UServeUtah
Utah Commission on Service & Volunteerism

**Foster Grandparent Program**
**End-of-Year Student Impact Form**

AmeriCorps Seniors

Volunteer: _____ Volunteer Station Site:_____

Teacher/Supervisor:_____ Supervisor Contact information:_____

The impact of a Foster Grandparent's service must be evaluated on the students that the Foster Grandparent worked with. The minimum amount of time a Foster Grandparent should have worked with the student is for a minimum of 12 weeks of the year. Please use a standardized test to evaluate student performance.

| | | | | **Outcome** | | |
|---|---|---|---|---|---|---|
| Student First Name and Last Name Initial | Measurement Tool Used | Beginning Assessment Level | Year End Assessment Level | Maintain | Moderate Improve-ment | High Improve-ment |
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I certify that these scores reflect the progress made.

_____ _____

*Teacher/Supervisor Signature* *Date*