

# Sisters School District 6

Code: **JFE-AR**  
 Adopted: 04/08/08

## 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: 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: 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 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: _____ _____ _____ _____	<input type="checkbox"/> Nonattendance <input type="checkbox"/> Moved <input type="checkbox"/> Completed HS degree <input type="checkbox"/> Completed GED <input type="checkbox"/> Returned to regular school program <input type="checkbox"/> Other: _____ _____