



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

| | | |
|---|---|-------------|
| 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 [] | |

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: _____
