



Juvenile Justice Final Progress Report

Agreement Description:			
Agreement ID:			
Report Year:	Due Date:	Submitted Date:	Date Reviewed:
Direct Services			
Frequency of Program Services			
Daily	<input type="checkbox"/>	Weekly	<input type="checkbox"/>
As Needed	<input type="checkbox"/>	By Session	<input type="checkbox"/>
Program operations - Hours:		Program operations – Days:	
Maximum program capacity:		Average # of participants served per session:	
Ongoing participants:		Primary geographic location:	
Referral Source			
Law Enforcement:		School System:	Other (Name):
Courts/Court Counselors:		Self-Referral:	Other (Value):
Mental Health		Parent/Guardian:	
Youth/Sibling Participants - Male			
African American 1 - 9:	African American 9 -12:	African American 13 - 15:	African American 16 – 18:
Native American 1 - 9:	Native American 9 - 12:	Native American 13 - 15:	Native American 16 – 18:
White 1 - 9:	White 9 -12:	White 13 - 15:	White 16 – 18:
Asian 1 - 9:	Asian 9 -12:	Asian 13 - 15:	Asian 16 – 18:
Hispanic 1 - 9:	Hispanic 9 -12:	Hispanic 13 - 15:	Hispanic 16 – 18:9:
Other 1 - 9:	Other 9 -12:	Other 13 - 15:	Other 16 – 18:
Youth/Sibling Participants - Female			
African American 1 - 9:	African American 9 -12:	African American 13 - 15:	African American 16 – 18:
Native American 1 - 9:	Native American 9 - 12:	Native American 13 - 15:	Native American 16 – 18:
White 1 - 9:	White 9 -12:	White 13 - 15:	White 16 – 18:
Asian 1 - 9:	Asian 9 -12:	Asian 13 - 15:	Asian 16 – 18:
Hispanic 1 - 9:	Hispanic 9 -12:	Hispanic 13 - 15:	Hispanic 16 – 18:9:
Other 1 - 9:	Other 9 -12:	Other 13 - 15:	Other 16 – 18:
Youth/Sibling Participants - Adults			
African American - Adult:		Native American - Adult:	Asian - Adult:
Hispanic - Adult:		White - Adult:	Other - Adult:
Program Terminations			
Youth successfully completed:		Youth voluntarily dropped out:	
Family relocated:		Youth removed from home:	
Youth expelled from program:		Youth sent to secure custody:	
Other (Name):		Other (Value):	
Does program use any evidence-based practices or programming?			
Use evidence-based practices	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
Blueprints for Violence Prevention	<input type="checkbox"/>	SAMSHA Model Programs	<input type="checkbox"/>
OJJDP Model Programs Guides	<input type="checkbox"/>	CASEL	<input type="checkbox"/>
Other (Name):			
Program Activities			
Individual counseling – Hours:		Individual counseling – Served:	
Family counseling – Hours:		Family counseling – Served:	
Student transportation – Hours:		Student transportation – Served:	
Recreation – Hours:		Recreation – Served:	
Life skills training – Hours:		Life skills training – Served:	
Parenting class – Hours:		Parenting class – Served:	
Restitution – Hours:		Restitution – Served:	
Group counseling – Hours:		Group counseling – Served:	



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Anger management – Hours:		Anger management – Served:	
Substance abuse treatment – Hours:		Substance abuse treatment – Served:	
Classroom instruction – Hours:		Classroom instruction – Served:	
Mentoring – Hours:		Mentoring – Served:	
In-Home visitation – Hours:		In-Home visitation – Served:	
Other – Name:		Other – Name:	
Other – Hours:		Other – Served:	
Please indicate which group(s) your program is working with			
At-Risk population	<input type="checkbox"/>	First time offenders	<input type="checkbox"/>
Repeat offenders	<input type="checkbox"/>	Sex offenders	<input type="checkbox"/>
Status offenders	<input type="checkbox"/>	Violent offenders	<input type="checkbox"/>
Youth population not served directly	<input type="checkbox"/>	Other:	
Additional Program Questions			
Exhibiting desired change in targeted behavior:		New offense during reporting period:	
Exiting the program successfully or unsuccessfully:		Committed to juvenile facility:	
Reoffended:		Been victimized (violent crime, abuse/neglect):	
Program Progress			
What were your accomplishments within this reporting period?			
What goals were accomplished as they relate to your grant application?			
What problems/barriers did you encounter, if any, within the reporting period?			
Is there any assistance GCC can offer you to address any problems/barriers identified?			
Are you on track to fiscally and programmatically complete your program as outlined in your proposal?			
What major activities are planned for the next six months?			
Are there any innovative programs/accomplishments that you would like to share with GCC?			



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What sustainability activities have you completed this reporting period (including media coverage)?

What training has the project staff participated in during this reporting?

Please share a Success Story (impact on system issues, impact on community, individual or family).

In there any training or technical assistance that is needed to improve your project?

Have there been any publications, curricula, etc. created related to your project?

CJA

Describe your grant activities as they relate to the needs identified in your grant application, including the implementation of evidence-based trainings and programming.

Describe your grant progress and include any innovative programming or success stories. Describe whether grant activity resulted in expected changes.

Describe the impact of this project on systems. Assess any changes in program participants. Describe any problems or barriers that you may have encountered during the report period. Include the results of program evaluation efforts.

Notes

Reviewed By: _____ Date: _____