# PREGNANCY RELATED SERVICES

## STUDENT DATA RECORD

**DISTRICT:** ________________  **CAMPUS:** ________________

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**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

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**STUDENT NAME:** ________________  **STUDENT ID#:** ________________

### PRS ENTRY DATA

**DATE OF PREGNANCY VERIFICATION:** ________________

**VERIFYING OFFICIAL/TITLE:** ________________

**PREGNANCY RELATED SERVICE ENTRY DATE:** ________________

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### COMPENSATORY HOME INSTRUCTION RECORD

<table>
<thead>
<tr>
<th>PRENATAL</th>
<th>POSTPARTUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEHI ENTRY/EXIT DATES</td>
<td>/ /</td>
</tr>
<tr>
<td>CEHI ENTRY/EXIT DATES</td>
<td>/ /</td>
</tr>
</tbody>
</table>

### SPECIAL EDUCATION HOMEBOUND RECORD (IF USED)

**HOMEBOUND ENTRY/EXIT DATES:** ________________ / ________________

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### PRS PROGRAM EXIT DATA

**PREGNANCY END DATE:** ________________

**OFFICIAL PRS PROGRAM EXIT DATE:** ________________

**DATE STUDENT RETURNED TO FULL TIME CLASSROOM:** ________________

*SIGNATURE OF PRS SCHOOL OFFICIAL*