Division of Public Safety Planning
Youth & Family Drug Court
DATA COLLECTION FORM

PART 1. Program Information

County: | **Reporting Period:**

Program Title/Name:

Contact Person: _____ _____
First Last

Title: _____ **Telephone:** _____ **Ext.** _____

Email address: _____

Prepared By: _____ _____
(If different from Contact) First Last

Title: _____ **Telephone:** _____ **Ext.** _____

Email address: _____

PART II. General and Criminal Justice Information

1. Number of **new** participants: _____
2. Number of **terminated** participants: _____
3. Number of participants **completing** the program: _____
4. Number of participants **re-arrested** while in the program: _____

PART III. Social Outcomes and Accomplishments

5. Please provide a monthly update on your stated goals and objectives as documented in your application for funding.

6. Monthly accomplishments:

7. Monthly barriers: