

**Foster Grandparent Program
Assignment Plan (Pre-school/Head Start/Kindergarten)**

Foster Grandparent:

Volunteer Station:

Station supervisor:

Name of Child/Youth:

For Confidentiality purposes, please complete this form identifying an at-risk special needs child/youth by first name or identification number.

ASSIGNMENT PLAN (see backside)

ASSESSMENT of children's needs: Please check all that applies to these children.

Please check areas needing improvement.

- | | |
|---|--|
| <input type="checkbox"/> Self-help skills | <input type="checkbox"/> Following group routine |
| <input type="checkbox"/> Motor skills | <input type="checkbox"/> Listening and following directions |
| <input type="checkbox"/> Word Recognition | <input type="checkbox"/> Social skills (i.e. sharing, being cooperative) |
| <input type="checkbox"/> Literacy needs | <input type="checkbox"/> Recognizing color & shapes |
| <input type="checkbox"/> Number recognition, sequencing | <input type="checkbox"/> Recognizing letters |
| <input type="checkbox"/> Talk & listen to children – language development | <input type="checkbox"/> Emotional development (expression of emotions) |

Other:

ACTIVITIES: # days per week _____ Length of time _____

All one-on-one with a child includes but not limited to.

- | | |
|---|---|
| <input type="checkbox"/> Read to a child | <input type="checkbox"/> Recognize colors/shapes |
| <input type="checkbox"/> Recognize numbers | <input type="checkbox"/> Practice writing |
| <input type="checkbox"/> Recognize letters/alphabet | <input type="checkbox"/> Staying on task |
| <input type="checkbox"/> Listen to a child read | <input type="checkbox"/> Work on comprehension |
| <input type="checkbox"/> Positive encouragement/redirection | <input type="checkbox"/> Work on counting and numbers |

Other:

ANTICIPATED ACCOMPLISHMENT:

- | | |
|--|--|
| <input type="checkbox"/> Reading ability will show improvement | <input type="checkbox"/> Recognize or match letters/sounds |
| <input type="checkbox"/> Able to function in group effectively | <input type="checkbox"/> Vocabulary improvement |
| <input type="checkbox"/> Increased self-esteem | <input type="checkbox"/> Appropriate behavior |

ANTICIPATED ACCOMPLISHMENT:

- | | |
|--|---|
| <input type="checkbox"/> Child will advance to the next level or grade | <input type="checkbox"/> Child's self-esteem will improve |
|--|---|

Station Supervisor: _____ Date: _____

Foster Grandparent: _____ Date: _____

FGP Director _____ Date: _____

Special Needs Sheet

To be completed at the beginning of the school year.
(Foster Grandparents are to serve students with a special need.)

Check All That Apply

- | | |
|---|---|
| <input type="checkbox"/> Abused/Neglected Children | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Emotional Disabilities | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Language Barriers |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Visually Impaired | |
| <input type="checkbox"/> Other Special Needs: | |
| <input type="checkbox"/> Literacy Needs | |
| <input type="checkbox"/> Speech impaired | |
| <input type="checkbox"/> Circumstances that limit academic, social or emotional development | |
-

Mid-Year

Type of testing: _____

- Child has improved based on testing
 Child has not improved based on testing

End-of-Year

Type of testing: _____

- Child has improved based on testing
 Child has not improved based on testing

Child will be promoted to the next level
or grade Yes No

Teacher/Director Signature

Teacher/Director Signature

Date

Date

Foster Grandparent Evaluation Form

Foster Grandparent Name: _____

Site: _____

	Excellent	Satisfactory	Needs Improvement	Comments
Dependable & on time, notifies site of absences				
Follows policies of site, including confidentiality				
Attitude is positive and cooperative				
Accepts supervision				
Works well with other Foster Grandparents				
Uses time to interact with assigned children				
Shows understanding & concern with children				
Relates to children in effective and creative ways				
Personal appearance is neat and appropriate				
Able to understand and follow instructions				
Health & energy levels adequate for assignment				
Other:				

Areas of Strengths: _____

Suggestions for Improvement: _____

Supervisor's Signature _____

Date _____

Foster Grandparent Signature _____

Date _____

Foster Grandparent Program Director _____

Date _____