INDIVIDUALIZED PLAN FOR PREGNANT AND/OR PARENTING TEENS

## (SAMDLE EODM ONLY

(SAMPLE FUR	RIVI CINLY)
School District: Siuslaw Sh 97J	School: Sinslaw High School
	Date:
Student Information Student Name: Age:	
Pregnant?yesno Parenting?yesno No. of Children:_	Due Date:
Living Situation: Buy Dads Famile Sources of Financial Support: Child Support: Ch	6 7 8 9 10 11 12  No. of Credits Behind:
Program Information Check whether service is to be provided and paid for please indicate source. Briefly describe service to be	or by family, school, or agency. If agency,

	Education	Description
Provided by D Family	Paid for by D Family	School Support team in pla Credit maintenance plan TBD Support fram meeting Description Summer School
D School	(D School)	Too make the flat
D Agency	D Agency	1BD support fram meeting
Tr	ansportation	Description Summer School
Previded by	Paid for by	-ce
D Family	(D Family)	
D School	D School	Sign M
D Agency	D Agency	J-, 201
	Child Care	Description
Provided by	Paid for by	1- 1- on My
D Family	D Family	C
D School	D School	·
D Agency	D Agency	
Life	Skills Training	Description
Provided by	Paid for by	Drivers Ed
D Family	D Family	
D School	(D. School)	
D Agency	D Agency	

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Pare	nting Education	Description
Provided by	Paid for by	Healthlines famalies apri
D Family	D Family	Itening tamanes a
D.School	D-School	\ ' \ \
D Agency	D Agency)	
	er Development	Description
Provided by	Paid for by	COSER T DO MANAGE OCCESSIMAN
D Family	D Family	career Pathways assessmen
DSchool	(D School)	
D Agency	D Agency	
	Nutrition Services	Description
Provided by	Paid for by	trillium Ins. OB/ Dr. Wilson Peace Nearth WIC. + FOOD STAMS
D Family	D Family	10B/ Dr. Wilson Peace Neath
D School	D School	MMC & GOOD STAMS
	hech Agency	
	Counseling	Description
Provided by	Paid for by	
D Family	D Family	opitions
D School	D School	
D Agency	D Agency	Description
	Social Services	Description
Provided by	Paid for by D Family	
D Family D School	D School	
D Agency	D Agency	
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	42-0-00-0	WIL (
<i>9</i> igna	ature of Student	Date
Signature	of Parent/Guardian	Date
Oignatare of Fareing Cuardian		-//
Vise Ut		1/10/2016
gnature of	School Representative	Date
Termination Data	£	
	from program	
Reason (check one	e):	
☐ Non-attendand		
□ Mayod	e	Comments:
☐ Moved	ce	Comments:
		Comments:
☐ Completed HS	S diploma	
<ul><li>☐ Completed HS</li><li>☐ Completed GE</li></ul>	S diploma ED	
<ul><li>☐ Completed HS</li><li>☐ Completed GE</li></ul>	S diploma	