

**Pregnant and/or Parenting Teens**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_