Evidence Based Program
Weekly Report
Facility Name
Submitted By

Facility Name		**Week-of**	
Submitted by		**Date**	
This is one week retroactive of report due date (Example: report due Wednesday May 31st is for activities from Wednesday May 24-May Tuesday May 30th)			

Weekly Activities

Activities are to further the mission of EBP and its related goals and objectives. Activities will fall under the phase description and are part of the written curriculum. Example would be organized events between staff and offenders such as a basketball game. This increases professional rapport. Use additional sheets as necessary.

Proposal

Ideas presented that further the goals and mission of EPB that establish a positive forward momentum. This is required on a minimum monthly basis	
Proposal Name/Idea	
Result	☐ Approved by _____ ☐ Denied BY_____

Mentors

	Completed	**Enrolled**	**Start Date**	**End Date**
Total Number of Mentors:				
Pathfinders:				
Identity Reformation				
Mentor Meeting Date and take ways from meeting				

Phase Numbers:

Pre-Phase		**Phase 1**	
Phase 2		**Phase 3**	
Phase 4		**Graduates Phase**	
Mentors		**Fire Station**	
Total Offenders			

Start and end Date of any EBP Training: _____
Graduation Date: _____

Graduation Rates

Year	
2023	
2024	
Total	

Retention Schedule: Upon completion this form shall be maintained by the Statewide EBP Coordinator for two (2) years.

Electives

(use additional sheets as needed)

	Elective	Number of Offenders
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
	Total	

Family Day

Retention Schedule: Upon completion this form shall be maintained by the Statewide EBP Coordinator for two (2) years.

Date:	
Family Day Goals/Accomplishments:	

Disciplinary Referrals

Retention Schedule: Upon completion this form shall be maintained by the Statewide EBP Coordinator for two (2) years.