



**NOTE: DATES TO BE UPDATED BASED ON DATE OF OMB  
CLEARANCE FOR THE INFORMATION COLLECTION.**

Your organization has been chosen to complete this survey. Reflecting a national random selection method, your organization represents similar programs we could not include in this year's assessment. While participation in the survey is voluntary, your response is critical to providing a complete picture of our volunteer programs. The results of this survey will help convey to Congress the accomplishments of the FGP program and will more clearly establish its value to organizations like your own.

**Please know** that your responses to this data collection will be used only for purposes of this research. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific organization or individual. We will not provide information that identifies individuals or their districts to anyone outside the study team, except as required by law.

**COMPLETING THIS SURVEY:**

- This survey has been customized to address the types of activities carried out by FGP volunteers for your organization. This determination was based on communications with the Senior Corps Project Director who coordinates with your organization. **If you have not received the appropriate survey sections, please contact: Kathy Morehead, survey coordinator at Westat: 1-888-446-1292, or by e-mail, Kathymorehead@Westat.com.**
- The survey asks about FGP volunteer activities and accomplishments during the 12-month period from October 1, 2002 to September 30, 2003. For school-based activities and accomplishments, the relevant period is the September 2002-June 2003 school year.
- Please review the Background Section and make corrections to the identifier information as needed.
- Please respond to the sections regarding your volunteers, your organization, and volunteer management.
- Please fill in the next section(s) with information about each of the activities that FGP volunteers carry out for your organization, specifically the numbers of FGP volunteers, FGP volunteer hours, and the nature of the accomplishments for a particular activity. Please avoid duplicating services—select the single best place, in your view, to describe an activity. Please refer to the sample item on page 8 as an example of how to complete the section(s). If numbers are hard to specify, please provide your best estimate.
- Describe any FGP volunteer activity for your organization that does not seem to fit any of the categories included here in the Other Services Section at the end of the survey form.

**AFTER YOU HAVE COMPLETED THE SURVEY:**

- After completing all parts of the survey, please make a copy for your records.
- Staple originals together and seal them in the envelope that is provided by Westat, the firm contracted to administer the survey.
- Return all sections of the survey to **Westat by Friday, May 14**. The full address is: Westat, Room RA 1225, 1650 Research Blvd., Rockville, MD 20850. If you wish to fax it: 1-888-377-5716.

***If you have any questions about the survey, please contact Westat at (1-888-446-1292, Kathymorehead@Westat.com).***

Public reporting burden for this collection of information is estimated to average 45 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Department of Research and Policy Development, 1201 New York Avenue, N.W., Washington DC 20525.

The Agency informs the potential person(s) who are to respond to this collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number, which is indicated on this form. (See 5 C.F.R. 1320.5(b)(2)(i))

## BACKGROUND

Your Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Person completing the form: \_\_\_\_\_

Your Name \_\_\_\_\_

Your Title \_\_\_\_\_

Your Telephone number: \_\_\_\_\_

Your Email: \_\_\_\_\_

Is your organization faith-based?  Yes  No

## YOUR VOLUNTEERS

### **Foster Grandparent Volunteers and Your Organization:**

*(all questions for the period October 1, 2002 through September 30, 2003 or for school year 2002-2003)*

### **Volunteer Information**

a. Number of Foster Grandparents during the relevant period (headcount)  FGP volunteers

b. Total Number of Foster Grandparent hours during the relevant period  hours

c. Number of non-Foster Grandparents serving with your organization during the relevant period (headcount)  non-FGP volunteers

d. Of the Foster Grandparents serving with your organization on October 1, 2002, approximately what percentage were still volunteering at the end of the relevant period?  %

e. How long has the Foster Grandparent program served with your organization?  
*(Please select from the following responses):*

- Under 1 year     1-5 years     6-10 years     11 years or more

## YOUR ORGANIZATION

*Please check the most appropriate boxes for your organization.*

### HEALTH

- Hospital/Medical Center/Clinic
  - Hospice
  - Home Health Care Agency
  - Non-Residential Mental Health Agency
  - Non-Residential Developmental Disability Center
  - Residential Long-Term Care Center (MH/MR/DD)
  - Non-vocational Rehabilitation Center
  - Government Agency
  - Other Health Care Organization or Health Department; please specify
- 

### HUMAN NEEDS

- Transitional Shelter/Center (Homeless, Battered, etc.)
  - Teen Parenting/Teen Pregnancy Organization
  - Day Care (Pre-Elementary) Center
  - Before and After School Care Organization (including Club/ Church/Community)
  - Government Agency
  - Other Social Service/Human Needs Agency, please specify
- 

### EDUCATION

- Head Start Center
  - Non-Head Start Educational Pre-School
  - Public/Private School (K-6/Elementary)
  - Public/Private School (Middle School/Junior High School)
  - Public/Private School (Senior High School)
  - Native American School
  - Vocational Sheltered Workshop/Center
  - Library
  - Museum
  - Government Agency
  - Other Educational Organization, please specify
- 

### OTHER

- Other Organization or Agency, please specify
- 

### COMMUNITY AND ECONOMIC DEVELOPMENT

- Community Development Program or Non-Profit Agency
  - Thrift Shop/Coop/Craft Shop
  - Chamber of Commerce
  - Government Agency
  - Other Community and Economic Development Organization or Agency, please specify
- 

### PUBLIC SAFETY

- Court
  - Juvenile Correctional Agency
  - Police/Law Enforcement Agency
  - Other Public Safety Organization, please specify
- 

### DISASTER

- Red Cross
  - Government Agency
  - Other Disaster Organization, please specify
- 

### HOMELAND SECURITY

- Red Cross
  - Community-based Organization/Agency
  - Government Agency
  - Other Homeland Security Agency, please specify
- 

### HOUSING

- Homeless Center
  - Community-based Housing Program
  - Government Agency
  - Other Housing Organization, please specify
-

## VOLUNTEER MANAGEMENT

(For the period October 1, 2002 through September 30, 2003)

1. Please describe the extent to which Foster Grandparents provide the following benefits to your organization. (Check one choice for each statement)

	True to a great extent	True to a moderate extent	Not true	Not applicable	Don't Know
a. Foster Grandparents help expand the <i>types</i> of service to clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Foster Grandparents help increase the <i>number</i> of clients served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Foster Grandparents help improve the <i>quality</i> of services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Foster Grandparents help free up paid staff time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Foster Grandparents bring specialized skills, such as expertise in the education or counseling fields.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Foster Grandparents help increase public support for our organization and/or improve community relations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The Foster Grandparent project reduces the time and effort needed to recruit volunteers who can help meet our agency's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other reason (Specify): _____					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____					
_____					

2. Please describe the extent to which your organization uses tools to manage Foster Grandparents. (Check one choice for each statement)

Management of Foster Grandparent volunteers	Used to a great extent	Used to a moderate extent	Not used	Not applicable	Don't Know
a. Written policies and volunteer assignment descriptions for Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional liability coverage or insurance protection for Foster Grandparent volunteers beyond what Senior Corps already offers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recognition activities, such as award ceremonies, for Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regular collection of information on numbers and hours of Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Annual measurement of the impacts of Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Training and professional development activities for volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Screening procedures to identify suitable Foster Grandparent volunteers, and to match them with appropriate tasks or jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Regular supervision of and communication with Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. We are interested in knowing if anyone in your organization is primarily responsible for volunteer management. (Please check "yes" or "no")

Staff responsibility for volunteer management	Yes	No	Don't know
a. Does your organization have a paid staff person whose responsibilities include management of volunteers?	<input type="checkbox"/>	<input type="checkbox"/> (Go to Item 4)	<input type="checkbox"/>
b. Does your organization have a volunteer who is responsible for the management of other volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Some organizations encounter challenges with Foster Grandparents or the Foster Grandparent project. Please note the degree to which each of the following issues has been a challenge for your organization. (Please check one choice for each statement below)

Challenges in the development of Foster Grandparent volunteer assignments	A major challenge	A minor challenge	Not a challenge at all	Not Applicable	Don't Know
a. Responsiveness of the Foster Grandparent project when:					
▪ More Foster Grandparent volunteers are requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Foster Grandparent volunteers with the right skills or expertise are needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Foster Grandparent volunteers are needed for specific schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack of paid staff time to properly train and supervise Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of adequate funds for supporting Foster Grandparent volunteer involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regulatory, legal, or liability constraints on Foster Grandparent volunteer involvement.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Absenteeism, unreliability, or low quality service provided by Foster Grandparent volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other challenge (Specify): _____					
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____					
_____					

\* constraints might include reporting, background checks, or liability insurance

**5. To what extent would each of the following factors increase your capacity to involve volunteers in service (both Foster Grandparent and non-Foster Grandparent)?**

	Would increase to a great extent	Would increase to a moderate extent	Would not increase at all	Don't Know
a. More training or professional development in how to work more effectively with volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Greater availability of potential volunteers with specialized skills, such as legal, financial management, or computer expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A one-year, full-time volunteer with a living stipend, and with responsibility for volunteer recruitment and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fewer regulatory, legal, or liability constraints on volunteer involvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More information about people in the community who want to volunteer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other factor (Specify): _____				
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____				
_____				

**6. We'd like to know about the methods your organization uses to locate and recruit Foster Grandparent volunteers. Does your organization...**

	Yes	No	Not applicable	Don't Know
a. Do public speaking before groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use the Senior Corps JASON web-based recruitment system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use other (non-JASON) Internet recruiting system(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use newspapers, trade papers, billboards, or fliers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Register with other organizations to receive referrals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use special events, such as volunteer fairs or organizational open houses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use word of mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other method (Specify): _____				
_____				
_____				
_____				



**SAMPLE FOSTER GRANDPARENT VOLUNTEER ACTIVITY**

*Below is an example of how to complete the items regarding accomplishments.*

**Sample. Delivery of Health Services**

Number of Foster Grandparents who provided these services:..... 10  
Total number of Foster Grandparent Volunteer hours:..... 1,000

<u>Type of Service</u>	<u>Number</u>
Provided nurturing or support at a clinic, hospital, hospice, or mobile-unit to.....	100 very sick or terminally ill children.
Fed, cradled, sang, and rocked.....	100 infants.

**HUMAN NEEDS: HEALTH/NUTRITION (HN)**

**HN-a. Total estimated number of people who benefited:** \_\_\_\_\_

*Please complete those items that are relevant to your FGP volunteers for the period October 1, 2002 through September 30, 2003.*

**HN-1. Delivery of Health Services**

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Number of Foster Grandparents who provided these services:..... \_\_\_\_\_  
 Total number of Foster Grandparent Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Provided nurturing or support at a clinic, hospital, hospice, or mobile-unit to.....	_____	very sick or terminally ill children.
Provided information on the delivery of health services to....	_____	parents and/or children.
Helped with the preparation for and recovery of.....	_____	children who had operations.
Fed, cradled, sang to, and rocked.....	_____	infants.
Visited with/nurtured.....	_____	hospitalized children.

**HN-2. Maternal/Child Health Services**

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Number of Foster Grandparents who provided these services:..... \_\_\_\_\_  
 Total number of Foster Grandparent Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Provided support/services for post-natal care and well-child clinics for.....	_____	children.
Helped with pre-natal care and healthy living assistance to.	_____	pregnant adolescents.

**HN-3. Mental Health**

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Number of Foster Grandparents who provided these services:..... \_\_\_\_\_  
 Total number of Foster Grandparent Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Provided services for.....	_____	children with mental health impairments who receive non-residential support services.
Provided services for.....	_____	children receiving residential mental health support services.

**HN-4. Developmental Disabilities**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided services in residential or non-residential settings for.....	_____	children with developmental disabilities.

**HN-5. Substance Abuse**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided services to.....	_____	drug or alcohol addicted infants.
Provided services to.....	_____	drug or alcohol addicted children or teens.
Helped with rehabilitation services for.....	_____	young substance abusers and their families.

**HN-6. Physical Disabilities Programs**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided assistance with rehabilitation, therapy, or exercise to.....	_____	children with physical disabilities.
Assisted during Special Olympics with.....	_____	children with physical disabilities.

**HN-7. In-Home Care**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided supportive health and social services for.....	_____	children needing long term care in their homes.

**HN-8. Hospice/Terminally Ill**

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Number of Foster Grandparents who provided these services:.....  
Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided nurturing and support to.....	_____	terminally ill children (except those with HIV/AIDS) and their families.

**HN-9. Boarder Babies**

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Number of Foster Grandparents who provided these services:.....  
Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Cared for.....	_____	infants or young children who were hospitalized because of lack of placement alternatives (except for children with HIV/AIDS).

**HN-10. HIV/AIDS**

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Number of Foster Grandparents who provided these services:.....  
Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Cared for.....	_____	boarder babies with HIV/AIDS.
Provided nurturing and support to.....	_____	HIV/AIDS positive children living in their homes.
Provided nurturing and support to.....	_____	HIV/AIDS positive children living with relatives or foster families.
Provided nurturing and support to.....	_____	HIV/AIDS positive children in hospices and hospitals.

**HN-11. Other Health/Nutrition Services**

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Number of Foster Grandparents who provided these services:.....

Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>
Please specify these other health/nutrition services:	
(1) _____, to...	_____ people.
(2) _____, to...	_____ people.
(3) _____, to...	_____ people.

**OTHER HUMAN NEEDS AND HOUSING (O)**

**O-a. Total estimated number of people who benefited:** \_\_\_\_\_

*Please complete those items that are relevant to your FGP volunteers for the period October 1, 2002 through September 30, 2003.*

**O-1. Crisis Intervention**

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Number of Foster Grandparents who provided these services:..... \_\_\_\_\_  
Total number of Foster Grandparent Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>
Participated in crisis intervention programs serving.....	_____ children.

**O-2. Homeless**

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Number of Foster Grandparents who provided these services:..... \_\_\_\_\_  
Total number of Foster Grandparent Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>
Provided services to.....	_____ homeless children.

**O-3. Mentoring**

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Number of Foster Grandparents who provided these services:..... \_\_\_\_\_  
Total number of Foster Grandparent Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>
Provided mentoring by developing relationships, reinforcing prosocial behaviors and providing constructive guidance and feedback to.....	_____ children.
Provided mentoring by developing relationships, reinforcing prosocial behaviors and providing constructive guidance and feedback to.....	_____ children of prisoners.
Provided mentoring by developing relationships, reinforcing prosocial behaviors and providing constructive guidance and feedback to.....	_____ children in foster care.
Nurtured and supported.....	_____ children, teens, and young adults.

**O-4. Respite**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided respite for.....	_____	caregivers of special needs children.

**O-5. Teen Pregnancy/Parenting Support and Education**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided support services for.....	_____	teen parents.
Provided one-on-one services on parenting skills, child health and safety and similar topics for.....	_____	teen parents.

**O-6. Child Abuse/Neglect**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided aid, assistance, and guidance to.....	_____	abused/neglected children and their families.
Provided information or referrals on child abuse prevention to.....	_____	teenage parents.

**O-7. Other Human Needs Services**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

Please specify these other human needs services:

<u>Type of Service</u>	<u>Number</u>	
(1) _____, to...	_____	people.
(2) _____, to...	_____	people.
(3) _____, to...	_____	people.

**EDUCATION (ED)**

**ED-a. Total estimated number of people who benefited:** \_\_\_\_\_

*Please complete those items that are relevant to your FGP volunteers for the period October 1, 2002 through September 30, 2003.*

**ED-1. Pre-Elementary Day Care**

Number of Foster Grandparents who provided these services:\_\_\_\_\_

Total number of Foster Grandparent Volunteer hours:\_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Assisted at.....	_____	pre-elementary learning and day care programs (not including Head Start).
Assisted in pre-elementary and day care programs (not including Head Start) for.....	_____	children.

**ED-2. Head Start**

Number of Foster Grandparents who provided these services:\_\_\_\_\_

Total number of Foster Grandparent Volunteer hours:\_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Provided mentoring in Head Start Programs by developing relationships with children, reinforcing prosocial behaviors, and providing constructive guidance and feedback to.....	_____	children in Head Start.
Helped.....	_____	children in Head Start to develop social and behavioral skills.
Provided emotional support and nurturing for.....	_____	children in Head Start.
Provided child development and school readiness skills activities for.....	_____	children in Head Start.
Provided meals, nutritional information, and monitored child health status for.....	_____	children in Head Start.



**ED-3. Elementary Education**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided one-on-one assistance in.....	_____	elementary school classrooms.
Provided one-on-one assistance for.....	_____	elementary school students.
Assisted and support child participation in extracurricular activities, clubs, physical education classes, physical fitness or sports programs involving.....	_____	elementary school students.

**ED-4. Secondary Education**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided one-on-one assistance in.....	_____	7 <sup>th</sup> through 12 <sup>th</sup> grade classrooms.
Provided one-on-one assistance for.....	_____	students in 7 <sup>th</sup> through 12 <sup>th</sup> grade.
Assisted and support child participation in extracurricular activities, clubs, physical education classes, physical fitness or sports programs involving.....	_____	students in 7 <sup>th</sup> through 12 <sup>th</sup> grade.

**ED-5. Special Education**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Provided supportive services to.....	_____	students with learning disabilities in kindergarten through 6 <sup>h</sup> grade.
Provided supportive services to.....	_____	students with learning disabilities in 7 <sup>th</sup> through 12 <sup>th</sup> grade.
Assisted in.....	_____	other special education programs.
Assisted in other special education programs involving.....	_____	students in kindergarten through 12 <sup>h</sup> grade.

**ED-6. Tutoring and Child Literacy**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Used evidence-based reading readiness programs with.....	_____	students in pre-K.
Used evidence-based reading and tutoring programs with....	_____	students in kindergarten through 6 <sup>th</sup> grade.
Used evidence-based reading and tutoring programs with....	_____	students in 7 <sup>th</sup> through 12 <sup>th</sup> grade.
Provided tutoring and support in math, science, social science, and other subjects to.....	_____	students.

**ED-7. Job Preparedness/Vocational Education**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted in job skills training in.....	_____	education programs.
Assisted in job skills training for.....	_____	students.

**ED-8. ESL**

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Number of Foster Grandparents who provided these services:.....  
 Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Used evidence-based programs for.....	_____	ESL students (from kindergarten through high school) to learn English.

**ED-9. GED**

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Number of Foster Grandparents who provided these services:.....

Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Assisted.....	_____	students working toward their GED.

**ED-10. Other Education Services**

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Number of Foster Grandparents who provided these services:.....

Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>	
Please specify these other education services:		
(1).....	_____	people.
(2).....	_____	people.
(3).....	_____	people.

**PUBLIC SAFETY (PS)**

**PS-a. Total estimated number of people who benefited:** \_\_\_\_\_

*Please complete those items that are relevant to your FGP volunteers for the period October 1, 2002 through September 30, 2003.*

**PS-1. Offender/Ex-offender Services/Rehabilitation**

Number of Foster Grandparents who provided these services: \_\_\_\_\_  
Total number of Foster Grandparent Volunteer hours: \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Provided one-on-one support to.....	_____	young offenders/ex-offenders.
Mentored.....	_____	young offenders/ex-offenders.
Provided one-on-one support and nurturing to.....	_____	children of offenders/ex-offenders.

**PS-2. Family Violence**

Number of Foster Grandparents who provided these services: \_\_\_\_\_  
Total number of Foster Grandparent Volunteer hours: \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Supported.....	_____	children whose families are in violence prevention programs.

**PS-3. Safe Children and Youth**

Number of Foster Grandparents who provided these services: \_\_\_\_\_  
Total number of Foster Grandparent Volunteer hours: \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>	
Helped children understand, learn, and practice safety issues such as crime and fire prevention, being aware of one's surroundings, and personal responsibility for safety to.	_____	children.

**PS-4. Other Public Safety**

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Number of Foster Grandparents who provided these services:.....

Total number of Foster Grandparent Volunteer hours:.....

<u>Type of Service</u>	<u>Number</u>
Please specify these other public safety services:	
(1) _____, to...	_____ people.
(2) _____, to...	_____ people.
(3) _____, to...	_____ people.

**DISASTER (D)**

**D-a. Total estimated number of people who benefited:** \_\_\_\_\_

*Please complete those items that are relevant to your FGP volunteers for the period October 1, 2002 through September 30, 2003.*

**D-1. Disaster Preparedness**

Number of FGP Volunteers who provided these services: \_\_\_\_\_  
Total number of FGP Volunteer hours: \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>
Helped children understand, cope with, or prepare for emergencies.....	_____ children.

**D-2. Other Disaster Services**

Number of FGP Volunteers who provided these services: \_\_\_\_\_  
Total number of FGP Volunteer hours: \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>
Please specify these other disaster services:	
(1) _____, to...	_____ people.
(2) _____, to...	_____ people.
(3) _____, to...	_____ people.

## HOMELAND SECURITY (HS)

The Homeland Security area includes programs that prepare to minimize the damage and recover from any future terrorist attacks that may occur despite our best efforts at prevention. This includes programs that help to plan, equip, train, and practice the response capabilities [of] many different response units (including first responders, such as police officers, firefighters, emergency medical providers, public works personnel, and emergency management officials) ready to mobilize without warning for any emergency. This area also includes programs that will consolidate federal response plans and build a national system for incident management in cooperation with state and local government including emergency preparedness and response efforts to engage the private sector and the American people.

**HS-a. Total estimated number of people who benefited:** \_\_\_\_\_

*Please complete those items that are relevant to your FGP volunteers for the period October 1, 2002 through September 30, 2003.*

### HS-1. Emergency Preparedness

Number of FGP Volunteers who provided these services:..... \_\_\_\_\_

Total number of FGP Volunteer hours:..... \_\_\_\_\_

<u>Type of Service</u>	<u>Number</u>
Helped children understand, cope with, or prepare for emergencies.....	_____ children.

**OTHER SERVICES (OS)**

Activity not included in survey	Specific activity performed by Foster Grandparent Volunteers	Number of Volunteers Performing Activity	Total Number of Hours Spent on Activity	Number of People Served by the Activity
<b>Language Assistance</b>	<b>Language interpretation</b>	<b>8</b>	<b>200</b>	<b>16</b>

*Please add any additional information on the reverse side of this page.*