

**FOSTER GRANDPARENT PROGRAM OF TUSCALOOSA COUNTY**

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**EVALUATION FOR CHILDREN**

**Teacher's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade Level:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Foster Grandparent:** \_\_\_\_\_

Please answer the following questions as accurately as possible. This information will be included in the reports sent to the Corporation for National and Community Service – Senior Corps.

1. With how many children did your Foster Grandparent work intensively?  
(No names are necessary, just a number.)

\_\_\_\_\_

2. How many of these children are being promoted?

\_\_\_\_\_

Optional:

Would you like to have a Foster Grandparent again next year? **Yes** **No**

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_