

Nyssa School District 26

Code: **JFE-AR**
 Revised/Reviewed: 6/11/01; 10/13/08
 Orig. Code(s): JFE-AR

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: Family <input type="checkbox"/> Paid for by: Family <input type="checkbox"/> School <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Agency <input type="checkbox"/>	

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

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

