



FOSTER GRANDPARENT PROGRAM

Assignment Plan

2023-2024

PLEASE READ: It is a federal requirement that all Foster Grandparents have an assignment plan for ALL children with whom they are assigned to work. The children they are assigned must have documented exceptional or special needs, verified by an appropriate professional. The Foster Grandparent is assigned to your organization to provide one-on-one assistance and perform duties based on needs of selected children. Each Foster Grandparent is to be assigned to two (2) to four (4) children, for one-on-one assistance.

Complete form, obtain all signatures indicated below, and send to the FGP project office for approval.

Please make a copy for our FGP Volunteer and classroom teacher.

REMIT TO: fgp@casoky.org

Foster Grandparent: _____ Date of Assignment of child: _____ (MM/DD/YY)

Supervisor's/Teacher's Name: _____ Volunteer Station/School: _____

School Readiness/Head Start/Education (Birth-Preschool)

Mentoring for Education Success (K – 12)

List Child's Name, Age, and Grade (if applicable) and mark any Exceptional or Special Needs.

*If, for reasons of confidentiality, you are unable to provide the full name of the child, please use initials. Keep in mind that the Supervisor/Teacher and Foster Grandparent will need to be able to identify the child. **One child per assignment form.** Make additional copies as you need them.*

Child's Name: _____ Age: _____ Grade: _____

Development/Learning Delayed/Disabled

Visually Impaired

Speech Impaired

Hearing Impaired

Physically Challenged

Emotional/Social Difficulties

Other _____

Language/Communication

Health Impairment

Literacy Needs

Abused/Neglected

In Need of Foster Care

Adjudicated Youth

Child in need of Protective Intervention

Child of Incarcerated Parent(s)

Child in Foster Care

Activities Planned with Assigned Child Two (2) or More Times per Week

Check all that apply or add other...

Assist with Cognitive Activities

Communication or Grammar Skills

Model Proper Social Skills

Read or Tell Stories

Assist with Mobility

Positive Encouragement / Redirection

Play Games / Puzzles

Writing Skills

- Help with Schoolwork
- Share Meals/help feed
- Other _____
- Other _____
- Reading Skills
- Comfort/Communicate

Expected Outcomes (expected degree of improvement) **for the Child**

How do you expect that the identified child will benefit? Mark those that apply with an X:

Degree of improvement:	Maintain	Moderate Improvement	High Improvement
Example: Cognitive		X	
Example: Social			X
Cognitive - learning, thinking, etc			
Language - pronunciation–speech, ESL, grammar			
Social - friendship, respect, teamwork, sharing, etc			
Emotional - self-esteem, confidence, control, etc.			
Reading - includes ESL			
Fine Motor - cutting, drawing, buttoning, etc.			
Gross Motor - walking, throwing balls, etc.			
Ability to provide personal care			
Behavior - Conflict Resolution			
Writing			
Self-help			
Other: _____			

I accept this assignment plan:

Foster Grandparent Signature

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, psychiatrist, psychologist, registered nurse or licensed practical nurse, speech therapist, educator, or a member of the professional or executive staff of the volunteer station. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Volunteer Site Supervisor/Teacher Signature

Date

I approve this assignment plan:

Americorp FGP Director Signature

Date

OFFICE USE ONLY	
Received date: _____	Date Assignment Ended: _____
Entered in: _____	Reason Assignment Ended: _____
Initials: _____	_____