

FOSTER GRANDPARENT PROGRAM

FIRST PROGRESS REPORT

FOSTER GRANDPARENT: _____

VOLUNTEER STATION/SITE: _____

SUPERVISOR/S NAME: _____

PERIOD THIS PLAN COVERS: **SEPTEMBER THROUGH JANUARY**

Child's First Name	Age	Grade	Special/Exceptional Need

INDICATE THE PROGRESS OF THE IDENTIFIED STUDENT BECAUSE OF THE ASSISTANCE PROVIDED BY A FGP VOLUNTEER.

Degree of Improvement	Maintains Skills	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 _____			

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