|  |  |  |  |
| --- | --- | --- | --- |
| **SPEP™ Identification Number and Time:** |  | **Name of Organization:** |  |
| **Date of Feedback Report Review Meeting:** |  | **Name of Program:** |  |
| **Lead County:** |  | **Name of Service:** |  |
| **Date PIP Goals Completed:** |  | **Location:** |  |
| **Date of PIP Finalization Meeting:** |  | **PIP Prepared By:** |  |
| **Timeframe of Current Cohort:** |  | **SPEP™ Implementation Specialist:** |  |
| **Timeframe of Next Cohort:** |  | **Lead JPO:** |  |
|  | | | |
| **SPEP Domain Goal Areas** | | | |
| **Service Type** | | | |
| **Elements** | Identified therapeutic service types (skill building, counseling, and restorative) and qualifying supplemental services. | | |
| **Recommendations from SPEP Feedback Report** | None | | |
| **Quality of Service Delivery** | | | |
| **Elements** | Written Program Protocol  Personnel Trained in the Program and Associated Protocol  Monitoring the Quality of the Service Delivery  Organizational Procedures for Responding to Departures from the Protocol | | |
| **Recommendations from SPEP Feedback Report** |  | | |
| **Amount of Service** | | | |
| **Elements** | Duration of Service  Face to face contact hours | | |
| **Recommendations from SPEP Feedback Report** |  | | |
| **Risk Level** | | | |
| **Elements** | The meta-analysis research on delinquency intervention programs has shown that, on average, there are larger positive effects on recidivism with higher risk juveniles than with their lower risk counterparts. | | |
| **Recommendations from SPEP Feedback Report** |  | | |

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| **Goal Progress Update** | | | | | | | | | | | | | |
| **Goal Area** | **Service Type**  **Quality of Service Delivery: Written Protocol**  **Quality of Service Delivery: Staff Training**  **Quality of Service Delivery: Staff Supervision**  **Quality of Service Delivery: Organizational Response to Drift**  **Amount of Service**  **Risk Level** | | | | **Goal Number** | |  | | | | | | |
| **Action Step** | | | | | **Lead** | | | | **Target Date** | | **Date Completed** | | |
|  | | | | |  | | | |  | |  | | |
| **Rate the items based on level of implementation** | | **Q1 Meeting** | **Q2 Meeting** | **Q3 Meeting** | **Q4 Meeting** | **Q5 Meeting** | | **Q6 Meeting** | | **Q7 Meeting** | | **Q8 Meeting** |
| **Date:** | **Date:** | **Date:** | **Date:** | **Date:** | | **Date:** | | **Date:** | | **Date:** |
| 1 = We have not begun  2 = We have started to work on this  3 = We are about halfway complete  4 = We are almost finished  5 = We have accomplished this | | **Rating:**  X | **Rating:**  X | **Rating:**  X | **Rating:**  X | **Rating:**  X | | **Rating:**  X | | **Rating:**  X | | **Rating:**  X |
| Q1 Meeting Notes | |  | | | | | | | | | | | |
| Q2 Meeting Notes | |  | | | | | | | | | | | |
| Q3 Meeting Notes | |  | | | | | | | | | | | |
| Q4 Meeting Notes | |  | | | | | | | | | | | |
| Q5 Meeting Notes | |  | | | | | | | | | | | |
| Q6 Meeting Notes | |  | | | | | | | | | | | |
| Q7 Meeting Notes | |  | | | | | | | | | | | |
| Q8 Meeting Notes | |  | | | | | | | | | | | |

