

# Amity School District 4J

Code: **JFE-AR**  
 Adopted: 2/8/95

## Individualized Plan for Pregnant and/or Parenting Teens

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: 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:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
|   |   |             |

Individualized Plan for Pregnant and/or Parenting Teens – JFE-AR  
(continued)

|  |  |             |   |
|--|--|-------------|---|
| TRANSPORTATION   |  | DESCRIPTION | T<br>E<br>A<br>S<br>N<br>C<br>S<br>R<br>H<br>C<br>E<br>T<br>I<br>A<br>C<br>T<br>I<br>O<br>N |
| Provided by:<br>Family [ ]<br>School [ ]<br>Agency [ ] | Paid for by:<br>Family [ ]<br>School [ ]<br>Agency [ ] |             |   |
| CHILD CARE   |  | DESCRIPTION |   |
| Provided by:<br>Family [ ]<br>School [ ]<br>Agency [ ] | Paid for by:<br>Family [ ]<br>School [ ]<br>Agency [ ] |             |   |
| LIFE SKILLS TRAINING                                   |  | DESCRIPTION |   |
| Provided by:<br>Family [ ]<br>School [ ]<br>Agency [ ] | Paid for by:<br>Family [ ]<br>School [ ]<br>Agency [ ] |             |   |
| PARENTING EDUCATION                                    |  | DESCRIPTION |   |
| Provided by:<br>Family [ ]<br>School [ ]<br>Agency [ ] | Paid for by:<br>Family [ ]<br>School [ ]<br>Agency [ ] |             |   |
| CAREER DEVELOPMENT                                     |  | DESCRIPTION |   |
| Provided by:<br>Family [ ]<br>School [ ]<br>Agency [ ] | Paid for by:<br>Family [ ]<br>School [ ]<br>Agency [ ] |             |   |
| HEALTH NUTRITION SERVICES                              |  | DESCRIPTION |   |

|   |   |             |
|---|---|-------------|
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| <b>COUNSELING</b>   |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>Agency [    ] |             |
| <b>OTHER SOCIAL SERVICES</b>                                    |   | DESCRIPTION |
| Provided by:<br>Family [    ]<br>School [    ]<br>Agency [    ] | Paid for by:<br>Family [    ]<br>School [    ]<br>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/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Representative \_\_\_\_\_ Date \_\_\_\_\_

**Termination Data**

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