OFFICE OF POLICY AND MANAGEMENT

CRIMINAL JUSTICE POLICY AND PLANNING DIVISION

*Submit reports by email to* *valerie.lamotte@ct.gov*

**PROGRESS REPORT: Right Response CT Network Program**

**Identification**

1. Grantee: Click here to enter grantee.
2. OPM Grant Number: Click here to enter grant number.
3. Project Title: Click here to enter project title.
4. Implementing Agency: Click here to enter implementing agency.

*(if different from Grantee)*

1. Period of Award: October 1, 2014 to September 30, 2015
2. Report Type:



*(Please explain)*: Click here to enter explanation.

1. Report for the Period Ending: *(A separate report is REQUIRED for each period)*









*(Specify report period)*: Click here to enter report period.

**Certification**

Your typed name, in lieu of your signature, certifies that the information contained in this report is based on official records and is, to the best of your knowledge and belief, true and correct.

Report Prepared by: Click here to enter name.

*Typed Name*

Date *(m/d/yyyy)*: Click here to enter date.

Email Address: Click here to enter email address.

Telephone Number: Click here to enter telephone number.

**Summary Information**

1. Please summarize all meetings of the Local Collaboration Team and the School/Police Collaboration Team (as identified in the community’s Memorandum of Agreement between the Superintendent of Schools and the Chief of Police). Include for each team meeting the date of the meeting and a summary of any data reviewed, topics discussed, and actions taken. Limit your response to one page. DO NOT append meeting agendas, minutes, etc.

Click here to enter summary information.

B. Please summarize activities for the quarter. Include any special events, staff changes, new program approaches and any problems or barriers. Limit your response to this page. DO NOT append copies of flyers, newspaper articles, etc.

Click here to enter summary information.

**Data**

Please answer each question. If you do not have data for a particular item, enter “0.”

1. Number of Youth Served (Unduplicated count)
2. Number of youth receiving services carried over from previous quarter: Click here to enter data.
3. Number of new youth who received services this quarter: Click here to enter data.
4. Total number of youth served during this quarter *(should equal A.1 plus A.2 above.):*  Click here to enter data.
5. Demographic Information
6. Total number of youth served by race/ethnicity *(sum should equal A.3 above)*:

Black, non-Hispanic Click here to enter data. American Indian Click here to enter data.

Hispanic Click here to enter data. Asian Click here to enter data.

White, non-Hispanic Click here to enter data. Other Click here to enter data.

1. Total number served by sex *(sum should equal A.3 above)*:

Male Click here to enter data. Female Click here to enter data.

1. Total number served by age *(sum should equal A.3 above)*:

Under 11 Click here to enter data. 11-13 Click here to enter data.

14-17 Click here to enter data. 18 and over Click here to enter data.

1. Number of Youth Exhibiting Desired Change in Targeted Behaviors
2. Number of youth who exited the program having completed program requirements during this quarter: Click here to enter data.
3. Number of youth served who exhibit an increase in school attendance during this quarter: Click here to enter data.
4. Number of youth served who exhibit an increase in social competencies during this quarter: Click here to enter data.