

SARATOGA COUNTY YOUTH BUREAU

*****Quarterly Reporting - Agency Report to County*****

The following self-evaluation report is to be completed quarterly.

PROGRAM NAME: _____

QYDS # _____ YDP RHYA _____

MAR 31 _____ JUNE 30 _____ SEPT 30 _____ DEC 31 _____

Objectives outlined in the OCFS Application 1/1/2017 - 12/31/2017.

A. Stated Objective #: 213: Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity).

SOS #: 0232. Year Round/Seasonal Activities:

- How much: **0232A.1** # of youth participating (unduplicated) _____
- How well: **0232B.2** % or programs with a code of conduct and/or have behavioral contracts signed for all youth _____
- Better off: **0232C.2** #/% of youth who attain/or improve on a skill and/or report an increase in knowledge/awareness _____

Notes:

____ Check here if Objectives are being reviewed for change and explain below.

The changes to be made/have been made in the Objectives for the upcoming quarter are/were:
(Use second page if more space is needed)

Do you need assistance in creating/implementing changes? ___YES ___NO

Prepared by: _____ (NOTE: original signature not required - electronic submission OK)

Agency Director: _____ Date: _____