Community Based Life Skills Program (CBLS)
Annual Report

This is an online fill-in form. Use the "Tab" key (or mouse pointer) to move to the next field.
DO NOT USE THE RETURN KEY!

Name of Agency: _____

Name of Contact Person: _____ Phone #: _____

Year reporting on: ____ Today's Date: _____

For year which the agency is reporting on, please provide the following information in narrative form. You may include tables or attach additional pages if needed to describe components of service. NOTE: If program is contracted to provide two session, please report on each session separately.

1. Please provide the following information in narrative form. Include tables where needed to capture information. Please attach program syllabus/schedule, including dates:

   _____

2. Describe recruitment efforts and results (# of youth referred, # of youth excepted):

   _____

3. Describe assessment phase and any program successes or impediments to obtaining individual and/or paired assessments:

   _____

4. Describe overall results for groups' assessments and any trends that were noted:

   _____

5. If any youth were dropped/withdrew from program, please provide the # and any reasons:

   _____

6. Describe any impediments or obstacles to program success and recommendations, if available:

   _____

7. Describe community connections and list partners program worked during the year:

   _____

8. Program highlights, new initiatives, special accomplishments and successes, please describe:

   _____

9. Please attach a list of names of youth who participated in program and the following information on these youth: Name, address, link person number, social worker, Area Office, age/DOB, race/ethnicity, placement type, year in school, Sp. Ed. (yes/no), graduated (yes/no), and ACLSA scores:

   _____