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