



# Resource: **Program Status Report**

## Contact Us:

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PROGRAM STATUS REPORT	
PROGRAM TITLE:	
YEAR BEGAN:	DATE OF REPORT:
PRIMARY STAFF RESPONSIBILITY:	
ADDITIONAL STAFF:	
BRIEF PROGRAM DESCRIPTION INCLUDING PRIMARY GOAL AND RELATIONSHIP TO OVERALL MISSION (<150 Words):	
CURRENT PROGRAM OBJECTIVES:	

## PROGRAM STATUS REPORT

SUMMARY OF PROGRAM STRENGTHS:

SUMMARY OF PROGRAM WEAKNESSES:

KEY PROGRAM CONCERNS AMONG MEMBERS:

KEY PROGRAM CONCERNS FOR GOVERNMENT:

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## PROGRAM STATUS REPORT

"IDEAL PROGRAM" NARRATIVE:

PRIORITIES FOR IMPROVEMENT (INDICATE REQUIRED ASSISTANCE):

PLEASE DESCRIBE THE COMPONENTS OF THIS PROGRAM WHICH MAY BE APPROPRIATE FOR INCLUSION ON YOUR WEBSITE. PLEASE BE AS SPECIFIC AS POSSIBLE.

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SUPERVISOR:

APPROVAL DATE: