



Sponsored



## TPRS NEW STUDENT - TEAM SIGNATURES

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

### Specialist

Campus \_\_\_\_\_ DOB: \_\_\_\_\_

- Intake Packet (return completed pages 1-9)
- POP (ensure all students have a POP, and TPRS Team has a copy)
- Attendance—Review hours owed
- Overview of Program—PRS, Parent, First 5 Forms, TX Scholars, CIS (not applicable for all students)
- Inform Parent / Student / Team / Campus Staff of Homebound services
- Parent Portal
- Keep a phone log when you contact parents/students

Specialist Signature: \_\_\_\_\_

### Caseworker

- Welcome Packet (start appropriate folder procedures)
- Medicaid and Doctor referral
- Support Services/Community Referrals Information Sheet/ Transportation / Child Care Referral
- Follow-up Appointment for applying for services
- Check attendance for student daily / hours owed work with team
- Add student to the “All List” tab (SharePoint: PEIMS coding verification, Active & Inactive, Withdrawals)
- Keep a phone log when you contact parents/students

Caseworker Signature: \_\_\_\_\_

### TRAC Counselor

- **Academic Schedule (credit count to parent, student and supervisor, schedule changes, refer to tutor)**
- Grades (work with teachers on student behalf)
- Counseling - academic (as needs arise one on one counseling)
- Add Student info to Counselor tabs (SharePoint: Male, Counseling, Special POPs, Testing , Graduates, & Other)
- **Inform campus staff of all TPRS students names every six weeks (nurse included) ,CC: Supervisor**
- Date of parent contact (must be within 2-3 days, no exceptions)
- Follow-up on all of the above
- Keep a phone log when you contact parents/students
- TRAC Counselor Signature: \_\_\_\_\_

# ECISD TPRS Student Information

## Intake Form

Staff completes

Contact Date: \_\_\_\_\_ Referred by: \_\_\_\_\_



**Please Print Clearly**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Odessa, TX \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

Place of Work (If applicable) \_\_\_\_\_ Work #: \_\_\_\_\_

### Student's Parent/Guardian Information

Parent Name 1: \_\_\_\_\_ Parent 1 #: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Work (If applicable) \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent Name 2 : \_\_\_\_\_ Parent 2 #: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Work (If applicable) \_\_\_\_\_ Work #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

### Baby's Parent Information (If mother is student listed above , then father information listed below)

Name: \_\_\_\_\_ School \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Odessa, TX \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Student's Phone #: \_\_\_\_\_

Place of Work (If applicable) \_\_\_\_\_ Work #: \_\_\_\_\_

**DO NOT LEAVE BLANK**

Notes:

# ECISD TPRS Student Information Intake Form

## If you are pregnant, fill out this grey section

Are your parent's/guardian aware of pregnancy? Yes No (circle)

Student lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has a doctor or a clinic confirmed pregnancy? Yes or No (circle)

If yes: Clinic or Doctor Name: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Date of your last doctor's visit: \_\_\_\_\_

Next Scheduled date you will see your doctor: \_\_\_\_\_

Do you have a proof of pregnancy? Yes No (circle)

Do you have Medicaid? \_\_\_\_\_ If yes, Which One: AmeriGroup Superior First Care (Circle One)

Private Insurance? \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

If you need transportation to doctor visit, please give **two day** notice to TPRS Staff .

Do you currently need any of the following for yourself or child(ren)?

**Transportation:** Yes No (circle) Date Form sent to Transportation: \_\_\_\_\_

**Childcare:** Yes No (circle) Date Referral made: \_\_\_\_\_

**Name of child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M or F**

**Name of child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M or F**

Does child need childcare? Yes or No (circle)

Does child need transportation? Yes or No (circle)

Name of Pediatrician: \_\_\_\_\_

### NOTES:

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**WHEN USING ECISD CHILDCARE SERVICES, YOU HAVE TO REMAIN IN GOOD STANDING REGARDING SCHOOL ATTENDANCE.** Children are not allowed to be at childcare center if the student is not in school. Prior permission due to special circumstance should be obtained prior to absence for you or your child. (Example: Student at doctor appointment.) Program Director, Rose Valderaz or Childcare Director, Sylvia Duran, reserve the right to terminate your childcare privileges.

## ECISD TPRS Student Information Intake Form

### **IF not applicable—write N/A—Do not leave blank**

#### **Do you currently live:**

- \_\_\_\_\_ in a shelter (Family shelter, domestic violence shelter, youth shelter or transitional living program) Local examples include but are not limited to: Family Promise, Mission Messiah, Salvation Army, Angel House, Safe Place, High Sky Children’s Ranch;
- \_\_\_\_\_ in a motel, hotel or weekly rate housing
- \_\_\_\_\_ in a house or apartment with more than one family because of economic hardship or loss;
- \_\_\_\_\_ in an abandoned building, a car, camper, at a campground, or on the street;
- \_\_\_\_\_ in temporary foster care;
- \_\_\_\_\_ in substandard housing (no electricity, no water, and/or no heat); or
- \_\_\_\_\_ with friends or family because they are a runaway or unaccompanied youth.

If any are marked, refer the student to the Community Outreach Center to determine eligibility for McKinney-Vento Status.

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#### For Office Use Only:

Eligibility:      Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

#### For approvals,

- request McKinney- Vento certificate
- forward to registrar
- place a copy in student’s working folder.
- TRPR Staff refers to campus liaison
- TPRS Staff documents on sharepoint



Ector County Independent School District

Teen Parent Related Services (TPRS)
PO BOX 3912 Odessa, TX 79760

Rose Valderaz, Coordinator
(432) 456-8552 Fax # (432) 456-1008

Release of Medical Information

Date: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ ID# \_\_\_\_\_

I, \_\_\_\_\_, give permission to release my medical
Print Student Name

records or requested information to the Teen Parent Related (TPRS) staff for ECISD.

I understand that I do not have to give my permission to share these records, and that if I want to remove
this permission; I need to talk to my doctor or his staff and sign a new form.

Student's Signature

Student's Date of Birth (DOB)

Parent Signature

Date



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Teen Parent Related Services (TPRS)  
PO BOX 3912 Odessa, TX 79760

Rose Valderaz, Coordinator  
(432)456-8552 Fax# (432)456-1008

**Teen Pregnancy/Parent Related Services (TPRS)** program serves all identified female/male students who are referred requiring pregnancy/parent related services. Our goal is to help your student to successfully complete a high school diploma and transition to higher education.

TPRS coordinates several activities throughout the year involving TPRS students that might use pictures or video tape for news broadcasts, newspaper articles, newsletter or flyers using your student's picture(s).

The use of **transportation** might also be needed to and from an event, and/or additional pregnancy related appointments. In order to serve your student, please fill out media release, and transportation release.

**PLEASE FILL OUT AND RETURN THIS FORM**

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**MEDIA RELEASE**

\_\_\_\_\_ YES, I give ECISD Teen Parent Related Services (TPRS) program permission to take pictures and or video tape of my student and allow the pictures or videotape of my student to be used for the circumstances listed above.

\_\_\_\_\_ NO, I do not give ECISD Teen Parent Related Services (TPRS) program permission to take pictures and or video tape of my student and allow the pictures or videotape of my student to be used for the circumstances listed above.

**TRANSPORTATION RELEASE**

\_\_\_\_\_ YES, I give ECISD Teen Parent Related Services (TPRS) program permission to transport my child to/from appointments and field trips related to support services that are provided through this program.

\_\_\_\_\_ NO, I do not give ECISD Teen Parent Related Services (TPRS) program permission to transport my child to/from appointments and field trips related to support services that are provided through this program.

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Student signature

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Parent/Guardian signature

# TPRS Case Worker Checklist

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*This is a conversational document between the student and caseworker. This document is to be completed by the caseworker while reviewing folder of materials and filed with the student's intake folder. (**Ten minute visit only**- if additional time is required caseworker will make an appointment with the student.)*

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Medicaid - assist student with application:  
If not filed, send to TT asap  
If filed, create personal account

\_\_\_\_\_ WIC  
Call 1-866-907-0080 for an appointment

\_\_\_\_\_ Doctor Referral  
List of OB/GYN/Pediatrician Doctors

\_\_\_\_\_ TRAC Counselor  
Introduce to TRAC counselor  
(or set-up an apt.)

\_\_\_\_\_ Transportation  
Fill out transportation request  
Call transportation 456-9866  
TPRS bus / Regular bus

\_\_\_\_\_ Childcare  
Child Care Brochure  
Refer to Coordinator

\_\_\_\_\_ First 5 Permian Basin  
(if currently pregnant refer to NFP)  
Application sent to coordinator

\_\_\_\_\_ Male Brochure  
School Nurse  
Do you know your school nurse and where they are located?

\_\_\_\_\_ Free Lunch/Nutrition  
Lunch Application  
Prenatal Vitamins

\_\_\_\_\_ Housing/McKinney Vento

\_\_\_\_\_ COC Social Worker  
Name of Social Worker  
List of Community Resource phone numbers

\_\_\_\_\_ Snacks  
We have water and snacks upon request

\_\_\_\_\_  
Caseworker Signature

A complete packet of forms listed above, will be available for student to fill out.

Other services provided as needed

## TPRS Counseling Program Topics

*Teen Parent Related Services (TPRS) mission is to serve students through individualized education, advocacy, and support services. TPRS will support and empower teen parents to be confident, academically successful, and responsible individuals through an exemplary program.*

Our program will cover these topics through counseling related services as well as TPRS community workshops.

- Stages of Pregnancy
- Breastfeeding and Nutrition
- Infant and Child Development
- Healthy Parenting / Parent Power handout
- Vaccines
- Childcare
- Date/relationship violence
- Self-care
- Post-partum Depression
- Substance Abuse/Addiction
- Facebook -@ECISDTeenParentServices
- STD's and effects on pregnancy
- Birth control
- Importance of Fathers (Foundations of Fatherhood Curriculum to be used with fathers)
- Fatherhood/Character of a Man
- Developing Your Support System
- Anger management/Guilt and Shame
- Improving Communication/Healthy Relationships
- Financial Education –Learning to build a budget and manage money
- Adoption
- ECISD Webpage  
<https://www.ectorcountyisd.org/TeenParentServices>

Please feel free to contact the TRAC Counselor with any questions or concerns.

**PHS TRAC Counselor**

Tatiana Helguera, M.A.  
[tatiana.helguera@ectorcountyisd.org](mailto:tatiana.helguera@ectorcountyisd.org)  
432-456-6507

**OHS TRAC Counselor**

Erica Dangerfield, M.A.  
[erica.dangerfield@ectorcountyisd.org](mailto:erica.dangerfield@ectorcountyisd.org)  
432-456-5851

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Student signature

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Parent/Guardian signature



# First 5 Permian Basin

Community Referral Form

## Referral Information

Date: \_\_\_\_\_ Referral Source: ECISD TPRS

Referral Contact: Rose Valderaz Phone # or Email: 432-456-8552  
Please submit referral to [first5@utpb.edu](mailto:first5@utpb.edu)

## Client Information

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_  Not currently pregnant

Best Time to Call: \_\_\_\_\_  First time mom

## Child Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Primary Language: \_\_\_\_\_

## Additional Information:

*This helps us to prioritize those who are most in need. (Ex. First time mom, high needs identified, knowledge deficit, low socioeconomic, Medicaid eligible, child with special needs, child at risk, history of alcohol or drug abuse in the family.)*

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For more information, please visit our [First 5 Permian Basin website](#).



4901 E. University Ave.  
MB3178  
Odessa, TX 79762

432-552-4025

[first5@utpb.edu](mailto:first5@utpb.edu)



# Referral DAD U

Empowering men through education to choose life and sexual wellness through teaching, helping and healing programs.

## Male Information

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Primary language: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Child Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ Size of pampers: \_\_\_\_\_