# INDIVIDUALIZED PLAN FOR

**PREGNANT AND/OR PARENTING TEENS**

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 completed (circle one): 6 7 8 9 10 11 12

On track for graduation?\_yes no 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 & 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 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

# Service Exit Information

Date of exit from pregnant/parenting program

Reason (check one):

* Non-attendance unenrollment Comments:
* Moved
* Graduated
* Declined services
* Other: