

PREGNANCY RELATED SERVICES

STUDENT DATA RECORD

DISTRICT: _____

CAMPUS: _____

REFERENCE: Texas Education Agency Student Attendance Accounting Handbook
Section 9. Use of this form will satisfy some TEA requirements.

**A COPY OF THIS FORM SHOULD BE RETAINED IN STUDENT PRS FOLDER FOR A
PERIOD OF NOT LESS THAN 5 YEARS**

STUDENT NAME: _____

STUDENT ID#: _____

PRS ENTRY DATA

DATE OF PREGNANCY VERIFICATION: _____

VERIFYING OFFICIAL/TITLE: _____

PREGNANCY RELATED SERVICE ENTRY DATE: _____

COMPENSATORY HOME INSTRUCTION RECORD

	<u>PRENATAL</u>	<u>POSTPARTUM</u>
CEHI ENTRY/EXIT DATES	____ / ____	____ / ____
CEHI ENTRY/EXIT DATES	____ / ____	____ / ____

SPECIAL EDUCATION HOMEBOUND RECORD (IF USED)

HOMEBOUND ENTRY/EXIT DATES: _____ / _____

PRS PROGRAM EXIT DATA

PREGNANCY END DATE: _____

OFFICIAL PRS PROGRAM EXIT DATE: _____

DATE STUDENT RETURNED TO FULL TIME CLASSROOM: _____

SIGNATURE OF PRS SCHOOL OFFICIAL