

**Agency:** \_\_\_\_\_

**Prevention Service:** \_\_\_\_\_

**Brief Program Description:** \_\_\_\_\_

- **Please complete the columns labeled *Objective Progress* and *Outcome Progress***
  - Be as specific as possible in your responses
  - Include data and a description of the measurement tool(s) used where appropriate
  - Make sure that your responses line up with the appropriate Outcome
  - If progress is 10% less than what would be expected at mid-year, please describe plans for attaining the objective or outcome

OBJECTIVE ATTAINMENT   MIDYEAR REPORT FY 16/17			
OBJECTIVE	OBJECTIVE PROGRESS	SHORT-TERM OUTCOME	OUTCOME PROGRESS