

Milton-Freewater School District 7

Code: JFE-AR
 Revised/Reviewed: 3/13/17

Individualized Plan for Pregnant and/or Parenting ~~Teens~~ Students

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~~ completed: 6 7 8 9 10 11 12

On ~~T~~track for ~~G~~graduation? Yes No

Number of ~~credits needed to be on track?~~ ~~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:	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 []	

Education **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Transportation **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Child Care **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Life Skills Training **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Parenting Education **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Career Development **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Health and Nutrition Services **Description**

Provided by:	Paid for by:	_____
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<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Counseling **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

Other Social Services **Description**

Provided by:	Paid for by:	_____
<input type="checkbox"/> Family	<input type="checkbox"/> Family	_____
<input type="checkbox"/> School	<input type="checkbox"/> School	_____
<input type="checkbox"/> Agency	<input type="checkbox"/> Agency	_____

I have been informed of the services available for pregnant and/or 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/guardian	_____ Date
_____ Signature of school representative	_____ Date

Termination Data

<p>Date of termination from program: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Reason (check one):</p> <p>_____ Nonattendance</p> <p>_____ Moved</p> <p>_____ Completed HS degree</p> <p>_____ Completed GED</p> <p>_____ Returned to regular school program</p> <p>_____ Other: _____</p> <p>_____</p>
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Date of termination from program: _____

Reason (check one): Nonattendance Moved Completed diploma¹ Completed GED
 Returned to regular school program
 Other _____

Comments: _____

¹ A “diploma,” as it pertains to Board policy JFE – Pregnant and/or Parenting Students, means a diploma, a modified diploma, or an extended diploma.