**MID-YEAR REPORT FOR OUTCOME PROGRESS**

***Reporting for: July 1 – November 30 of the current year!***

**Agency Name:**

**Program Name:**
Brief Description of Program:

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**
2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:**
3. **Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**
4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date**:
5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**
6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

**Staff Use Only:**Change/ Benefits demonstrated for client/ community? Yes No
Quantifiable Outcome Measures? Yes No
Outcomes Reported? Yes No

1. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**
2. **Comments:**