Wenzao Ursuline University of Languages

Student Pregnancy Status and Needs Survey Form

Date(yyyy/mm/dd):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I. Basic Information | | | | | | | | | |
| Name |  | Gender | |  | Date of Birth | |  | Age |  |
| Department / Class |  | School System | | □ 1. 4-year college (Day) □ 2.2-year college (Day) □ 3.4-year college (Night)  □ 4.2-year college (Night) □ 5. Junior college | | | | | |
| Do you need assistance from school?  □1.Yes □2.No (Only available for 18 years old and above) □3.Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Contact Info | (Home):  (Cellphone): | | | E-mail | |  | | | |
| Status of the Student | * **1.** **Pregnant (\_\_\_\_\_\_\_\_\_weeks)** * **2.Used To Be Pregnant（abortion, miscarriage, or adoption）** * **3.Have (A) Child / Children** * **4.** **Need educational and counseling assistance due to pregnancy or previous pregnancy of a spouse or partner.** | | | | | | | | |
| baby placement | * 1.Raised by mother independently □ 2. Raised by father independently * 3. Raised together in marriage □ 4. Raised by either party with his / her family * 5.Adoption □ 6. Raise together out of marriage * 7.Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Study Overview | * 1. Continue in School * 2. Ask for on A Leave * 3. Suspension of Study (Duration: From\_\_\_\_(Y)\_\_\_\_(M)\_\_\_\_(D) to \_\_\_\_(Y)\_\_\_\_(M)\_\_\_\_(D) ) | | | | | | | | |
| II. The Needs of the Student: | | | | | | | | | |
| □ 1.Flexibility of Asking for A Leave | | | | | | | | | |
| □ 2. Flexibility of Grading | | | | | | | | | |
| □ 3. Retention of Student Status | | | | | | | | | |
| □ 4. Extension of Schooling Years | | | | | | | | | |
| □ 5. Have the applied period of suspension not counted toward the number of years of suspension. | | | | | | | | | |
| □ 6. Flexible adjustments of the use of facilities on campus (please check the following options) □ Breastfeeding Room □ Parking Space  □ Adjustments of the classroom / Seat □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| □ 7. Related Counseling Assistance (please check the following options)  □ (Psychological) Counseling □ Family counseling □Academic Counseling  □ Employment counseling □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| □ 8. Giving A Referral to Off-Campus Services | | | | | | | | | |
| □ 9. Other needs (please check the following options)  □ Medical assistance □ Legal Counseling □Financial Counseling  □ Child Arrangements □ Family Consultation □ Childcare  □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| ※Informant Info (**Only informants need to fill in this section**) | | | | | | | | | |
| Name |  | | Department/Your relation with the student | | | |  | | |
| Date of Being Informed  (yyyy/mm/dd) |  | | (Cell)phone number | | | |  | | |

Signature of the student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Statutory agents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Undertaker  (A stamp of approval) |  | Department supervisor (A stamp of approval) |  |
| Summary of the Counseling Measures |  | | |