

# Jackson County School District 9

Code: **JFE-AR**  
Revised/Reviewed: 11/14/01; 5/11/16

## Individualized Plan for Pregnant and/or Parenting Teens

District \_\_\_\_\_ School \_\_\_\_\_

Date \_\_\_\_\_

**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 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 [    ]  | Family [    ] |             |
| School [    ]  | School [    ] |             |
| Agency [    ]  | Agency [    ] |             |
| TRANSPORTATION |               | DESCRIPTION |
| Provided by:   | Paid for by:  |             |
| Family [    ]  | Family [    ] |             |
| School [    ]  | School [    ] |             |
| Agency [    ]  | Agency [    ] |             |

|   |   |             |
|---|---|-------------|
| CHILD CARE  |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| LIFE SKILLS TRAINING  |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| PARENTING EDUCATION   |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| CAREER DEVELOPMENT  |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| HEALTH AND NUTRITION SERVICES                                   |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| COUNSELING  |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| OTHER SOCIAL SERVICES   |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>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: \_\_\_\_\_

\_\_\_\_\_ Nonattendance

\_\_\_\_\_ Moved

\_\_\_\_\_ Completed HS degree

\_\_\_\_\_ Completed GED

\_\_\_\_\_ Returned to regular school program

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_