

Oakland School District 1

Code: **JFE-AR**
Adopted: 12/16/97
Readopted: 6/20/12

Individualized Plan for Pregnant and/or Parenting Teens

Date _____

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 []	Family []
School []	School []
Agency []	Agency []

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

CHILD CARE	DESCRIPTION
Provided by:	Paid for by:
Family []	Family []
School []	School []
Agency []	Agency []

LIFE SKILLS TRAINING	DESCRIPTION
Provided by: Paid for by: Family [] Family [] School [] School [] Agency [] Agency []	
PARENTING EDUCATION	DESCRIPTION
Provided by: Paid for by: Family [] Family [] School [] School [] Agency [] Agency []	
CAREER DEVELOPMENT	DESCRIPTION
Provided by: Paid for by: Family [] Family [] School [] School [] Agency [] Agency []	
HEALTH AND NUTRITION SERVICES	DESCRIPTION
Provided by: Paid for by: Family [] Family [] School [] School [] Agency [] Agency []	
COUNSELING	DESCRIPTION
Provided by: Paid for by: Family [] Family [] School [] School [] Agency [] Agency []	
OTHER SOCIAL SERVICES	DESCRIPTION
Provided by: Paid for by: Family [] Family [] School [] School [] Agency [] 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: _____	<input type="checkbox"/> Non-attendance
_____	<input type="checkbox"/> Moved
_____	<input type="checkbox"/> Completed HS degree
_____	<input type="checkbox"/> Completed GED
_____	<input type="checkbox"/> Returned to regular school program
_____	<input type="checkbox"/> Other: _____