

GRANBURY INDEPENDENT SCHOOL DISTRICT

**PREGNANCY RELATED SERVICES
DATA ENTRY FORM**

DISTRICT: _____ **CAMPUS :** _____

REFERENCE: Texas Education Agency Student Attendance Accounting Handbook, Section IX.

Correct use of this Form will satisfy TEA Audit requirements.

THIS FORM SHOULD BE RETAINED IN THE STUDENTS PRS FILE FOLDER FOR A PERIOD OF NOT LESS THAN 5 YEARS.

STUDENT NAME: _____ **STUDENT PEIMS ID# :** _____

PROGRAM ENTRY

VERIFICATION OF PREGNANCY DATE: _____

VERIFYING OFFICIAL TITLE: _____

INDIVIDUALIZED PRS PLAN CONSTRUCTED: _____

PREGNANCY RELATED SERVICES ENTRY DATE: _____

COMPENSATORY EDUCATION HOME INSTRUCTION RECORD

(The postpartum period begins the day after delivery. CEHI service should begin as soon after delivery as possible)

PRENATAL POSTPARTUM EXTENSION

CEHI ENTRY/EXIT DATE: _____ _____ _____

CEHI ENTRY/EXIT DATE: _____ _____ _____

SPECIAL EDUCATION HOMEBOUND RECORD

SPECIAL ED ENTRY/EXIT DATE: _____ _____ _____

OTHER SPECIAL PROGRAMS

BIL/ESL: ___ Y ___ N **GT:** ___ Y ___ N **CTE:** ___ Y ___ N

DYSLEXIA: ___ Y ___ N **504:** ___ Y ___ N **SP.ED:** ___ Y ___ N

PRS PROGRAM EXIT

PREGNANCY END DATE: _____

DATE STUDENT RETURNED TO FULL TIME INSTRUCTION: _____

PRS PROGRAM EXIT DATE: _____

SIGNATURE OF SCHOOL OFFICIAL