



FOSTER GRANDPARENT PROGRAM OF NORTHERN UTAH
STUDENT ASSIGNMENT PLAN- ELEMENTARY/ SECONDARY SCHOOLS
2023-2024 School Year

237 26TH Street #320 – Ogden UT 84401
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Foster Grandparent: _____

Volunteer Station/Site: _____

Supervisor's Name: _____

Service Schedule: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Return to the Foster Grandparent Program office by October 30th

It is a federal requirement that all Foster Grandparents have an assignment plan for the children with whom they are assigned to tutor at the start of each school year. Foster Grandparents are assigned to your organization to provide one-on-one assistance and perform duties based on the needs of each child. Foster Grandparents must serve children who have special or exceptional needs and/or who are scoring below benchmark in a core academic area. Foster Grandparents need to tutor the assigned children on a continual basis, no fewer than two times per week, for true impact results to be measured.

This completed assignment plan becomes the volunteer's "job description." Please review it with the volunteer to ensure that the required activities are understood. Obtain all signatures and make copies for your site and for the Foster Grandparent. 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.

INSTRUCTIONS

- 1. Please list the first name of all children the Foster Grandparent is currently assigned to work with. The children selected for the assignment plan should be the children who are most in need of one-on-one tutoring in a core academic area.
2. List the grade of the student.
3. Select one or more special/exceptional needs. Children assigned to Foster Grandparents, by law, must have a special or exceptional need in order to receive assistance.
4. Select activities to be performed during tutoring sessions.
5. Mark an expected outcome.

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: School Principal Date

I accept this assignment plan:

Signature: Foster Grandparent Volunteer Date

I approve this assignment plan:

Signature: FGP Staff Date

