

# 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

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TERMINATION DATA

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

Reason (check one):

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

- \_\_\_\_\_ Non-attendance
- \_\_\_\_\_ Moved
- \_\_\_\_\_ Completed HS degree
- \_\_\_\_\_ Completed GED
- \_\_\_\_\_ Return to regular school program
- \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_