

LCRB Annual Service Report

|                                      |  |  |  |  |  |  |  |  |  |
|--------------------------------------|--|--|--|--|--|--|--|--|--|
| Agency Name:                         |  |  |  |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |  |  |  |
| Program Funded:                      |  |  |  |  |  |  |  |  |  |
| Date Submitted:                      |  |  |  |  |  |  |  |  |  |
| Prepared By:                         |  |  |  |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |  |  |  |
| Telephone Number:                    |  |  |  |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |  |  |  |
| Email Address:                       |  |  |  |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |  |  |  |
| How many children/youth served?      |  |  |  |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |  |  |  |
| <b>1. Brief program description:</b> |  |  |  |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |  |  |  |

|   |  |
|---|--|
| <b>2. Please list Goal #1 (based upon your Clinical Outcomes application)</b>   |  |
|   |  |
| A. Was this goal met?   |  |
| If yes, how did you achieve success? If no, why not? What are your plans to reach your goal by the next reporting period?                                   |  |
|   |  |
| B. Was there any change in methodology?   |  |
|   |  |
| C. Verification of Goals (e.g. staffing reports, training logs, tests, meetings, etc.) What process do you have in place to verify your attainment of goal? |  |
|   |  |

|   |  |
|---|--|
| <b>2. Please list Goal #2 (based upon your Clinical Outcomes application)</b>   |  |
|   |  |
| A. Was this goal met?   |  |
| If yes, how did you achieve success? If no, why not? What are your plans to reach your goal by the next reporting period?                                   |  |
|   |  |
| B. Was there any change in methodology?   |  |
|   |  |
| C. Verification of Goals (e.g. staffing reports, training logs, tests, meetings, etc.) What process do you have in place to verify your attainment of goal? |  |
|   |  |

|   |  |
|---|--|
| <b>2. Please list Goal #3 (based upon your Clinical Outcomes application)</b>   |  |
|   |  |
| A. Was this goal met?   |  |
| If yes, how did you achieve success? If no, why not? What are your plans to reach your goal by the next reporting period?                                   |  |
|   |  |
| B. Was there any change in methodology?   |  |
|   |  |
| C. Verification of Goals (e.g. staffing reports, training logs, tests, meetings, etc.) What process do you have in place to verify your attainment of goal? |  |
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| <b>FOR ADDITIONAL GOALS LISTED IN YOUR PROPOSAL,<br/>PLEASE USE ADDITIONAL PAGES FOLLOWING THE SAME FORMAT.</b> |  |  |  |  |  |  |  |  |  |
| Comments:   |  |  |  |  |  |  |  |  |  |