



United Independent School District
Pregnancy, Education, and Parenting (P.E.P.) Program

INTAKE/IECP

School _____ School ID# _____ Grade _____ SS# _____ Gender M F DOB _____ Age _____
Last Name _____ Ethnicity Hispanic Anglo African American Asian
First Name _____ American Indian Other _____
Maiden Name _____ Check One Single Married Divorced
Address _____ Zip _____ Parent/Legal Guardian _____
Home Ph. _____ Wk. Ph. _____ Person Student lives with _____

Education Information

Have you ever dropped out of school? Yes No
If yes, when _____
Reason _____
Do you plan to attend summer school? Yes No
Are you enrolled in Regular School Alternative School
 Magnet Sp. Ed. G.T. ESL
How do you get to school? PEP Bus School Bus City Bus Self/Parent Walk Other (List) _____
Which parts of the TAKS Test have you passed? Unknown
 Social Studies Science Math ELA
Do you work? Yes No Where? _____
After High School, what are your plans? Vocational Training
 College/University Work Military Service Other _____

Pregnancy and Parenting Information

Check all that applies to you:
 Pregnant Due Date _____ **Child 2:** Name _____ DOB _____
 Parenting Mother/Father's Name _____ Age _____
Partner's Name _____ Age _____ In School In College Works Other
School _____ Grade _____ Who takes care of your children? Spouse Family Member
Child 1: Name _____ DOB _____ friend Daycare
Mother/Father's Name _____ Age _____ Name of Daycare _____
 In School In College Works Other How do you get your child to Daycare? Self Family Member
 PEP Bus Other _____

Health and Social Services

Check if you receive any of the following services: TANF Food Stamps Medicaid WIC Public Housing
 Free/Reduced Lunch Transportation Child Support Prenatal Care CCS [Parenting Skills Class Where? _____]
Health Care Provider: Private Doctor (name) _____ Clinic (name) _____
Hospital you use or plan to use: _____
Student's Signature _____ **Date** _____

Services Received (Staff to fill out)

Identified as pregnant on _____ by Administrator _____ Nurse _____
Counselor _____ Actual date of birth _____ Other _____
SERVICES: (Check all that apply):
 P.E.P. Transportation Compensatory Home Instruction Child Care Assistance
 School Counselor CATE Other _____ P.E.P.
 Parenting Classes Special Education C.C.S.
 Health Care Monitoring Cooperative Education

Entry Date _____ **1st PRS Entry Date** _____ **2nd PRS Entry Date** _____