



Volunteer Assignment Plan
UServeUtah Foster Grandparent Program



Please return this form to the UServeUtah AmeriCorps Seniors Coordinator for your area.

This form is to be submitted by October 15 for FGP volunteers starting at the beginning of the school year or within 3 weeks after the start of volunteer service at other times of year.

Foster Grandparent: _____

Volunteer Site: _____

Supervisor's Name: _____ Supervisor's Email: _____

Service Schedule: _____
Monday Tuesday Wednesday Thursday Friday

Foster Grandparents are assigned to provide one-on-one assistance to children who have special/exceptional needs, per the federal regulations that dictate the program. Each Foster Grandparent must have a Volunteer Assignment Plan in place.

On the backside of this sheet, you will record the students that the Foster Grandparent volunteer will tutor or mentor, the specific activity for the Foster Grandparent, and the expected outcome.

You will also record the special/exceptional needs for the children being served in a table. Each child must have at least one need identified, but some children may have more than one identified. It is important that we have the information about the needs of the children being served for the grant we receive for this program.

Students on the Volunteer Assignment Plan will work with the Foster Grandparent for approximately 30-minutes each week (potentially during two 15-minute tutoring or mentoring sessions). This amount of time is what we expect for a student to experience an outcome of increased academic performance (tutoring) or academic engagement (mentoring).

This completed Volunteer Assignment Plan becomes the volunteer's "job description" and caseload of students they will provide with one-on-one support.

Please obtain all signatures and make copies for the site and the Foster Grandparent. Please return the form by scanned email.

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.

I certify that I am qualified to attest to the needs described on the other side of the page 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 Site Representative Date

I accept this assignment plan:

Signature: Foster Grandparent Volunteer Date

I approve this assignment plan:

Signature: FGP Staff Date

| Volunteer Activities | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|-----------|
| Student's First Name and Last Initial | Assist with Literacy/ Reading Skills | Assist with Math/ Numeracy Skills | Mentoring |
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| Expected Outcomes | | |
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| Maintain | Moderate Improvement | High Improvement |
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| Special/Exceptional needs | Number of Children Served with this Need (Students must have at least one need identified, but they may have more than one. Total must be a minimum of the number of students listed). |
|------------------------------------|--|
| Delayed in reading/delayed in math | |
| Learning Disabilities | |
| Emotional Disabilities | |
| Developmental Disabilities | |
| Physical Disabilities | |
| Language Barriers ELL/ESL | |
| Homeless | |
| Hearing Impaired | |
| Visually Impaired | |
| Significantly medically impaired | |

Please fill out, if available

Number of Children in Foster Care: ____

Number of Children in Active Duty Military Families: ____