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| **Logo  Description automatically generated** | **REQUEST FOR PROGRAM APPROVAL\*** *\*Use this form for proposed programs and for previously approved programs* |

**Part I: Request for Program Approval**

* *Complete* ***pages 1 and 2******only*** *for general education, post-secondary education, vocational education, on-the-job training and programs, and all other types of general programming*
* *Complete* ***pages 1, 3, and 4******only*** *for evidence-based/core risk reducing or adjunct*
1. **Facility/Program:** Click or tap here to enter text.
2. **Program/Curriculum Proposed:** Click or tap here to enter text.
3. **Program Description** *(overview of curricula itself, not a description of how facility will use it)***:**

Click or tap here to enter text.

1. **Explain how this program aligns with other programming and the overall philosophy and purpose of the Department.**

Click or tap here to enter text.

1. **Program Specifics and Operational Details:**
* Program delivery and dosage:

Click or tap here to enter text.

* + 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.

* 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.

* Is offender interest sufficient to justify adoption of the program? [ ]  Yes [ ]  No
* Cost associated for startup:

Click or tap here to enter text.

* Cost associated per offender use:

Click or tap here to enter text.

**Part II: General Education, Post-Secondary Education, Vocational Education, On-the-Job-Training and Programs, and All Other Types of General Programming**

***[skip to page 3 if the program is Evidence-Based/Core Risk Reducing or Adjunct]***

1. **Program Specifics and Operational Details** *(please respond below and attach training and implementation plan)***:**

State how this program meets applicable requirements:

Click or tap here to enter text.

Does the program require stakeholder approval?

Click or tap here to enter text.

1. **Supervisor Review (when applicable):**

Click or tap here to enter text.

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Supervisor *(typed signature)* Date

1. **Bureau Chief Review/Decision**

Bureau Chief Review:

Describe the process taken for approval or denial:

Click or tap here to enter text.

Answer/explain any questions regarding the program and the steps taken to address them:

Click or tap here to enter text.

Add any suggestions for the program/curricula submitted:

Click or tap here to enter text.

Bureau Chief Decision ***(this is the final decision if the Bureau Chief is not the requestor)***

[ ]  Approved

[ ]  Pending *(provide explanation and additional information needed for decision*):

Click or tap here to enter text.

[ ]  Denied *(explanation)*:

Click or tap here to enter text.

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 Bureau Chief *(typed signature)* Date

Rehabilitation and Programs Chief Decision ***(only needed when the Bureau Chief is the requestor****)*:

[ ]  Approved

[ ]  Denied *(explanation)*:

Click or tap here to enter text.

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Division Chief *(typed signature)* Date

**Part III: *Evidence-Based/Core Risk Reducing or Adjunct***

1. Was documented research previously submitted for the same population? [ ]  Yes [ ]  No
2. Population targeted (*age, sex, etc*.): Click or tap here to enter text.
3. Are you requesting this to be a core risk reducing program? [ ]  Yes [ ]  No
4. Are you requesting this to be an adjunct program? [ ]  Yes [ ]  No

***Note: If the program was previously approved for a similar population, skip 5 and 6 below.***

1. **Program Documented on:**

[ ]  Pew’s Results First: Click or tap here to enter text.

[ ]  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.

1. **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 components** *(program targets/criminogenic need areas from risk/needs assessment)*:

[ ]  Program targets criminogenic need area(s) *(please list)*: Click or tap here to enter text.

[ ]  Manualized curricula: Click or tap here to enter text.

[ ]  Program is centered around social learning and cognitive-behavioral theory *(teaches cognitive restructuring, social skills, and/or problem-solving techniques)*: Click or tap here to enter text.

 [ ]  Includes role playing in group: Click or tap here to enter text.

 [ ]  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.

 [ ]  Enhancements to the program *(please explain)*:Click or tap here to enter text.

1. **Initial Approval Process:**

Program Administrator/Program Director/Program Manager approval:Click or tap here to enter text.

Approved after considering associated costs, space, and staffing requirements:

Click or tap here to enter text.

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Administrator/Director/Manager *(typed signature)* Date

***(Note: The following page is for use by the Review Team and QAEBPP Bureau Chief only)***

**Part III. *(continued) Evidence-Based/Core Risk Reducing or Adjunct***

*(for use by the Review Team and QAEBPP Bureau Chief only)*

**Review Team Conclusion and Bureau Chief Decision**

1. **Review Team Conclusion:**

Name of program/curricula submitted to the review team and who submitted it for review/approval:

Click or tap here to enter text.

Answer/explain any questions that the review team may have had regarding the program and the steps taken to address those questions:

Click or tap here to enter text.

Add any suggestions the review team may have for the program/curricula submitted:

Click or tap here to enter text.

Final decision, with documented factors, for or against approval (approved/denied):

Click or tap here to enter text.

1. **Quality Assurance of Evidence-Based Practices and Programs (QAEBPP) Bureau Chief Decision:**

[ ]  Approved as Evidence-Based/Core Risk Reducing: Click or tap here to enter text.

[ ]  Approved as Adjunct: Click or tap here to enter text.

[ ]  Pending *(provide explanation and additional information needed for decision*):

Click or tap here to enter text.

[ ]  Denied *(explanation)*: Click or tap here to enter text.

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QAEBPP Bureau Chief *(typed signature)* Date