

[This is only a sample. Projects are encouraged to customize as appropriate]

**FOSTER GRANDPARENT
Assignment Plan**

Instructions: It is a federal requirement that all Foster Grandparents have an assignment plan for the children with whom they are assigned to work. The children they are assigned to must have documented exceptional or special needs, verified by an appropriate professional. Your organization should retain on file documentation of the verifying professional’s qualifications to assess the children’s needs. The Foster Grandparent is assigned to your organization to provide one-on-one assistance and perform duties based on needs of selected children.

Please complete all sections, documenting the child’s needs, the activities you want the volunteer to perform, and the desired results of those activities. The completed assignment plan becomes the volunteer’s “job description.” Please review it with the volunteer to ensure that the required activities and the desired outcomes are understood. Obtain all signatures indicated on page 2 and send to the FGP project office for approval.

The Foster Grandparent Program recognizes and respects the confidentiality of all of the children involved in the program. Please be assured that all of the information that you provide will only be used in aggregate and no specific child will be identified.

Foster Grandparent: _____

Service Schedule: _____

Volunteer Station/Site: _____

Supervisor’s Name: _____

Period this plan covers: _____

A. List Child’s Name, Age, and Grade (if applicable) and Exceptional or Special Need:

Identify the child the volunteer will be working with during the period indicated above.

If, for reasons of confidentiality, you are unable to provide the full name of the child, please use the first name or a pseudonym. Keep in mind that the Supervisor and Foster Grandparent will need to be able to identify the child.

Child’s Name	Grade	Age	Special or Exceptional Need Choose from the list below and include all that apply.
<i>Example:</i> 1. Anna Smith	N/A	3	SI, HI

Special or Exceptional Needs:

AN: Abused/Neglected

AY: Adjudicated youth

DD: Development
Delayed/Disabled

ES: Emotional/Social

FC: In Need of Foster Care

HI: Health Impairment

HI: Hearing Impaired

HY: Homeless youth

L: Literacy Needs

LC: Language/ Communication

LD: Learning Disabled

PC: Physically Challenged

PI: In Need of Protective
Intervention

SI: Speech Impaired

TP: Teen Parent

VI: Visually Impaired

Other: _____

Special Initiatives [E.G.]:

CI: Child of Incarcerated Parent(s)

CF: Child in Foster Care

B. Activities planned with assigned child. What will the Foster Grandparent work on with the child? *Mark those activities that apply with an X or the child's name or number from Section A.*

	Weekly	2-3 Times a Week	Daily
<i>Example:</i> Comfort/Communicate			X
<i>Example:</i> Help with schoolwork		X	
Assist with cognitive activities			
Comfort/Communicate			
Model proper social skills			
Play games/puzzles			
Read or tell stories			
Assist with mobility			
Positive encouragement/redirection			
Share meals/help feed			
Help with emergency drills			
Help with schoolwork			
Other: _____			

C. Expected Outcomes for the child. How do you expect that the identified child will benefit? *Mark those that apply with an X or child's name or number from Section A.*

Degree of improvement:	Maintain	Moderate Improvement	High Improvement
<i>Example:</i> Cognitive		X	
<i>Example:</i> Social			X
Cognitive –learning, thinking, etc			
Language –speech, ESL, etc			
Social –friendship, respect, teamwork, etc			
Emotional –self-esteem, control, etc.			
Reading –includes ESL			
Fine Motor –cutting, drawing, buttoning,			
Gross Motor –walking, throwing balls, etc.			
Self-help			
Conflict Resolution			
Health			
Other: _____			

I accept this assignment plan:

Signature: Foster Grandparent

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.

Signature: Volunteer Station Representative

Date

I approve this assignment plan:

Signature: FGP Director

Date