

Vale School District 84

Code: **JFE-AR**
Revised/Reviewed: 12/6/94; 9/10/08
Orig. Code(s): JFE-AR

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:	Paid for by:
Family__	Family__
School__	School__
Agency__	Agency__

Transpiration	Description
Provided by:	Paid for by:
Family__	Family__
School__	School__
Agency__	Agency__

Child Care

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

Life Skills Training

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

Parenting Education

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

Career Development

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

Health and Nutrition Services

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

Counseling

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

Other Social Services

Provided by: Paid for by:
Family__ Family__
School__ School__
Agency__ Agency__

Description

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/Guardian

Date

Signature of School Representative

Date

Termination Data

Date of termination from program _____

Reason (check one):

Comments: _____

Non-attendance

Moved

Completed HS degree

Completed GED

Returned to regular school program

Other: _____

