

Fern Ridge School District 28J

Code: **JFE-AR**
 Adopted: 2/17/98
 Readopted: 5/23/05
 Orig. Code(s): 5350

Individualized Plan for Pregnant and/or Parenting Teens

District _____ School _____

Date _____

STUDENT INFORMATION:

Student Name _____

Age _____ Date of Birth _____

Pregnant? ____ Yes ____ No If yes, what is the 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 (please circle)

On track for 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.

EDUCATION	DESCRIPTION
Provided by: Paid for by: Family <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Agency <input type="checkbox"/>	
TRANSPORTATION	DESCRIPTION
Provided by: Paid for by: Family <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Agency <input type="checkbox"/>	
CHILD CARE	DESCRIPTION
Provided by: Paid for by: Family <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Agency <input type="checkbox"/>	

Individualized Plan for Pregnant and/or Parenting Teens – JFE-AR
(continued)

LIFE SKILLS TRAINING DESCRIPTION

Provided by: Paid for by:
 Family Family
 School School
 Agency Agency

PARENTING EDUCATION DESCRIPTION

Provided by: Paid for by:
 Family Family
 School School
 Agency Agency

CAREER DEVELOPMENT DESCRIPTION

Provided by: Paid for by:
 Family Family
 School School
 Agency Agency

HEALTH AND NUTRITION SERVICES DESCRIPTION

Provided by: Paid for by:
 Family Family
 School School
 Agency Agency

COUNSELING DESCRIPTION

Provided by: Paid for by:
 Family Family
 School School
 Agency Agency

OTHER SOCIAL SERVICES DESCRIPTION

Provided by: Paid for by:
 Family Family
 School School
 Agency Agency

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 _____

Signature of Parent _____ Date _____

Signature of School Representative _____ Date _____

TERMINATION DATA

Date of termination from program _____

Reason (check one)

Comments: _____

- _____ Non-attendance
- _____ Moved
- _____ Completed HS degree
- _____ Completed GED
- _____ Returned to regular school program

_____ Other: _____
