## Sisters School District 6

Code: **JFE-AR**Adopted: 4/8/08

Revised/Reviewed:

Orig. Code(s): JFE-AR

## **Individualized Plan for Pregnant and/or Parenting Teens**

District		School			
Student Information		Date			
Student Name:					
Age:					
Pregnant? Yes □ No □	Due Date:				
Parenting? Yes □ No □	No. of Children	: Ages:			
Living Situation:					
Sources of Financial Suppo	ort:				
Education Status: Grade Standing: 6, 7, 8, 9, 10, 11, And 12 On Track for Graduation? Yes $\square$ No $\square$ Number of Credits Behind?					
Date of Enrollment in Indi	vidualized Plan:				
Program Information					
Check whether service is to Briefly describe service to		I for by family, school or agency. If agency, please indicate source.			
EDUCATION		DESCRIPTION			
	Paid for by: Family [ ] School [ ] Agency [ ]				
TRANSPORTATION		DESCRIPTION			
	Paid for by: Family [ ] School [ ] Agency [ ]				

CHILD CARE			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]	] ]	
LIFE SKILLS TRAINING			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]		
PARENTING EDUCATION			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]	] ] ]	
CAREER DEVELOPMENT			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]	] ] ]	
HEALTH NUTRITION SERVICES			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]	] ] ]	
COUNSELING			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]	] ] ]	
OTHER SOCIAL SERVICES			DESCRIPTION
Provided by: Family [ ] School [ ] Agency [ ]	Paid for by: Family [ ] School [ ] Agency [ ]	] ] ]	

I have been informed of the services available for pregn 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
Termi	nation Data
Date of termination from program:	Reason (check one):
Comments:	Nonattendance Moved Completed HS degree Completed GED Returned to regular school program Other: