



## West Linn-Wilsonville School District 3Jt

22210 SW Stafford Rd- Tualatin Oregon 97062

### INDIVIDUALIZED PLAN FOR PREGNANT AND/OR PARENTING TEENS

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 completed (circle one): 6 7 8 9 10 11 12

On track for graduation? \_yes\_ \_no 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"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Transportation		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Child Care		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Life Skills Training		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	



## West Linn-Wilsonville School District 3Jt

22210 SW Stafford Rd- Tualatin Oregon 97062

Parenting Education		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Career Development		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Health & Nutrition Services		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Counseling		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	
Other Social Services		Description
Provided by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	Paid for by <input type="checkbox"/> Family <input type="checkbox"/> School <input type="checkbox"/> Agency	

I have been informed of the services available for pregnant and parenting students in the district and 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

### Service Exit Information

Date of exit from pregnant/parenting program \_\_\_\_\_

Reason (check one):

☐ Non-attendance unenrollment

☐ Moved

☐ Graduated

☐ Declined services

☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_