

**Bureau of Monitoring and Quality Improvement  
Certified Reviewer Status Form**

**Certified Reviewer Information**  
(to be entered electronically by reviewer during each review)

Name of person completing form: \_\_\_\_\_ Date completed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Education: \_\_\_\_\_ Licensing:(MSW, RN, LMHC) \_\_\_\_\_

Number of years' experience in Juvenile Justice programs: \_\_\_\_\_ Motivational Interviewing (MI) Completion Date: \_\_\_\_\_

Travel Ability:      Local                  Overnight

Program Type:

Community Supervision    Prevention    Day Treatment    Detention    Diversion    PACE    Residential    Non-Program

Certified Reviewer's Place of Employment(Program Name):

**Program Information**    Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_    Circuit: \_\_\_\_\_

Phone: \_\_\_\_\_    Fax: \_\_\_\_\_

Certified Reviewer's Email Address: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_

Certified Reviewer's Provider Agency: \_\_\_\_\_

**This section to be completed by the Lead Reviewer**

**Overall Rating of Peer Performance:**      Weak (did very little; not a team player)

   Average (met reasonable expectations; a member of the team)

   Excellent (effort went above and beyond the call of duty; a team player)

Rating Justification:

- Standard and Indicator(s) Reviewed:
- Standard 1
  - Standard 2
  - Standard 3
  - Standard 4
  - Standard 5

Program Reviewed: \_\_\_\_\_ Review Dates: \_\_\_\_\_

Lead Reviewer: \_\_\_\_\_ Region: \_\_\_\_\_