**Facility:** Click or tap here to enter text.

**Program Proposed:** Click or tap here to enter text.

**Program Description: (overview of curricula itself, not a description of how facility will use it)** Click or tap here to enter text.

**Explain how this program aligns with other programming and the overall philosophy and purpose of facility.** Click or tap here to enter text.

**Program Documented On:**

[ ]  NREPP Standing:Click or tap here to enter text. Score: Click or tap here to enter text.

[ ]  Pew’s Results First

[ ]  Crime Solutions Click or tap here to enter text.

[ ]  WSIPP Click or tap here to enter text.

[ ]  OJJDP- Juvenile programs Click or tap here to enter text.

[ ]  Other: Click or tap here to enter text.

**Quality of Research:**

[ ]  Meta-analytic support: Click or tap here to enter text.

 Number of studies in meta-analysis: Click or tap here to enter text.

 Population studied: Click or tap here to enter text.

 Summary of outcomes: Click or tap here to enter text.

 Limitations of the study: Click or tap here to enter text.

[ ] Single objective, empirical support: Click or tap here to enter text.

 Population studied: Click or tap here to enter text.

Summary of outcomes: Click or tap here to enter text.

 Limitations of the study: Click or tap here to enter text.

CPC componentsClick or tap here to enter text.

 [ ]  Program targets criminogenic need area(s): *Please list*

Click or tap here to enter text.

[ ]  Manualized curricula

 [ ]  Program is centered around social learning and cognitive-behavioral theory (teaches cognitive restructuring, social skills, and/or problem-solving techniques)

 [ ]  Includes role playing in group

 [ ]  Staff receive training prior to facilitation: *Description of training*

 Click or tap here to enter text.

 [ ]  Quality assurance process in place for the program: *Please explain*

Click or tap here to enter text.

**Program Specifics-Operational Details:**

* Program delivery and dosage:
	+ Specific Referral criteria (screening, clinical assessment, R/N scores): Click or tap here to enter text.
	+ Number of group sessions, length of sessions, program length and dosage: Click or tap here to enter text.
* Population targeted?(*age, sex, etc*.) Click or tap here to enter text.
* Are you requesting this to be a core risk reducing program: [ ] Yes [ ]  No
* Facilitator education necessary: Click or tap here to enter text.
* Does the author of the curricula provide training: [ ] Yes [ ]  No
* What training will be acquired prior to implementation: Click or tap here to enter text.
* Cost associated for startup? Click or tap here to enter text.
* Cost associated per offender use? Click or tap here to enter text.

**Initial Approval Process:**

**Facility Representative approval:**

**Approved after considering staffing requirements and associated costs:**

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Facility Representative Date

**Montana Department of Corrections acknowledgement:**

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Administrator Date

\*Form advances to Evidence Based Program Committee and Director or designee for final approval.