

# Clatskanie School District 6J

Code: JFE  
Adopted: 5/20/13  
Revised/Readopted: 10/14/24  
Orig. Code(s): JFE

## Pregnant and Parenting Students

The district shall not discriminate in its education program or activity against any student based on their current, potential, or past pregnancy, parenting, or related conditions. No pregnant or parenting student shall be excluded from the public schools on the basis of pregnancy or parenthood. A pregnant and/or parenting student shall be encouraged to continue with an educational program and to participate in all district-sponsored activities, unless physically unable. The district shall ensure that pregnant and/or parenting students receive special services as necessitated by their condition.

Neither pregnancy nor parenting constitute an exemption from Oregon compulsory attendance law.

~~No pregnant or parenting student shall be excluded from the public schools on the basis of pregnancy or parenthood.~~

The district shall, in considering and obtaining special services for pregnant and/or parenting students:

1. Inform pregnant and/or parenting students and their parents of the availability of such services in the district, education service district or in the community.;
2. Facilitate the provision of such services, including counseling, life skills and parenting education, ~~childcare~~child care, transportation, career development and health and nutrition services to pregnant and/or parenting students.;
3. Inform pregnant and/or parenting students and their parents of the availability of resources provided by other agencies, including health and social services.;
4. Provide educational programs and schedules that address the individual learning styles and needs of pregnant and/or parenting students.;
5. Develop individualized educational programs or services, or both, to address the needs of pregnant and/or parenting students when their educational needs cannot be met by the regularly provided school program.

When a district employee is notified of a student's pregnancy or related condition by the student or a person who has a legal right to act on behalf of the student, the employee will provide notice to that person. The notice will include:

1. The Title IX Coordinator's contact information;
2. That the Title IX Coordinator can coordinate specific actions to prevent discrimination and ensure the student's equal access to the district's education program or activity;
3. The district's responsibilities under Title IX; and
4. The district's notice of nondiscrimination.

The student will be allowed access to a lactation space<sup>1</sup> described in Board policy GBDA – Expression of Milk or Breastfeeding.

The superintendent will develop guidelines necessary to ensure compliance with the provisions of state and federal law.

END OF POLICY

---

**Legal Reference(s):**

ORS 336.640

ORS 339.030

OAR 581-023-0100(3)

ORS 339.010

OAR 581-021-0046

Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681-1683, 1701, 1703-1705, 1720 (2018); Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. Part 106 (2024).

Corrected 11/21/24

---

<sup>1</sup> A lactation space must be a space other than a bathroom, that is clean, shielded from view, free from intrusion from others, and may be used by a student for expressing breast milk or breastfeeding as needed. (34 CFR 106.40(b)(3)(v))

# 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

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

#### Description

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

#### Transportation

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

#### Description

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

**Child Care**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---

**Life Skills Training**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---

**Parenting Education**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---

**Career Development**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---

**Health Nutrition Services**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---

**Counseling**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---

**Other Social Services**

Provided by:

- Family
- School
- Agency

Paid for by:

- Family
- School
- Agency

**Description**

---



---



---



---



