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Fern Ridge School District 28J
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Individualized Plan for Pregnant and/or Parenting Teens

District _____ School _____

Date _____

STUDENT INFORMATION:

Student Name _____

Age _____ Date of Birth _____

Pregnant? ____ Yes ____ No   If yes, what is the 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   (please circle)

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:		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 AND 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 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: _____

_____ Non-attendance
_____ Moved
_____ Completed HS degree
_____ Completed GED
_____ Returned to regular school program

_____ Other: _____

_____