

WASHTENAW COUNTY FOSTER GRANDPARENT PROGRAM

Child Assignment Plan

Site _____ Staff _____ Date _____

Child Name: _____ Date of Birth _____

Grade _____ Gender Male Female Foster Grandparent _____

CHILD INFORMATION

Race: African-American Caucasian Asian Hispanic American Indian/Alaskan Native
 Asian/Native Hawaiian/Pacific Islander Other _____

Living Status: Parent/Guardian Single Parent Home Foster Home Residential Facility Difficult Home Life
 Incarcerated Parent(s) Homeless Military Parent Other _____

Child eligible for free or reduced lunch (even if they are not recipients)

Special Needs: ADD/ADHD Poor Communication/Listening Skills Developmental Delayed Visual Impairment
 Difficulty Staying on Task Emotional Impairment Language Barriers Hearing Impairment Learning Disability
 Poor Motor Skills Abuse/Neglect Poor Socialization Skills Shy/Withdrawn Youth Offender Literacy Needs
 Other _____

Please complete the following table to identify the special need the volunteer will support the child in. Follow the example listed in the first row.

Targeted Behavior	Planned Activity	Expected Outcome	As Evidenced by
Poor Socialization Skills EXAMPLE	-Model proper social skills -Promote Team Work -Encourage Sharing -Support conflict resolution	Child will socialize more with his peers	Participating in group activities with peers

Comments: _____

By signing, I understand what is required for this student and how I am supporting him/her.

Foster Grandparent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Program Supervisor Signature _____ Date: _____