

Participant Name: _____

Date: _____

Agency: _____

Administering Staff: _____

HYT Performance Measurement Tool

ADMIN POINT (ENTER IN SAMIS):

Program Entry 6m 12m 18m 24m 30m 36m 42m 48m

Chronological admin point based on original open date (for reference only)

Original open date: _____ Program Entry 6m 12m 18m 24m 30m 36m 42m 48m Other: _____

Program Entry Data Collection

1) **Children:** How many children does the youth currently have (including those that are not in their direct care)? _____

2) **Pregnancy:** Is youth currently expecting a baby? YES ___ NO ___

3) **Prior Law Violations:** Does youth have law violations prior to entering program? YES ___ NO ___

- What type of law violations (check all that apply): Misdemeanor ___ Felony ___ N/A ___

4) **Employability Skills Test:** Date test administered _____ Total Score: _____

5) **SDQ PRE TEST:** Date test administered _____ Internalizing Score: _____ Externalizing Score: _____ Total: _____

6) **SOGIE:** Date SOGIE administered: _____

For 6m+ Admin points

OUTCOME #1: Youth will not become pregnant (females) or cause a pregnancy (males) while in the program.

1) Has youth become pregnant or caused a pregnancy in the last six months? Yes ___ No ___

2) What is youth's current age? _____ years old

OUTCOME #2: Youth will have no new law violations while enrolled in the program.

1) Has the youth had any new law violations in the last 6 months?

- Yes ___ No ___
- What type of law violations (check all that apply): Misdemeanor ___ Felony ___ N/A ___
- Print date on face-sheet (enter in SAMIS): _____ (Print face sheet and keep in file)

OUTCOME #3: Youth will attend secondary or post-secondary education/training and/or employment.

1) Youth has made progress towards grade promotion, graduation or attainment of GED competencies during the last six months?

- YES ___ NO ___ Graduated/Withdrew within 6 month period _____
N/A (already graduated) _____

2) Youth has been enrolled in post-secondary education/training during the last six months?

- YES ___ NO ___ If yes, how many months has youth been enrolled: _____

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3) Youth has been employed continuously during the last six months?

- YES _____ NO _____ If no, how many months employed during the last six months: _____
(NOTE: enter "0" for all youth not employed at all during last six months)

4) Are academic records and/or employment records/paystubs in client charts?

- Yes ____ No ____ If no, why not? _____

OUTCOME #4: Youth will demonstrate an improvement of pre-employment work maturity skills.

Employability Skills Test: Date test administered _____ Total Score: _____

OUTCOME #5: Youth with behavioral health issues will show improvement in behavioral health functioning.

SDQ: Date test administered _____ Internalizing Score: _____ Externalizing Score: _____ Total: _____

OR N/A (circle if youth not in therapeutic services)

OUTPUT: SOGIE Date SOGIE Survey Administered: _____

OUTPUT: Youth will have stable housing while participating in program.

Which of the following best describes the youth's nighttime residence during the last six months?

____ A shelter (Shelter)

____ A motel as temporary housing due to lack of alternatives and the youth lacked the resource to continue residing there (Motel)

____ A primary nighttime residence that is a public or private place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings e.g. in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings (Cars, Parks, etc...)

____ Sharing the housing of other persons or families temporarily ("doubled-up") due to loss of housing, economic hardship, or a similar reason and unable to contribute rent (as opposed to a roommate situation in which they contribute rent) (Doubling Up)

____ Persistent instability as measured by frequent moves i.e. 3 or more moves in the last 90 days (Freq Move)

____ Stable housing, i.e. a fixed, regular and adequate nighttime residence (Stable)

Are any measures uncollected? List and indicate why.

Youth Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____