

EGUSD-TEEN PARENT PROGRAM (TPP)
STUDENT AND FAMILY EMPOWERMENT OFFICE (SAFE)

TEEN PARENT PROGRAM REFERRAL FORM

Please complete the following information and return this form via email to Ophelia Mosqueda at omosqued@egusd.net. If you have questions, Ophelia can be reached at the SAFE Office at Valley High School at 916-681-7577.

School Name DATE

Student Name (First, Last) STUDENT ID

Student Grade: 7 8 9 10 11 12 Is the student 18 years old? Yes No

Referring Staff Name: Contact Number:

Does the student/family require translation support? Yes No
If yes, what is the primary language?

Is student a Foster Youth? Yes No

Please check the following for Student Mothers: Student is pregnant Student is currently parenting

Please check the following for Student Fathers: Father is expecting a child Father is currently parenting

Is the student's parents/guardian aware of the pregnancy/parenting status? Yes No

Have you informed the student and parent/guardian that you are making this referral? Yes No

Please identify any immediate concerns or needs (mark all that apply):

- Health Care Access Clothing Daycare Attendance Concerns Counseling

Additional Comments: