

**APPENDIX A
INDIVIDUALIZED PLAN FOR
PREGNANT AND/OR PARENTING TEENS**

SAMPLE FORM ONLY

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

On track for graduation? ____yes ____no No. 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	
Child Care		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	
Life Skills Training		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	

Parenting 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	
Career Development		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	
Health & Nutrition Services		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	
Counseling		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	
Other Social Services		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	

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

Termination Data

Date of termination from program, reason (check one):

Comments: _____	<input type="checkbox"/> Non-attendance
_____	<input type="checkbox"/> Moved
_____	<input type="checkbox"/> Completed HS degree
_____	<input type="checkbox"/> Completed GED
_____	<input type="checkbox"/> Returned to regular school program
_____	<input type="checkbox"/> Other: _____
_____	_____
_____	_____