

OSBA Model Sample Administrative Regulation

Code: JFE-AR
Revised/Reviewed:

Individualized Plan for Pregnant and/or Parenting Students

District _____ Date _____

School _____

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 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

On track for graduation? ☐ Yes ☐ No

Number of credits needed to be on track? _____

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

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Transportation

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Child Care

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Life Skills Training

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Parenting Education

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Career Development

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Health and Nutrition Services

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Counseling

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

Other Social Services

Provided by:

- ☐ Family
☐ School
☐ Agency

Paid for by:

- ☐ Family
☐ School
☐ Agency

Description

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

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.