Miami-Dade County Public Schools

DROPOUT PREVENTION
ELIGIBILITY FOR PLACEMENT
IN A
TEENAGE PARENT PROGRAM

Date _____   School _____

Name _____ Grade _____

Student # _____ Enrollment Date _____ Exit Date _____

Program Name _____Teenage Parent Program_____

TEENAGE PARENT PROGRAM   (CODE P)

ELIGIBILITY CRITERIA
(to be entered on the parent's Dropout Prevention (PF19) screen)

Indicate below the student's eligibility criteria that correspond with the program plan.

_____Students is single (Code **Y** for yes, **N** for no)

_____Student is an expectant youth (Code **E**)

_____Student is a school-age parent requesting initial enrollment, continued enrollment, or re-enrollment due to child care problems, or specialized curriculum needs. (Code **F**)

___X___Child of teen parent(s) enrolled or who have been enrolled in a teen parent program. (Code **G**)

*When finished entering this criteria on the parent's Dropout Prevention screen, please complete the three TAP survey questions at the bottom of the TAP screen pertaining to the student's number of children, weight of infant and the ancillary services they receive.

_____   _____
            Administrator   Program Facilitator/Coordinator

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