



**Plan of Action for Implementing
Administrative Procedure 5119.3 -
Educational Programs/Services for Pregnant and Parenting Students**

School _____ Date of Conference ____ / ____ / ____

Name of Student _____ Student No. _____ Grade _____

Address _____ Phone No. _____

Marital Status _____ Date of Birth ____ / ____ / ____

Person to Notified in Case of Emergency _____

Address _____ Phone No. _____ Relationship _____

Name of Physician _____ Physician's Phone No. _____

Anticipated Date of Delivery ____ / ____ / ____

Plan for Continuing Education Program

Person(s) Attending Conference:

Plan of Action: (Complete the following information)

Before Delivery: (include home teaching dates if appropriate)

After Delivery: (include child care plans)

Kinds of resources offered or made available by the school:

Counselor's Signature Principal's Signature Date

This form is to be completed by the school counselor and signed by the school principal. The original copy of this form will remain in the cumulative file.