**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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Representative Date

**Montana Department of Corrections acknowledgement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Date

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