

# Clatskanie School District 6J

Code: JFE-AR  
Revised/Reviewed: 6/11/24

## Individualized Plan for Pregnant and/or Parenting ~~Teens~~Students

District \_\_\_\_\_ 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 ☐ 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:

☐ Family

☐ School

☐ Agency

Paid for by:

☐ Family

☐ School

☐ Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Transportation

#### Description

Provided by:

☐ Family

☐ School

☐ Agency

Paid for by:

☐ Family

☐ School

☐ Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Care**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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**Life Skills Training**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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**Parenting Education**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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**Career Development**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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**Health Nutrition Services**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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**Counseling**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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**Other Social Services**

Provided by:

- ☐ Family  
☐ School  
☐ Agency

Paid for by:

- ☐ Family  
☐ School  
☐ Agency

**Description**

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

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**Termination Data**

Date of termination from program: \_\_\_\_\_

Reason (check one):    ☐ Nonattendance   ☐ Moved   ☐ Completed diploma<sup>1</sup>   ☐ Completed GED  
                                 ☐ Returned to regular school program  
                                 ☐ Other \_\_\_\_\_

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

Corrected 8/15/24

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<sup>1</sup> A “diploma,” as it pertains to policy JFE, means a diploma, an extended diploma, a modified diploma or ~~an alternative certificate~~ certificate of attendance.