

North Santiam School District

Code: **JFE-AR**
 Adopted: 11/21/13
 Readopted: 10/19/17
 Orig. Code(s): JFE-AR

Personal Education Plan for Pregnant and/or Parenting Teens

School _____ Date _____

Student Information

Name: _____ Age: _____ Date of Birth: _____

Pregnant? Yes No Due Date: _____

Parenting? Yes No No. of Children: _____ Ages: _____

Living Situation: _____

Sources of Financial Support: _____

Educational Status

Grade Completed: 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: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
TRANSPORTATION		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	

CHILD CARE		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
LIFE SKILLS TRAINING		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
PARENTING EDUCATION		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
CAREER DEVELOPMENT		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
HEALTH AND NUTRITION SERVICES		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
COUNSELING		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
OTHER SOCIAL SERVICES		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	

I have been informed of the services available for pregnant and parenting students in North Santiam School District and 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 District Representative

Date

Termination Data

Date of termination from program: _____ Reason (check one):

- | | |
|---|---|
| <input type="checkbox"/> Nonattendance | <input type="checkbox"/> Completed GED |
| <input type="checkbox"/> Moved | <input type="checkbox"/> Returned to regular school program |
| <input type="checkbox"/> Completed HS diploma | <input type="checkbox"/> Other: _____ |

Comments: _____

