

**FOSTER GRANDPARENT PROGRAM
ASSIGNMENT / ASSESSMENT FORM**

FOSTER GRANDPARENT: _____

VOLUNTEER STATION/SITE: _____

SUPERVISOR'S NAME: _____

PERIOD THIS PLAN COVERS: _____

INDICATE BELOW THE NAME (FIRST NAME ONLY IS REQUIRED), GRADE (IF APPLICABLE), AGE AND SPECIAL NEED OF THE CHILD THAT THE FGP VOLUNTEER WILL WORK WITH DURING THE PERIOD INDICATED ABOVE. **EACH FG SHOULD WORK WITH 2 TO 3 CHILDREN AND THERE SHOULD BE AN ASSIGNMENT PLAN FOR EACH CHILD ASSIGNED TO THE FG VOLUNTEER.**

Child's First Name	Age	Grade	Special/Exceptional Need

Special or Exceptional Needs:

DD: Development 6 Delayed	LC Language/Communication	HY: Homeless Youth
SI: Speech Impaired	LD: Learning Disabled	TP: Teen Parent
VI: Visually Impaired	HI: Health Impaired	PI : In Need of Protective Intervention
HE: Hearing Impaired	AN: Abused/Neglected	Other: _____
PC: Physically Challenged	ES: Social/Emotional	CI: Child of Incarcerated Parents
L: Literacy Needs	AY: Adjudicated Youth	CF: Child in Foster Care
PCD: Pre-school Child with a Disability	IFSP: Infants/Toddlers	

CHECK THE FOLLOWING ACTIVITIES THAT THE FOSTER GRANDPARENT VOLUNTEER WILL PERFORM

	WEEKLY	2-3 TIMES WEEKLY	DAILY
COMFORT//COMMUNICATE **			
HELP WITH SCHOOLWORK			
ASSIST WITH COGNITIVE ACTIVITIES			
MODEL PROPER SOCIAL SKILLS			
PLAY GAMES/PUZZLES			
READ OR TELL STORIES **			
ASSIST WITH MOBILITY			
ASSIST WITH MATH CONCEPTS			
SHARE MEALS/HELP FEED **			
POSITIVE REDIRECTION **			
HELP WITH READING, VOCABULARY			
WORK ON MATH CONCEPTS			

** Applies Also To Infants and Toddlers.

ANTICIPATED OUTCOME - HOW DO YOU EXPECT THAT THE IDENTIFIED CHILD WILL BENEFIT? Mark those that apply with an X for each child.

Degree of Improvement	Maintain	Moderate Improvement	High Improvement
Cognitive ó learning, thinking			
Social ó friendship, respect, teamwork, etc.			
Language ó speech, ESL, etc.			
Emotional ó self esteem, control, etc.			
Reading ó includes ESL			
Fine Motor ó cutting, drawing			
Self Help			
Gross Motor ó walking , throwing balls, etc.			
Conflict Resolution			
Health			
Math Skills			
Other _____			

GOAL(S) FOR THE CHILD FOR THE YEAR

I accept this assignment plan:

Signature: FG Volunteer

Date

I certify that I am qualified to attest to the needs described above or have consulted with or reviewed documentation prepared by an appropriate professional who verified the needs, such as, but not limited to, a physician, psychologist, registered nurse, speech therapist, educator, or a member of the professional staff of the volunteer station.

Signature: Volunteer Station Representative

Date