

**Georgia Department of Corrections
Office of Reentry Services
PROGRAM DATA FORM**

SITE:

FACILITATOR:

GROUP NAME:

Date Submitted:

	Identification Number	Participant Name (Last, First)	Start Date	Termination Reason	Pre-Test Score	Post-Test Score	Termination Date
	1234567890	Smith, Johnny Ray	7-01-03				01-28-04
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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17							
18							
19							
20							

Instructions:
Group facilitators must complete this form upon starting a new group. The participant's name must be the exact name as listed by the GDC. The identification number must be the assigned GDC number for offenders (State Prisons and Transitional Centers). The start date must be entered as the first official day of class. The termination date for each participant must be the last date they attended class. The termination code should be an applicable code (refer to page two).
The Operations Analyst/Designee or other staff member who makes SCRIBE data entries must be given a copy of this form to enter information into SCRIBE. Facilitators are to forward this form to the OA each time there is a change of offender class status. The OA will enter the data and indicate date entered, initial, and return the form to the group facilitator within seven (7) days of receipt.
The SSPC will review this form during QA Evaluations and/or site visits.

Date Entered: _____ **OA Initials:** _____

Classification Chair Signature: _____ **Date Reviewed:** _____

Retention Schedule: Upon completion, this form shall be maintained on site for at least one (1) year or upon review by the Social Services Program Consultant (SSPC).

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END REASONS

Cognitive Deficit
Completed Level 3 MRT
Completed Level 7 MRT
Death
Refused to Participate
Disciplinary Reasons
Alcohol - Drug Use
Failure to Perform

Completed Successfully
Doesn't Meet Criteria
Doesn't Speak English
Medical Reasons
Mental Health Reasons
Out to Court
Released from Confinement
Voluntary Withdraw