

INDIVIDUALIZED PLAN FOR PREGNANT AND/OR PARENTING TEENS

**SAMPLE
PLAN**

(SAMPLE FORM ONLY)

School District: Siuslaw SD 97J School: Siuslaw High School

Date: 1/1/16

Student Information

Student Name: _____

Age: 15 Date of Birth: _____

Pregnant? ☒ yes ☐ no Due Date: _____

Parenting? ☐ yes ☒ no No. of Children: _____ Ages: _____

Living Situation: Boy Dads family

Sources of Financial Support: Child 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"/> D Family <input checked="" type="checkbox"/> D School <input type="checkbox"/> D Agency	Paid for by <input type="checkbox"/> D Family <input checked="" type="checkbox"/> D School <input type="checkbox"/> D Agency	School support team in place. Credit maintenance plan TBD support team meeting
Transportation		Description
Provided by <input checked="" type="checkbox"/> D Family <input type="checkbox"/> D School <input type="checkbox"/> D Agency	Paid for by <input checked="" type="checkbox"/> D Family <input type="checkbox"/> D School <input type="checkbox"/> D Agency	Summer School
Child Care		Description
Provided by <input checked="" type="checkbox"/> D Family <input type="checkbox"/> D School <input type="checkbox"/> D Agency	Paid for by <input checked="" type="checkbox"/> D Family <input type="checkbox"/> D School <input type="checkbox"/> D Agency	NY
Life Skills Training		Description
Provided by <input type="checkbox"/> D Family <input checked="" type="checkbox"/> D School <input type="checkbox"/> D Agency	Paid for by <input type="checkbox"/> D Family <input checked="" type="checkbox"/> D School <input type="checkbox"/> D Agency	Drivers Ed

