



Youth Assessment Center - Limited Longevity Support

Performance Measurement Report

Project Name: _____

Subrecipient: _____ Project Number: _____

Project Period From: _____ To: _____ Final Report ☐ Yes ☐ No

Performance Measure	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Year to Date
	7/1 – 9/30	10/1 – 12/31	1/1 – 3/31	4/1 – 6/30	
Youth Served					
# of youth referred					
Race/Ethnicity of youth served (White, non-Hispanic; Black/African American; Hispanic; American Indian; Asian/Pacific Islander)	_____ W/NH _____ B/AA _____ H _____ AI _____ A/PI	_____ W/NH _____ B/AA _____ H _____ AI _____ A/PI	_____ W/NH _____ B/AA _____ H _____ AI _____ A/PI	_____ W/NH _____ B/AA _____ H _____ AI _____ A/PI	_____ W/NH _____ B/AA _____ H _____ AI _____ A/PI
Age of youth served	_____ Under 10 _____ 10-12 _____ 13-15 _____ 16-18 _____ Over 18	_____ Under 10 _____ 10-12 _____ 13-15 _____ 16-18 _____ Over 18	_____ Under 10 _____ 10-12 _____ 13-15 _____ 16-18 _____ Over 18	_____ Under 10 _____ 10-12 _____ 13-15 _____ 16-18 _____ Over 18	_____ Under 10 _____ 10-12 _____ 13-15 _____ 16-18 _____ Over 18
Sex of youth served (Male; Female; Non-Binary/Gender Non-Conforming)	_____ M _____ F _____ NB/GNC	_____ M _____ F _____ NB/GNC	_____ M _____ F _____ NB/GNC	_____ M _____ F _____ NB/GNC	_____ M _____ F _____ NB/GNC
# of referrals by source (Self/Community, School, Child Protection, Law-Enforcement)	_____ Self _____ School _____ CP _____ LE	_____ Self _____ School _____ CP _____ LE	_____ Self _____ School _____ CP _____ LE	_____ Self _____ School _____ CP _____ LE	_____ Self _____ School _____ CP _____ LE
# of youth who identify as LGBTQAI+					
Average time to transfer custody from Law-Enforcement referrals					
# of screenings completed					
# of youth with needs identified via screening connected to assessment (internally or externally)					
# of assessments completed					
# of youth connected to services & supported via case management					
# of youth participating in services and supports					
Administration					
# of staff					
# of staff trained					

# of agreements/MOUs with system and community partners (please attach list of community partners with whom Center has agreements/MOUs)					
---	--	--	--	--	--

I have examined the information provided and certify it is accurate. I am the signing authority for this grant.

Project Director’s signature

Date

Financial Officer’s signature

Date