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| County: |  | Date: |  |
| Evaluation Period: |  | FY: |  |

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| **SECTION I** | PROGRAM INFORMATION | |
| Program Name: |  | |
| Sponsoring Agency: |  | |
| Component  Type (s): |  | Please attach Sections III – V for each additional component, if applicable |
| Program Manager: |  | |
| Name of Person(s)  Interviewed: |  | |

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| **SECTION II** | **DOCUMENT REVIEW** | | |
| ITEMS FOR REVIEW | YES | NO |  |
| Approved Program Agreements/Revisions |  |  | Last Revision  Approval Date: |
| Last Financial Expense/Revenue Report |  |  | Date of Report:  If no, a recommendation for follow-up by the Area Consultant must be made. |
| Client Tracking Client Count Report Youth Served and Admitted |  |  | Date of Reports: Please attach. |
| Court Counselor Staff Review/Comments |  |  | Date of Report       Please attach.  Comments: |
| Signed Section IX  Confidentiality Agreement |  |  | Please attach. |
| Other supporting documentation reviewed, i.e. surveys, pre/post tests, etc. |  |  | List:  Please attach. |

**Component Name:** **Component Type:**

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| **SECTION III PROGRAM SERVICE STATISTICS** | | |
| Total agreed to serve per current Program Agreement: |  | Total served year-to-date: |
| Is the number served year-to-date on track with Program Agreement projections | **YES  NO** | If no, why: |
| Total number of youth admitted year-to-date: |  | Referral source(s) for admitted juveniles:    Does this match the target outlined in the program agreement (explain): |

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| **SECTION IV COMPLIANCE INFORMATION** | | | |
| PROGRAM AGREEMENT | YES | NO |  |
| Attach Measurable Objectives Status Report for first six months  (July – Dec) |  |  | If not attached, explain:  Comment (include your conclusions based on the measurable results): |
| AttachMeasurable Objectives Status Report  **if program was funded last fiscal year**  (July – June) |  |  | If not attached, explain:  Comment (include your conclusions based on the measurable results): |
| Supporting documentation collected for assessment of client progress and  Measurable Objectives Status Reporting | Grade Reports  Attendance Reports  School Discipline Reports  Pre/Post Tests  Juvenile Court recidivism information  Other; List | | |
| Were these reports/documents available for inspection? |  |  | Comment: |
| Other measurement tools utilized to determine program effectiveness? |  |  | N/A  If yes, describe: |
| Does the program have a **SPEP** primary service? |  |  | List:       or  N/A  If no or N/A, indicate why a SPEP service is not provided: |
| Does the program have a qualifying **SPEP** supplemental service? |  |  | List: |

**Component Name:       Component Type:**

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| **SECTION V OPERATIONAL INFORMATION** | | | |
| PROGRAM OPERATION | YES | NO |  |
| Program services consistent with the description within the Program Agreement? |  |  | Comment: |
| Screening, admission, and termination process matches program agreement and policies? |  |  | Comment: |
| Interaction with Court Counseling Staff? |  |  | Describe any problems or concerns with the program’s interaction or contact with the Juvenile Court Counselors’ Office |
| Physical facilities adequate and as defined in the Program Agreement? |  |  | Comment: |
| Program staffing patterns consistent with the Program Agreement? |  |  | Comment: |
| Any Staff  vacancies during  this review period? |  |  | If yes, describe;  How has it affected program service delivery?  How does the program address lapsed salary? |
| Any Staff  vacancies  in the prior fiscal year? |  |  | If yes, describe;  How has it affected program service delivery?  How does the program address lapsed salary? |
| Has any aspect of the program changed since the beginning of the fiscal year? |  |  | If yes, describe: |
| Are there any program issues/concerns that should be shared with the JCPC? |  |  | If yes, describe: |

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| **SECTION VI FINANCIAL INFORMATION** | | | |
| EXPENDITURES & REVENUES | YES | NO |  |
| Are expenditures and revenues consistent with  the Program Agreement? |  |  | Comment:  If no, a recommendation for follow-up by the Area Consultant must be made. |
| Cost centers significantly **over or under expended** six months into fiscal year? |  |  | Comment:  If yes, a recommendation for follow-up by the Area Consultant must be made. |
| Was there a refund  due on the ***prior***  year’s final accounting? |  |  | If yes, indicate amount and why?  $  Comment: |

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| **SECTION VII SUMMARY** |
| Overall Program Strengths/Weaknesses and other Summary Comments: |

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| **SECTION VIII RECOMMENDATIONS** | |
| This program is recommended  for consideration for  continued funding. | Check One  YES without conditions  YES with conditions as noted below  NOT recommended for consideration for continued funding. |
| Comments/Conditions: | |
| Area Consultant follow-up is recommended.  YES  NO  Comments: | |

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| **SECTION IX JCPC MONITOR CONFIDENTIALITY AGREEMENT AND SIGNATURES** |
| My signature acknowledges monitoring of the aforementioned program, including any program policies, files and supporting documentation. **All client-specific information reviewed is privileged, confidential**, and permitted only in the context of monitoring responsibilities. I will not disclose or discuss any confidential or private information including program enrollment to any third parties.  Copies of the completed form have been provided to the Program Manager, JCPC Chairperson, and Area Consultant.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign Date Sign Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign Date Sign Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign Date Sign Date |