

# North Santiam School District

Code: **JFE-AR**  
Adopted: 11/21/13  
Orig. Code(s): JFE-AR

## Personal Education Plan for Pregnant and/or Parenting Teens

School \_\_\_\_\_ Date \_\_\_\_\_

### Student Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pregnant? Yes ☐ No ☐ Due Date: \_\_\_\_\_

Parenting? Yes ☐ No ☐ No. of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Living Situation: \_\_\_\_\_

Sources of Financial Support: \_\_\_\_\_

### Educational Status

Grade Completed: ☐ 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: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
TRANSPORTATION		DESCRIPTION
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	

<b>CHILD CARE</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
<b>LIFE SKILLS TRAINING</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
<b>PARENTING EDUCATION</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
<b>CAREER DEVELOPMENT</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
<b>HEALTH AND NUTRITION SERVICES</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
<b>COUNSELING</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
<b>OTHER SOCIAL SERVICES</b>		<b>DESCRIPTION</b>
Provided by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by: <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	

I have been informed of the services available for pregnant and parenting students in North Santiam School 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 District Representative

\_\_\_\_\_  
Date

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**Termination Data**

Date of termination from program: \_\_\_\_\_ Reason (check one):

☐ Nonattendance

☐ Completed GED

☐ Moved

☐ Returned to regular school program

☐ Completed HS diploma

☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_