

THE SCHOOL BOARD OF ST. LUCIE COUNTY, FLORIDA
***** MIGRANT NEEDS ASSESSMENT *****

19____ - 19____

NAME: _____ SCHOOL: _____

DATE: _____

NAME	*SSAT II TASK	GRADE LEVEL	GPA	SUBJECT	GRADE	DATE	TUTOR	ADDRESS	PERMISSION GRANTED	MIGRANT STATUS

*SSAT II - Mathematics - MP/MF = Pass/Fail
 - Communitactions - CP/CF = Pass/Fail