



DISCOVERY PUBLIC SCHOOL OF FARIBAULT

PREGNANCY AND PARENTING STUDENT PLAN

Name: _____ **XX** Date: _____ **XX**
 Grade: _____ **XX** DOB: _____ **XX** Age: _____ **XX**

A pregnant or parenting student, at Discovery Public School, will be provided fair and reasonable accommodations in order to complete classwork and graduate on time.

The student has the right to the same coursework, extra-curricular, and enrichment services as those offered to other students unless stated by physicians' notice.

The student has the right to attend school as long as she wants, even up to delivery date unless stated by physicians' notice. Special seating, longer passing time, and use of elevator will be made available as needed.

While pregnant, all physicians' office visits will be excused with a doctor's note, all missed work will be provided to student and student will be given 5 days to make-up the work.

Upon hospitalization, Discovery will excuse absences as long as physician determines necessary.

Regular classwork will be provided for recovery time on a weekly basis and will be due 7 days after it is issued. Every effort will be made to provide equal quality and quantity lessons with the understanding that some group work, movies, or lab work may need to be modified.

When the mother is breastfeeding her infant, a place will be made available. Missing class time will be excused if work is completed within 5 days.

Checks-ups for the child will be excused with a physicians' note if daily work is completed within 5 days.

Sick child days will be excused if they do not become excessive and daily work is completed within 5 days.

Student agrees to make every effort to be available for standardized testing dates.

Person responsible for communicating and verifying implementation of PPSP: Delica Caldwell

PARTICIPANTS:	Signature
Delica Caldwell (Administrator/Designee)	
Steve Darkow	
Kim Hildahl	
Sam Macklay	
Dan Weisser	
Dirk Wells	
Polly Ames	

Parents/Guardians:

- _____ I have been given the opportunity to participate in the development of the accommodation plan.
- _____ I understand the contents and reasons for the program recommended.
- _____ I have been informed of my Title IX rights. (Fact sheet attached.)
- _____ I agree/disagree to this Pregnancy and Parenting Student Plan as written:

Parent/Guardian Signature _____
Date

Director's Signature _____
Date

Title IX fact sheet attached

Updated 12-4-2012