Program:

Brief

Description:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | SPEP Score | Enhancement  Opportunity | Action Steps | Responsible Party | Comments: |
| Primary Service  Supplemental Services |  |  |  |  |  |
| Quality of Service Delivery |  |  |  |  |  |
| Amount of Service:  Duration and Contact Hours |  |  |  |  |  |
| Risk Level of Youth |  |  |  |  |  |
| Total |  |  | | | |

This Plan is approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Program Manager Name & Signature Date JCPC Chair Name & Signature Date