

Silver Falls School District 4J

Code: **JFE-AR(2)**
 Adopted: 1/9/96-E
 Readopted: 9/8/97

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 [] 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):
Non-attendance
Moved
Completed HS degree
Completed GED
Return to regular school program
Other:

Comments: