

# Silver Falls School District 4J

Code: **JFE-AR**  
 Revised/Reviewed: 5/14/18

## Pregnant and Parenting Teen Plan

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:	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 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

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**Termination Data**

Date of termination from program: \_\_\_\_\_

Reason (check one):

Comments: \_\_\_\_\_

\_\_\_\_\_ Nonattendance

\_\_\_\_\_ Moved

\_\_\_\_\_ Completed HS degree

\_\_\_\_\_ Completed GED

\_\_\_\_\_ Returned to regular school program

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_