PROGRAM COMPLETION EXCEPTION REPORT

Date: June 15, 2016
To: Dawnell Meyer, Education, Training, and Treatment Administrator
Offender Management and Rehabilitation Division
From: Correctional Rehabilitation Manager
Select Institution Name
Subject: Program Completion Exception Report
Inmate: Inmate Name
SID#: Inmate’s SID

REQUEST:

Inmate Inmate Name participated in the type in name of program for less than 180 days, yet has completed program requirements and demonstrated the necessary behavioral changes to be considered a successful program completer. Below is the reason for the shortened treatment duration and the specific explanation describing the inmate’s success in the program.

Reason for Shortened Treatment Duration: click here to enter text
Explanation Describing Inmate’s Program Success: click here to enter text

DECISION:

☐ Approved
☐ Denied Denial Reason:

Dawnell Meyer, Administrator
Education, Training, & Treatment Unit

Date

xc: Addictions Treatment Services Coordinator