

Jackson County School District 9

Code: **JFE-AR(2)**
Adopted: 11/14/01

Individualized Plan for Pregnant and/or Parenting Teens

District _____ School _____

Date _____

Student Information

Student Name: _____

Age: _____ Date of Birth: _____

Pregnant? Yes G No G Due Date: _____

Parenting? Yes G No G 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 G No G 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: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
TRANSPORTATION		
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	DESCRIPTION

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(continued)

CHILD CARE		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
LIFE SKILLS TRAINING		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
PARENTING EDUCATION		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
CAREER DEVELOPMENT		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
HEALTH NUTRITION SERVICES		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
COUNSELING		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	
OTHER SOCIAL SERVICES		DESCRIPTION
Provided by: Family [] School [] Agency []	Paid for by: Family [] School [] Agency []	

Other Needs:

Housing	[<input type="checkbox"/>] Yes, I have a need.	[<input type="checkbox"/>] No, my needs are met by: [<input type="checkbox"/>] My parents [<input type="checkbox"/>] HUD [<input type="checkbox"/>] Other _____
Food and Nutrition	[<input type="checkbox"/>] Yes, I have a need	[<input type="checkbox"/>] No, my needs are met by: [<input type="checkbox"/>] Food Stamps [<input type="checkbox"/>] WIC [<input type="checkbox"/>] Healthy Start [<input type="checkbox"/>] Other _____
Cash	[<input type="checkbox"/>] Yes, I have a need	[<input type="checkbox"/>] No, my needs are met by: [<input type="checkbox"/>] AFS Cash Grant [<input type="checkbox"/>] I have a job [<input type="checkbox"/>] My parents [<input type="checkbox"/>] Child Support [<input type="checkbox"/>] Other _____
Employment	[<input type="checkbox"/>] Yes, I have a need	[<input type="checkbox"/>] No, my needs are met by: [<input type="checkbox"/>] Job Council [<input type="checkbox"/>] I have a job [<input type="checkbox"/>] I don't need a job [<input type="checkbox"/>] Other _____

Who referred you to our program? _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

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: _____
