

North Powder School District 8J

Code: **JFE-AR**
 Adopted: 12/19/06
 Readopted: 8/23/16
 Orig. Code(s): JFE-AR

Individualized Plan for Pregnant and/or Parenting Teens

District _____ School _____

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 <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"/>	

Life Skills Training		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"/>	
Parenting Information		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"/>	
Career Development		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"/>	
Health and Nutrition Services		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"/>	
Counseling		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"/>	
Other Social Services		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"/>	

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/Guardian

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: _____
