Wenzao Ursuline University of Languages

Student Pregnancy Status and Needs Survey Form

Date(yyyy/mm/dd):

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| --- |
| 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.**
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| 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  |  |