

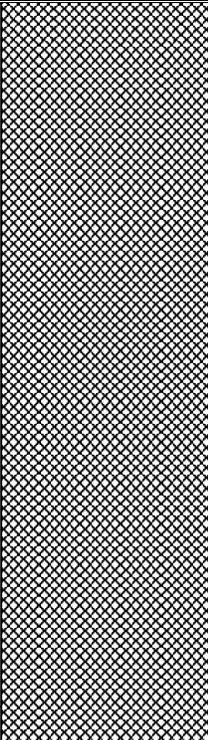
ELEMENTARY WORK PLAN

SERVICE CATEGORY: ELEMENTARY EDUCATION

ISSUE AREA: EDUCATION

<p>Applicant Organization: Elementary</p>	<p><input type="checkbox"/> Check this box, if this work plan contains performance measure(s).</p>
<p>Period Covered: Starting: _____ Ending: _____</p> <p>Part 1. Community Need to be Addressed: According to the results of the Iowa Test of Basic Skills, published in the (_____) school district annual report (<i>year</i>), (____)% of 4th graders in (____) county were reading below grade level compared to the state average of 36%. According to the National Center for Education Statistics Year 2000 Reading Assessments, students who read most and read for pleasure everyday scored highest. Therefore, extra assistance is required at the early elementary grades to improve reading scores. Foster Grandparents will increase students' opportunity to read by providing extra one-on-one and small group reading assistance and support.</p>	<p>Applicable Service Category/Categories:</p> <p>Total Number of Senior Corps volunteers contributing to meeting the need: _____</p> <p>Total Number of Volunteer Stations: _____</p>
<p><i>Additional information or details relating to community need in county/service area:</i></p>	

Part 2: Action Plan, Tasks and Timeline				
PROJECT PLANNING			PROJECT REPORTING	
Column A Plans, Tasks, and Activities	Column B Check if Performanc e Measure	Col. C Date	Column D Actual Performance	Col. E Date
<p>Service Activity: Foster Grandparents work one-on-one or in small groups with students in all elementary grades who have been identified as needing assistance to improve their reading scores. Foster Grandparents work with students on tasks according to the students' needs. Reading to students and listening to students read will be part of the daily activities of the Foster Grandparent. Foster Grandparents will be working in <u>()</u> elementary schools throughout <u>()</u> County. They will work an average of 20 hours per week, with an average of <u>()</u> children per Foster Grandparent for the school year.</p>			<p>Actual Service Activity:</p>	
<p><i>Additional information or details relating to service activity in county/service area:</i></p>				

PROJECT PLANNING			PROJECT REPORTING	
Column A Plans, Tasks, and Activities	Column B Check if Performance Measure	Col. C Date	Column D Actual Performance	Col. E Date
<p>Anticipated Inputs: _()_ Foster Grandparents will serve an average of _()_ hours per week in _()_ elementary schools throughout _()_ County, working with approximately _()_ children. Each Foster Grandparent will receive an average of 4 hours of in-service training per month on topics such as; helping children with their reading skills, child development, and verbal and nonverbal communication.</p>			<p>Actual Inputs:</p>	
<p><i>Additional information or details relating to inputs in county/service area:</i></p>				

PROJECT PLANNING			PROJECT REPORTING	
Column A Plans, Tasks, and Activities	Column B Check if Performance Measure	Col. C Date	Column D Actual Performance	Col. E Date
<p>Anticipated Accomplishments: Identified students will receive assistance from the Foster Grandparent during the school year throughout (_____) county.</p> <p>Indicator: Total number of identified children served at end of year; total number of schools served.</p> <p>Target: _(_____)_ identified children in _(_____)_ elementary schools in _(_____)_ County will receive assistance from Foster Grandparents.</p> <p>How Measured?* Timesheets or school records used to track the number of children served and the number of elementary schools served.</p> <p>*If you already have an instrument that you are using to collect the number of children in elementary schools in your county/service area that are receiving assistance from Foster Grandparents, you may continue to use that instrument if you prefer.</p>			<p>Actual Accomplishments:</p> <p>How Measured?</p>	

PROJECT PLANNING			PROJECT REPORTING	
Column A Plans, Tasks, and Activities	Column B Check if Performance Measure	Col. C Date	Column D Actual Performance	Col. E Date
<p>Anticipated Impact (Intermediate Outcome): Identified children will increase their overall reading participation.</p> <p>Indicator: Percent of targeted children identified and served by Foster Grandparents who show an increase in overall reading participation as observed by teachers. Participation in reading is defined as active involvement in reading activities, such as reading books, magazines, or other material, talking about reading, expressing an interest in reading, checking books out of the library, reading at home, and similar sorts of activities.</p> <p>Target: _(_____) % of identified children will demonstrate an increase in reading participation.</p> <p>How Measured? Teacher Evaluation: Student Reading Participation</p>			<p>Actual Impact (Intermediate Outcome):</p> <p>How Measured?</p>	

PROJECT PLANNING			PROJECT REPORTING	
Column A Plans, Tasks, and Activities	Column B Check if Performance Measure	Col. C Date	Column D Actual Performance	Col. E Date
<p>Anticipated Impact (End Outcome): Identified children will demonstrate improved reading abilities by the end of the school year.</p> <p>Indicator: Percent of children served by Foster Grandparents who demonstrate improved reading skills.</p> <p>Target: _()_% of the identified children will demonstrate improved reading skills as identified by individual teacher assessment.</p> <p>How Measured? End-of-the-Year Teacher Evaluation: Student Reading Skills</p>			<p>Actual Impact (End Outcome):</p> <p>How Measured?</p>	

Note: Please reproduce or duplicate this template as needed to include all Community Needs and work plans. An MS Word version is available on request from your Corporation State Office.

Teacher Evaluation: Student Reading Participation

Teacher name: _____

Date completed: _____

Site: _____

Foster Grandparent: _____

Information you provide will remain confidential and will be used to improve our program.

Foster Grandparents have spent time in your classroom working with students to increase their reading participation. Based on your professional observation, for each child identified below, please indicate whether or not they have increased their reading participation.

Reading Participation is defined as active involvement in reading activities, such as:

- Reading books, magazines, or other printed material
- Checking books out of the library
- Talking about reading
- Reading at home
- Expressing an interest in reading
- Using flash cards or other reading learning tools

STUDENT IDENTIFIER	Increase in Reading Participation?	
	YES	NO
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT IDENTIFIER	Increase in Reading Participation?	
	YES	NO
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>

For each of the children that required the assistance of a Foster Grandparent identified above, please identify **one specific need per child** in the spaces below. For example, if the ten of the children identified above have special needs, then the total number for the special needs served should also be 10.

- | | | |
|--|---|---|
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Significantly medically impaired | <input type="checkbox"/> Adjudicated youth/juvenile offenders |
| <input type="checkbox"/> Emotional disabilities | <input type="checkbox"/> Children with HIV/AIDS | <input type="checkbox"/> Teen pregnancy/teen parenting |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Abused/neglected children |
| <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Border babies | <input type="checkbox"/> Homeless | <input type="checkbox"/> Language barriers |
| <input type="checkbox"/> Terminally ill | <input type="checkbox"/> Children in foster care | <input type="checkbox"/> Children of prisoners |
| <input type="checkbox"/> Other (e.g., inability to stay focused, single parent home, etc.) | | |

End-of-the Year Teacher Evaluation: Student Reading Skills

Teacher name: _____

Date completed: _____

Site: _____

Foster Grandparent: _____

Information you provide will remain confidential and will be used to improve our program.

Over the school year, Foster Grandparents have spent time in your classroom working with students to improve their reading skills. Based on your professional observation and individual assessment, for each student identified below, please indicate whether or not they have improved their reading skills.

STUDENT IDENTIFIER	Improvement in Reading Skills?	
	YES	NO
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT IDENTIFIER	Improvement in Reading Skills?	
	YES	NO
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>

For each of the children that required the assistance of a Foster Grandparent identified above, please identify **one specific need per child** in the spaces below. For example, if the ten of the children identified above have special needs, then the total number for the special needs served should also be 10.

- | | | |
|--|---|---|
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| <input type="checkbox"/> Emotional disabilities | <input type="checkbox"/> Children with HIV/AIDS | <input type="checkbox"/> Teen pregnancy/teen parenting |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Abused/neglected children |
| <input type="checkbox"/> Physical disabilities | <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Border babies | <input type="checkbox"/> Homeless | <input type="checkbox"/> Language barriers |
| <input type="checkbox"/> Terminally ill | <input type="checkbox"/> Children in foster care | <input type="checkbox"/> Children of prisoners |
| <input type="checkbox"/> Other (e.g., inability to stay focused, single parent home, etc.) | | |