

# Port Orford-Langlois School District 2CJ

Code: JFE-AR  
Adopted: 6/8/04  
Orig. Code(s): JFE-AR

## Individualized Plan for Pregnant and/or Parenting Teens

District \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

### Student Information

Student name **Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth **Birth:** \_\_\_\_\_

Pregnant? Yes  No  Due date **Date:** \_\_\_\_\_

Parenting? Yes  No  No. of children: **Children:** \_\_\_\_\_ Ages: \_\_\_\_\_

Living situation **Situation:** \_\_\_\_\_

Sources of financial support **Financial Support:** \_\_\_\_\_

Education **status:**

**Status:** \_\_\_\_\_ Grade completed  **Standing:** 6  7  8  9  10  11  12

On track **Track** for graduation?

**Graduation?** Yes  No

\_\_\_\_\_ Number of credits needed to be on track? \_\_\_\_\_ **Credits**

**Behind?** \_\_\_\_\_

Date of enrollment **Enrollment** in individualized plan **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
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Provided by:	Paid for by:
<input type="checkbox"/> Family	<input type="checkbox"/> Family
<input type="checkbox"/> School	<input type="checkbox"/> 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:	_____
<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	_____

