

INDIVIDUALIZED PLAN FOR PREGNANT STUDENTS AND STUDENTS WITH CHILDREN

District _____ School _____

STUDENT INFORMATION

Date _____

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:	Paid for by:
Family []	Family []
School []	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 []

