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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 [ ]  NOComments:       |

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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 |