

PROGRESS REPORT

Mental Health
 CIP
 Re-Entry

County: _____		IJOS / County ID #: _____						
Grant/Project Number: _____		Final Report: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Performance Measure Data	Quarterly Reporting Periods							
	7/1 - 9/30	10/1 - 12/31	1/1 - 3/31	4/1 - 6/30				
Treatment Status								
Check box if currently in Treatment / Receiving Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Early Termination (Unsuccessful discharge) (Date in Appropriate Column)								
Successful Completion/ Completed early (Date in Appropriate Column)								
Treatment Outcome								
Making progress in treatment/ program	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Making progress in school or vocational training	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Making progress in looking/keeping employment	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Current Supervision / Legal Status								
Committed a NEW offense (Seen by juvenile court or arrested for a NEW offense)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Committed a Probation Violation. (Formal Probation Violation filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
On Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
In Diversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Committed to State Custody (Date in Appropriate Column)								
Comments (explanation of data/successes/challenges, change in supervision status, etc.)								
<input type="checkbox"/> I certify the information provided is accurate and I am the signing authority for this project.								
_____					_____			
Name					Date			