



SPPT PARTICIPATION AGREEMENT

The SPPT Program provides case management and support services to pregnant and parenting teens in order to help them succeed in school. Our goals are to see teen parents graduate from high school and have good health and wellness outcomes for themselves and their children.

I _____ agree to participate in the following services that will promote the health and wellness of myself and my child(ren) and help me to stay in school and graduate.

REQUIRED SERVICES:

1. **Educational services that will help me stay in school and earn the credits necessary for graduation- I understand that the following services may be available to me:**

- Tutoring, including home bound
- Credit recovery programs
- Afterschool help
- Summer school
- Monitoring of attendance, course work, and grades

To participate in SPPT I understand that I must meet the following school/program expectations:

- Submit notes for excused absences
- Meet school attendance guidelines
- Note: Unexcused absences may result in dismissal from the SPPT Program

2. **Individual case management and family support - I understand that the following services are available to me:**

- Individual meetings with SPPT Social Worker, Nurse, and/or Home Visitor
- Break time in the SPPT program space
- Access to SPPT staff via phone, email, and text
- Goal setting and action planning

To participate in SPPT I understand that I must meet the following program expectations:

- Provide information about myself and my baby/child
- Develop a personal plan to help me work toward high school graduation
- Contact a SPPT staff person at least once a week (in person, by phone, email, texting)
- Meet with my SPPT case manager at least once per month



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OPTIONAL SERVICES (one or more services must be selected):

3. _____ **Linkages and referrals to prenatal care, reproductive health services and other community resources as needed-** I understand that the following services are available to me:

- Help connecting with services available to me
- Help completing paperwork needed for child care, medical appointments, and social services

To receive this help I understand that I must:

- Provide information about myself and my child

4. _____ **Quality childcare-** I understand that the following services may be available to me:

- Assistance in obtaining Care-4-Kids subsidy for childcare
- Funding to assist in my childcare costs
- Assistance with transportation, including bus tokens, taxi or special van/bus transport
- Special van/bus transportation to provide transportation from home to school and back with a stop at the childcare center
- Monitoring of attendance and development of attendance contracts
- Development of wellness plans to address illnesses and decrease absences

To participate in SPPT I understand that I must meet the following program expectations:

- My child must attend on a regular basis or I risk losing childcare funding provided by the SPPT program
- Call the childcare center by 9:00 AM to report an absence (reason must be given)
- Bring in a doctor's note for absences of three days or more
- Unexcused absences from childcare will require that I meet with the Social Worker to discuss any problems I am having that prevent me from coming to school.
- Four unexcused absences will result in the loss of any childcare support provided by the SPPT program.
- If my child and I use transportation with the "baby van", I will lose this service if I have four unexcused absences.



CT Supports for Pregnant
& Parenting Teens

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5. _____ **Nurturing Families Network (NFN) Home Visiting Program-** I understand that the following services are available to me:

- Introduction to the Nurturing Families Network home visitor program
- Home visiting through the Nurturing Families Network program in my community

To participate in SPPT I understand that I must meet the following program expectations:

- Provide information about myself, my pregnancy, and my baby
- Follow NFN program attendance guidelines

6. _____ **Parenting and life skills education programs and support services-** I understand that the following services are available to me:

- Support groups (Prenatal, Teen Mom and Teen Dad)
- Parenting education programs offered during the school day and after school
- Drop in to the SPPT Room before and after school, during lunch, study halls, or between periods for informal, as well as planned discussions on topics of interest to teen parents

To participate in SPPT I understand that I must meet the following school/program expectations:

- Participate in at least one session per week

Teen Parent Signature

Date: _____

Parent or Guardian Signature

Date: _____

SPPT Staff Signature

Date: _____