDENT EMAIL ADDRESS

I certify that I agree with the findings and ask that a copy of the monitoring document will be emailed to me:

Name of district homeless liaison (print)

Signature of district homeless liaison

Date

Name of program monitor (print)

Title of program monitor (print)

Signature of program monitor

Date

Print names and positions of all other attendees:

NAME OF ATTENDEE	POSITION OF ATTENDEE
NAME OF ATTENDEE	POSITION OF ATTENDEE
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(Program monitor use only)

Date compliance review completed: _____

Date corrective action plan due: _____

*Attach – 1) LEA Assessment and documents; 2) Signed Corrective Action; 3) Additional Notes
Program monitor is to keep this document on file with the monitoring report.*

McKinney-Vento Act Compliance Review: LEA Assessment

The district liaison is to complete this page before the monitoring visit. It will be attached to the monitoring documentation and shared with the Illinois State Board of Education. The program monitor has the right to request that this document plus any other additional information needed be produced prior to the meeting via email.

DUE: _____

Websites needed:

- [Small Area Income and Poverty Estimates \(SAIPE\)](#)
- [Illinois Report Card](#)

MEETING DATE

MEETING TIME

(Free and reduced-price lunch [FRPL], graduation rates)

DISTRICT NAME		
LIAISON	EMAIL	
ADDRESS FOR VISIT		PHONE NUMBER (Include Area Code)

District McKinney-Vento Counts

YEAR 1 - CURRENT SCHOOL YEAR	COUNT	DATE INFORMATION PULLED
YEAR 2 - LAST SCHOOL YEAR	COUNT	
YEAR 3 - PREVIOUS SCHOOL YEAR	COUNT	

District Title I – McKinney-Vento Set Aside

FISCAL YEAR 1 (CURRENT SY)	AMOUNT SET ASIDE	AMOUNT REMAINING
FISCAL YEAR 2 (LAST SY)	AMOUNT SET ASIDE	AMOUNT REMAINING
FISCAL YEAR 3 (PREVIOUS SY)	AMOUNT SET ASIDE	AMOUNT REMAINING

District Poverty Data

TOTAL FRPL	TOTAL FRPL PERCENTAGE	SAIPE	SAIPE CHILD POVERTY RATIO
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Graduation Rates

YEAR 1: %	YEAR 2: %	YEAR 3: %
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WEBSITE ADDRESS: _____

(Program monitor use only)