

**Individualized Plan for Pregnant and/or Parenting Teens**

School: _____	Date: _____
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**Student Information:**

Student Name: _____	
Age: _____	Date of Birth: _____
Pregnant? Yes      No	Due Date: _____
Parenting? Yes      No	No. of children: _____ Ages: _____
Living Situation: _____	
Sources of Financial Support: _____	
Education Status: Grade Standing: 6, 7, 8, 9, 10, 11, 12	
On Track fo Graduation? Yes      No	
Number of credits behind? _____	
Date of Enrollment in Individualized Plan: _____	

**Program Information:**

Check whether service is to be provided and paid for by family, school or agency. If agency, please indicate source. Briefly describe service to be provided.

<u>EDUCATION</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>

<u>TRANSPORTATION</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>

<u>CHILD CARE</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>
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<u>LIFE SKILLS TRAINING</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>
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<u>PARENTING EDUCATION</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>
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<u>CAREER DEVELOPMENT</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>
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<u>HEALTH NUTRITION SERVICES</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>
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<u>COUNSELING</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>
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<u>OTHER SOCIAL SERVICES</u>	
Provided by:	Paid for by:
Family	Family
School	School
Agency	Agency

<u>DESCRIPTION</u>

I have been informed of the services available for pregnant and parenting students in the district and I have received information about the availability of resources provided by other agencies, including health and social services.

Signature of Student:	Date:
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Signature of Parent:	Date:
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Signature of School Representative:	Date:
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<b>TERMINATION DATA:</b>
Date of termination from program: _____
Reason (check one):
___ Nonattendance
___ Moved
___ Completed HS degree
___ Completed GED
___ Returned to regular school program
___ Other: _____
Comments: