

Offender Needs Guide Report

Subject: Cline, John

Completed by: Smith, James

DOB: 12/12/1989

Completed: 8/31/2010

TIMEFRAMES for RESPONSE SELECTION:

- Current, at time of **assessment** or reassessment
- Ever, historical information, at any time in **offender's** life
- During the most recent 6 months in the community
- During the most recent 6 months regardless of setting
- At time of **assessment** or reassessment in the community or immediately prior to incarceration

DOMAIN 1: EDUCATION

1. Highest grade level completed:	<input type="checkbox"/> Graduate Studies <input type="checkbox"/> College Graduate – 4 year degree <input type="checkbox"/> College Graduate – 2 year degree <input type="checkbox"/> High School Diploma/GED, and some college courses	<input type="checkbox"/> Vocational Certificate <input checked="" type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> 11th Grade or Less
2. Expelled from or quit school: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never expelled/never quit school <input type="checkbox"/> Expelled between grades 1-8 <input type="checkbox"/> Expelled between grades 9-12 <input type="checkbox"/> Expelled for criminal behavior <input type="checkbox"/> Expelled for non-criminal behavior <input type="checkbox"/> Quit: Failing classes <input type="checkbox"/> Quit: Legal troubles	<input type="checkbox"/> Quit: Peer pressure, being bullied <input type="checkbox"/> Quit: Chose employment <input type="checkbox"/> Quit: Family obligations <input type="checkbox"/> Quit: Lacked interest or motivation <input type="checkbox"/> Quit: Pregnant <input type="checkbox"/> Quit: Medical or Mental Health reason <input type="checkbox"/> Quit: Other:
3. Communication barrier/Interpreter required:	<input checked="" type="checkbox"/> English is primary language, and is able to read and speak English <input type="checkbox"/> English is primary spoken language, but unable to read English <input type="checkbox"/> English is <u>not</u> primary language, but verbal communication is adequate in English <input type="checkbox"/> Unable to communicate in English, interpreter required If this response is selected, note primary language if not English:	
4. Offender's motivation for more academic or vocational education:	<input type="checkbox"/> Is actively participating as a full-time student, internally motivated <input type="checkbox"/> Is actively participating as a part-time student, internally motivated <input type="checkbox"/> Only participating due to legal requirement <input type="checkbox"/> Verbalizes desire to continue education, but not actively taking steps <input checked="" type="checkbox"/> Sees no need for more education – Has High School Diploma or GED <input type="checkbox"/> Sees no need for more education – Lacks High School Diploma or GED <input type="checkbox"/> Refusing to continue education, despite legal requirement	

Comments:

DOMAIN 2: COMMUNITY EMPLOYMENT

1. Longest period of continuous legal employment in the community since age 18:	<input type="radio"/> Never employed <input type="radio"/> Less than 6 months <input checked="" type="radio"/> 6 months to 1 year	<input type="radio"/> More than one year up to 3 years <input type="radio"/> More than 3 years
2. Problems while employed since age 18: <i>(Select all that apply)</i>	<input type="checkbox"/> Never employed <input type="checkbox"/> No problems while employed <input checked="" type="checkbox"/> Fired or quit because of poor performance/poor attendance <input checked="" type="checkbox"/> Fired or quit because of interpersonal problems with employer or coworkers <input type="checkbox"/> Fired or quit because of anti-social/criminal behavior on the job <input type="checkbox"/> Fired or quit because of problems unrelated to employment	
3. Current Occupational/vocational skills:	<input type="radio"/> Professional skills (accountant, lawyer, etc) <input type="radio"/> Specific skills/occupation (vocational, carpenter, plumber, etc) <input checked="" type="radio"/> General labor skills <input type="radio"/> No occupational or vocational skills Describe occupational/vocational skills:	
4. Current barriers to employment: <i>(Select all that apply)</i>	<input type="checkbox"/> No barriers to employment <input type="checkbox"/> Full-time student or recent graduate <input type="checkbox"/> No prior employment experience <input type="checkbox"/> Lacks motivation to seek or maintain legal employment <input type="checkbox"/> Developmental disabilities <input type="checkbox"/> Mental health concerns <input type="checkbox"/> Cleanliness/hygiene <input checked="" type="checkbox"/> Punctuality problems	<input type="checkbox"/> Lack of Social skills <input checked="" type="checkbox"/> Lack of Problem solving skills <input checked="" type="checkbox"/> Poor work habits <input type="checkbox"/> Child care issues <input type="checkbox"/> Transportation issues <input checked="" type="checkbox"/> Criminal conviction history <input type="checkbox"/> Chemical dependency <input type="checkbox"/> Other:
5. Primary source of household income during the most recent 6 months in the community:	<input checked="" type="radio"/> Employment <input type="radio"/> Income from criminal behavior <input type="radio"/> Family financial support <input type="radio"/> Under the table income <input type="radio"/> Public assistance <input type="radio"/> Social Security Insurance due to disability <input type="radio"/> Receiving Unemployment, Workman's Compensation, or L & I benefits	<input type="radio"/> Student loans/grants <input type="radio"/> Tribal per diem <input type="radio"/> Pension <input type="radio"/> Family inheritance <input type="radio"/> No income <input type="radio"/> Other:
6. Average monthly household income (Net) from legal employment and/or other legal sources during the most recent 6 months in the community:	<input type="radio"/> \$4,000 and over <input type="radio"/> \$2,000 to \$3,999 <input checked="" type="radio"/> \$1,000 to \$1,999 <input type="radio"/> Under \$1,000 <input type="radio"/> No legal income	
7. Management of finances during the most recent 6 months in the community: <i>(Select all that apply)</i>	<input type="checkbox"/> Saves money regularly <input type="checkbox"/> Is managing debt, meeting financial commitments <input type="checkbox"/> Makes <u>all</u> required child support payments <input type="checkbox"/> Makes <u>some</u> required child	<input checked="" type="checkbox"/> No interest in managing finances <input type="checkbox"/> Relies on public assistance <input type="checkbox"/> Relies on family and/or others <input type="checkbox"/> Cannot manage debt

	support payments <input type="checkbox"/> Does not make <u>any</u> required child support payments	<input type="checkbox"/> Relies on illegal activities <input type="checkbox"/> Sells drugs for profit <input type="checkbox"/> Relies on protective payee
8. Health insurance at time of assessment/reassessment: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> No health insurance <input type="checkbox"/> Health insurance suspended due to incarceration <input type="checkbox"/> Private insurance <input type="checkbox"/> Public insurance (Welfare, Medical coupons, Medicaid, etc.) <input type="checkbox"/> Health insurance provided due to tribal affiliation	
9. Current community employment at time of assessment/reassessment or immediately prior to incarceration:	<input type="checkbox"/> Full-time employment (35-40 hours per week) <input type="checkbox"/> Part-time employment (20-34 hours per week) <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Temporarily disabled/unable to work <input type="checkbox"/> Permanently disabled/unable to work <input checked="" type="checkbox"/> Unemployed and able to work	
10. Current relationship with employer/co-workers at time of assessment/reassessment or immediately prior to incarceration: <i>(Select the one most representative of the relationship with each)</i>	<u>Employer/Supervisor</u> <input checked="" type="checkbox"/> Not employed <input type="checkbox"/> No supervisor(s), Self-employed <input type="checkbox"/> Minimal contact <input type="checkbox"/> Adequate interaction but relationship not developed; indifference <input type="checkbox"/> Employer provides encouragement for pro-social behavior <input type="checkbox"/> Has/would seek out for help with work or personal matter <input type="checkbox"/> Significant and/or frequent conflict <input type="checkbox"/> Employer involved in anti-social/criminal behavior	<u>Co-worker(s)</u> <input checked="" type="checkbox"/> Not employed <input type="checkbox"/> No co-worker(s) <input type="checkbox"/> Minimal contact <input type="checkbox"/> Adequate interaction but relationship not developed; indifference <input type="checkbox"/> Co-worker provides encouragement for pro-social behavior <input type="checkbox"/> Has/would seek out for help with work or personal matter <input type="checkbox"/> Significant and/or frequent conflict <input type="checkbox"/> Co-worker involved in anti-social/criminal behavior

Comments:

DOMAIN 3: FRIENDS/ASSOCIATES

1. Friends/associates during the most recent 6 months in the community: <i>(Select all that apply)</i>	<input type="checkbox"/> No friends/associates <input type="checkbox"/> Unable to maintain relationships with others, involved in unstable interpersonal relationships with others <input type="checkbox"/> Friends/associates willing to assist in offender success Name, any known contact info: <input type="checkbox"/> Pro-social community ties Name, organization, any known contact info: <input checked="" type="checkbox"/> Friends/associates involved in anti-social and/or criminal behaviors <input type="checkbox"/> Associates with gang member(s)
2. Response to influences of anti-social friends/associates during the most recent 6 months in the community: <i>(Select the <u>most</u> anti-social circumstance)</i>	<input type="radio"/> No anti-social friends/associates <input type="radio"/> Chooses not to associate with anti-social friends/associates <input type="radio"/> Almost always resists going along with anti-social friends/associates <input checked="" type="radio"/> Rarely resists going along with anti-social friends/associates <input type="radio"/> Never resists going along with anti-social friends/associates, a follower <input type="radio"/> Admires/emulates anti-social friends/associates, strongly influenced by anti-social friends/associates <input type="radio"/> Leads anti-social friends/associates

Comments:

DOMAIN 4: RESIDENTIAL

1. Residence during the most recent 6 months in the community: <i>(Select all that apply. Indicate amount of time for each and select the current residence at time of assessment/reassessment or immediately prior to incarceration)</i>	<input checked="" type="checkbox"/> Residence as primary occupant <input checked="" type="checkbox"/> Family residence (parent(s), sibling(s), spouse/significant other, and/or other family) <input type="checkbox"/> Friend's residence <input type="checkbox"/> Group homes/Transitional housing <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Transient - from residence to residence <input type="checkbox"/> Homeless - living on the street or in a shelter	5 months 1 months months months months months months	() Current (X) Current () Current () Current () Current () Current () Current
2. Occupants of current residence at time of assessment/reassessment or immediately prior to incarceration: <i>(Select all that apply)</i>	<input type="checkbox"/> No current residence <input type="checkbox"/> Spouse or equivalent partner <input type="checkbox"/> Adult children <input type="checkbox"/> Minor children <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling(s)	<input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Friend(s) with positive influence <input type="checkbox"/> Friend(s) with anti-social influence <input type="checkbox"/> Living alone <input type="checkbox"/> Other:	
3. Current pro-social support in neighborhood at time of assessment/reassessment or immediately prior to incarceration:	() Strong pro-social environment () Some exposure to anti-social influence, lacking ties/attachments to neighborhood () Significant barriers, frequent crimes, drug transactions, police presence (X) Living in remote, isolated area with minimal or no neighborhood influence		

Comments:

DOMAIN 5: FAMILY

1. Number of marriages or equivalent relationships, including current situation:		<input checked="" type="checkbox"/> Never been married or had an equivalent relationship; single, all relationships have been short-term, no long-term commitments <input type="checkbox"/> One marriage or an equivalent relationship <input type="checkbox"/> Two or more marriages or equivalent relationships			
2. Longest marriage or equivalent relationship:		<input checked="" type="checkbox"/> Never married/no equivalent relationship <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> More than 1 year			
3. Current marriage or equivalent relationship: <i>(Select all that apply)</i> Name of significant other:		Opportunity for Influence from Partner During the Most Recent 6 Months in the Community <input checked="" type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, no influence, or estranged <input type="checkbox"/> Living apart <input type="checkbox"/> Minimal influence <input type="checkbox"/> Positive influence <input type="checkbox"/> Negative influence <input type="checkbox"/> Frequently enables anti-social behavior	Problems of Partner During the Most Recent 6 Months in the Community <input checked="" type="checkbox"/> No current relationship <input type="checkbox"/> No problems <input type="checkbox"/> Alcohol problems <input type="checkbox"/> Drug problems <input type="checkbox"/> Anti-social behaviors <input type="checkbox"/> Criminal convictions <input type="checkbox"/> Employment problems <input type="checkbox"/> Physical and/or mental health problems	Level of Conflict During the Most Recent 6 Months in the Community <input checked="" type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, estranged <input type="checkbox"/> Minimal conflict <input type="checkbox"/> Some conflict that is well-managed <input type="checkbox"/> Verbal intimidation, heated arguments <input type="checkbox"/> Threats of physical abuse by partner <input type="checkbox"/> Domestic violence: Partner is perpetrator <input type="checkbox"/> Domestic violence: Offender is perpetrator	Willingness of Partner to Help During the Most Recent 6 Months in the Community <input checked="" type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, no influence, or estranged <input type="checkbox"/> Consistently willing to intervene and support <input type="checkbox"/> Occasionally willing to intervene and support <input type="checkbox"/> Not willing to intervene and support <input type="checkbox"/> Hostile, berating, and/or belittling of offender and/or the system
4. Family members involved in offender's life during last 6 months, regardless of setting:		<input type="checkbox"/> None <input checked="" type="checkbox"/> Family members			
Family Member: <i>(Select all that apply)</i>	Name and Relationship: Sue Cline	Opportunity for Influence During the Most Recent 6 Months in the Community <input type="checkbox"/> Minimal influence <input checked="" type="checkbox"/> Positive influence <input type="checkbox"/> Negative influence <input type="checkbox"/> Frequently enables offender's anti-social behavior	Problems of Family Member During the Most Recent 6 Months in the Community <input checked="" type="checkbox"/> No problems <input type="checkbox"/> Alcohol problems <input type="checkbox"/> Drug problems <input type="checkbox"/> Anti-social behaviors <input type="checkbox"/> Criminal convictions <input type="checkbox"/> Employment problems <input type="checkbox"/> Physical and/or mental health problems	Level of Conflict During the Most Recent 6 Months in the Community <input type="checkbox"/> Minimal conflict <input checked="" type="checkbox"/> Some conflict that is well-managed <input type="checkbox"/> Verbal intimidation, heated arguments <input type="checkbox"/> Threats of physical abuse by offender or family member <input type="checkbox"/> Domestic violence: Family member is perpetrator <input type="checkbox"/> Domestic violence: Offender is perpetrator	Willingness to Help During the Most Recent 6 Months in the Community <input type="checkbox"/> Consistently willing to intervene and support <input checked="" type="checkbox"/> Occasionally willing to intervene and support <input type="checkbox"/> Not willing to intervene and support <input type="checkbox"/> Hostile, berating, and/or belittling of offender and/or the system
5. Number of minor children at time of assessment/reassessment:		<input checked="" type="checkbox"/> No minor children <input type="checkbox"/> One <input type="checkbox"/> Two or more			

6. Offender living with any of his/her minor child(ren) when committing current offense(s):	<input checked="" type="checkbox"/> No minor children <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Offender's living status/relationship with any of his/her minor child(ren) at time of assessment/reassessment: (select all that apply)	<input checked="" type="checkbox"/> No minor children <input type="checkbox"/> Residing with one or more minor child(ren) <input type="checkbox"/> Not residing with a minor child(ren) whom offender plans to establish or continue a relationship with <input type="checkbox"/> Not residing with a minor child(ren) whom offender does not plans to establish or continue a relationship with
8. Circumstances of minor child(ren) at time of assessment/reassessment: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> No minor children <input type="checkbox"/> Circumstances unknown and/or offender unwilling to disclose information <input type="checkbox"/> No current contact <input type="checkbox"/> Court ordered child support <input type="checkbox"/> Past agency involvement for minor child safety <input type="checkbox"/> Current agency involvement for minor child safety <input type="checkbox"/> Legal action pending <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> Past "No Contact Order" or any other order prohibiting contact with minor child(ren) <input type="checkbox"/> Current "No Contact Order" or any other order prohibiting contact with minor child(ren) Name of child(ren) who are prohibited contact with the offender: <input type="checkbox"/> Minor child(ren) who are victims of offender Name of child(ren): <u>Current Community Contact</u> <input type="checkbox"/> Minor child(ren) reside(s) with offender <input type="checkbox"/> Supervised visits only <input type="checkbox"/> Face to face contact, with no legal restrictions <input type="checkbox"/> Telephone contact <input type="checkbox"/> Written correspondence <u>Current Prison Contact</u> <input type="checkbox"/> Visits during current confinement <input type="checkbox"/> Telephone contact <input type="checkbox"/> Written correspondence

Comments:

DOMAIN 6: ALCOHOL / DRUG USE

1. Alcohol and/or drug use problem: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Has had alcohol problem Age at first use <input type="checkbox"/> Has had drug problem Age at first use <input type="checkbox"/> Alcohol problem within the last 6 months in the community <input type="checkbox"/> Drug problem within the last 6 months in the community	
2. Type of alcohol and/or drug problems during offender's lifetime: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Inhalants <input type="checkbox"/> Marijuana <input type="checkbox"/> Tranquilizers/sedatives <input type="checkbox"/> Abuses prescription drugs: <input type="checkbox"/> Other drugs:	During the last 6 months in the community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Impacts of alcohol/drug problem during the offender's lifetime: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Use caused family conflict <input type="checkbox"/> Use disrupted education <input type="checkbox"/> Use caused problems with employment <input type="checkbox"/> Use caused physical problems (includes hospitalization) <input type="checkbox"/> Use caused mental health problems (includes hospitalization) <input type="checkbox"/> Use interfered with keeping pro-social friends <input type="checkbox"/> Use contributed to anti-social behaviors and/or law violations <input type="checkbox"/> Use contributed to current conviction(s) <input type="checkbox"/> Use while confined (jail/prison/treatment) <input type="checkbox"/> Intravenous drug use	During the last 6 months in the community <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Methods of supporting alcohol and/or drug use during most recent 6 months in the community: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Not Using in the last 6 Months <input type="checkbox"/> Legal income <input type="checkbox"/> Income from illegal employment <input type="checkbox"/> Growing/manufacturing for personal use <input type="checkbox"/> Growing/manufacturing for distribution <input type="checkbox"/> Selling drugs <input type="checkbox"/> Property crimes <input type="checkbox"/> Falsifying prescriptions <input type="checkbox"/> Prostitution <input type="checkbox"/> Bartering/trading for drugs <input type="checkbox"/> Sharing alcohol/drugs with others	

	<input type="checkbox"/> Other criminal activity
5. Participation in alcohol/drug treatment program during the offender's lifetime: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Never participated in treatment program <input type="checkbox"/> Participated in a alcohol/drug self-help (AA/NA) program <input type="checkbox"/> Participated in a alcohol/drug self-help (AA/NA) program within the last 6 months <input type="checkbox"/> Currently participating in a alcohol/drug self-help (AA/NA) program <input type="checkbox"/> Participated in one program <input type="checkbox"/> Participated in two or more programs <input type="checkbox"/> Participated in a treatment program within the last 6 months <input type="checkbox"/> Currently participating in alcohol/drug treatment program <input type="checkbox"/> Referred for alcohol/drug treatment program, and currently waiting for opening in program <input type="checkbox"/> Referred for alcohol/drug treatment, but is currently unwilling to participate
6. Protective factors contributing to having remained clean and sober for 6 months or longer in the community at any time in offender's life: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Never had an alcohol or drug problem <input type="checkbox"/> Never remained clean and sober for 6 months or longer in the community <input type="checkbox"/> Regular participation in alcohol/drug treatment <input type="checkbox"/> Regular participation in alcohol/drug support group (AA/NA) at the offenders own initiative <input type="checkbox"/> Regular participation in alcohol/drug self-help support groups (AA/NA) as requested by family, employment, or other supports <input type="checkbox"/> Regular participation in alcohol/drug self-help support groups (AA/NA) due to legal requirement (agency/court) <input type="checkbox"/> Friends willing to intervene and encourage alcohol/drug abstinence <input type="checkbox"/> Family willing to intervene and encourage alcohol/drug abstinence <input type="checkbox"/> Changed residence/neighborhood to remove self from barrier(s) to alcohol/drug abstinence existed <input type="checkbox"/> Other:

Comments:

DOMAIN 7: MENTAL HEALTH

1. Mental health problem during the offender's lifetime (schizophrenia, bi-polar, ADD/ADHD, etc.) based on file material, self-report, and assessor observation: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> No history of mental health problems <input type="checkbox"/> Mental health problem based on file material and/or offender's self report <input type="checkbox"/> Assessor observes indicator(s) of a current mental health problem Describe assessor's observations:
2. Suicidal thoughts during the offender's lifetime (file, collateral, and/or self-report): <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> Has never had serious thoughts about suicide <input type="checkbox"/> Has had serious thoughts about suicide <input type="checkbox"/> Has attempted to commit suicide <input type="checkbox"/> Provoked others in an attempt to kill self <input type="checkbox"/> Has had suicidal thoughts during most recent 6 months regardless of setting <input type="checkbox"/> Has attempted suicide during most recent 6 months regardless of setting <input type="checkbox"/> Currently, suicidal thoughts are an ongoing concern for the safety and welfare of the offender
3. Officially diagnosed with a mental health problem by a professional in the mental health or health care field:	<input checked="" type="checkbox"/> No history of mental health problems <input type="checkbox"/> Diagnosed, but official mental health diagnosis not known <input type="checkbox"/> Documented mental health diagnosis Name of Professional in the mental health or health care field: Date of Report: Name of Diagnosis:
4. Hospitalizations/in-patient stays for mental health problems in the offender's lifetime:	<input checked="" type="checkbox"/> No history of mental health problems <input type="checkbox"/> No in-patient stays <input type="checkbox"/> 1 in-patient stay <input type="checkbox"/> 2 or more in-patient stays
5. Received mental health out-patient counseling, regardless of setting: <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> No history of mental health problems <input type="checkbox"/> No mental health out-patient counseling <input type="checkbox"/> Past participation in out-patient counseling <input type="checkbox"/> Current participation in out-patient counseling Name of Provider: Location of Counseling Center: <input type="checkbox"/> Counseling presently recommended/required, but not attending Reason:
6. Mental health medication prescribed during the offender's lifetime (regardless of setting): <i>(Select all that apply)</i>	<input checked="" type="checkbox"/> No history of mental health problems <input type="checkbox"/> Never had mental health medication prescribed <input type="checkbox"/> Past mental health medication prescribed <input type="checkbox"/> Current mental health medication being taken as prescribed <input type="checkbox"/> Current mental health medication not being taken as prescribed, non-compliant

Comments:

DOMAIN 8: AGGRESSION

1. Threatening, aggressive, or violent behaviors during the offender's lifetime: <i>(Select all that apply)</i>	<input type="checkbox"/> No history of threatening, aggressive, or violent behaviors <input checked="" type="checkbox"/> Has exhibited threatening, aggressive, or violent behaviors in the community <input type="checkbox"/> Has exhibited threatening, aggressive, or violent behaviors during any period of confinement <input type="checkbox"/> Threatening, aggressive, or violent behaviors are currently an ongoing concern
2. Characteristics of threatening, aggressive, or violent behaviors during the offender's lifetime: <i>(Select all that apply)</i>	<input type="checkbox"/> No history of threatening, aggressive, or violent behaviors <input type="checkbox"/> No threatening, aggressive, or violent behaviors within the last 6 months in the community <input checked="" type="checkbox"/> Violent outbursts, displays of temper, uncontrolled anger indicating potential for harm <input type="checkbox"/> Violent destruction of property <input type="checkbox"/> Domestic violence against current partner <input type="checkbox"/> Domestic violence against any past partner <input type="checkbox"/> Domestic violence against any family member (excluding any partner) <input type="checkbox"/> Stalking and/or harassment to intimidate <input type="checkbox"/> Fixated or persisting in unwanted relationships Name, relationship, etc: <input type="checkbox"/> Explicit threats of physical harm against specific individual(s) Name, relationship, etc: <input type="checkbox"/> Excessive violence used beyond what is deemed necessary <input type="checkbox"/> Ritualistic, bizarre violent behaviors <input type="checkbox"/> Random acts of violence without provocation <input type="checkbox"/> Fire setting <input type="checkbox"/> Animal cruelty <input type="checkbox"/> Violent infractions & misconducts while in confinement (fighting, assault, etc.) <input type="checkbox"/> Physical assault of an authority figure (law enforcement, corrections, other agency, parents, teachers, etc.) <input type="checkbox"/> Physical assault of child/adolescent <input type="checkbox"/> Physical assault of adult victim <input type="checkbox"/> Physical assault of male victim <input type="checkbox"/> Physical assault of female victim <input type="checkbox"/> Characteristics of known threatening, aggressive, or violent behaviors not available, and/or offender is unwilling/unable to disclose <input type="checkbox"/> Other:
3. Motivation for threatening, aggressive, or violent behaviors during the offender's lifetime: <i>(Select no more than three)</i>	<input type="checkbox"/> No history of threatening, aggressive or violent behaviors <input type="checkbox"/> Used to achieve a goal, including material gain <input type="checkbox"/> Power, dominance, or control <input type="checkbox"/> Impulsive, acts without thinking and/or lack of control or inhibitions, opportunistic <input type="checkbox"/> Peer status, acceptance, attention, or compliance with the rules of the subgroup or peer group <input type="checkbox"/> Retaliation, vengeance <input checked="" type="checkbox"/> Reaction to conflict or stress <input type="checkbox"/> Excitement, amusement, or fun <input type="checkbox"/> General hostility toward women <input type="checkbox"/> Hatred for other individuals or specific groups

<input type="checkbox"/> Chemically induced violent behaviors <input type="checkbox"/> Decompensated from lack of compliance to mental health medications				
4. Threatened/caused physical injury to another person: <i>(Select the one <u>most</u> serious in each column)</i>	<u>Without Weapon</u>	<u>Firearm</u>	<u>Knife</u>	<u>Other Weapon</u>
	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A	Type of weapon:
	<input checked="" type="checkbox"/> Threatened another	<input type="checkbox"/> Threatened another	<input type="checkbox"/> Threatened another	<input checked="" type="checkbox"/> N/A
	<input type="checkbox"/> Injury to victim, no medical attention required	<input type="checkbox"/> Injury to victim, no medical attention required	<input type="checkbox"/> Injury to victim, no medical attention required	<input type="checkbox"/> Threatened another
	<input type="checkbox"/> Injury to victim, medical attention-treated and released	<input type="checkbox"/> Injury to victim, medical attention-treated and released	<input type="checkbox"/> Injury to victim, medical attention-treated and released	<input type="checkbox"/> Injury to victim, no medical attention required
	<input type="checkbox"/> Injury to victim, medical attention-admitted to hospital	<input type="checkbox"/> Injury to victim, medical attention-admitted to hospital	<input type="checkbox"/> Injury to victim, medical attention-admitted to hospital	<input type="checkbox"/> Injury to victim, medical attention-treated and released
	<input type="checkbox"/> Injury to victim who suffered serious, life threatening injuries	<input type="checkbox"/> Injury to victim who suffered serious, life threatening injuries	<input type="checkbox"/> Injury to victim who suffered serious, life threatening injuries	<input type="checkbox"/> Injury to victim, medical attention-admitted to hospital
<input type="checkbox"/> Death: victim died	<input type="checkbox"/> Death: victim died	<input type="checkbox"/> Death: victim died	<input type="checkbox"/> Death: victim died	

Comments:

DOMAIN 9: ATTITUDES / BEHAVIORS

1. Motivation for criminal behavior(s) during the offender's lifetime: <i>(Select no more than three)</i>	<input type="checkbox"/> Anger <input type="checkbox"/> Retaliation, vengeance <input checked="" type="checkbox"/> Impulsive, opportunistic <input type="checkbox"/> Sexual gratification <input type="checkbox"/> Reaction to conflict or stress	<input type="checkbox"/> Power, dominance, or control <input type="checkbox"/> Money or material gain <input type="checkbox"/> Excitement, amusement, or fun <input checked="" type="checkbox"/> Peer status, acceptance, or attention <input type="checkbox"/> Obtain drugs, chemical addiction
2. Anti-social tendencies & characteristics that are rooted, firmly established, and constant: <i>(Select all that apply)</i>	<p>NOTE: Use a lifetime pattern of behaviors, <u>not one single incident</u>, to determine the existence of any tendencies and characteristics noted:</p> <p><input type="checkbox"/> No firmly established anti-social characteristics</p> <p><input type="checkbox"/> Glib/superficial charm -Tends to be smooth, engaging, charming, and "slick." Not shy or afraid to say anything.</p> <p><input type="checkbox"/> Grandiose - <u>Grossly inflated</u> view of abilities and self-worth, egocentric, self-assured, opinionated, and cocky. Unrealistic view of self as <u>superior</u>.</p> <p><input type="checkbox"/> Need for stimulation – Excessive need for thrilling and exciting stimulation, risk taker, easily bored, <u>will not</u> perform tasks perceived as routine, monotonous or uninteresting.</p> <p><input type="checkbox"/> Pathological lying - Deceit, deception, dishonesty, and breaking promises are <u>standard interaction</u> with others.</p> <p><input type="checkbox"/> Conning/Manipulative - Uses deceit and deception to cheat, con, or defraud others as a standard method for <u>personal gain</u>, with no concern for victim.</p> <p><input checked="" type="checkbox"/> Shallow - Limited range or depth of feelings, interpersonal coldness in spite of appearing to be a sociable person. Only forms superficial bonds with others, does not experience strong emotions.</p> <p><input type="checkbox"/> Parasitic Lifestyle - Has an intentional, selfish, and exploitative financial dependence on others as reflected by a lack of motivation and inability to begin or complete responsibilities</p> <p><input type="checkbox"/> Lack of Empathy - A lack of feelings toward people in general; cold, contemptuous, inconsiderate, and tactless.</p> <p><input type="checkbox"/> Lack of Remorse/Guilt - Lack of feelings or concern for the losses, pain, and suffering of victims; a tendency to be unconcerned and coldhearted. Can be demonstrated by blaming and/or a disdain for one's victims.</p> <p><input checked="" type="checkbox"/> Lack of Realistic, Long-Term Goals - Inability or <u>persistent</u> failure to develop and execute long-term plans or goals; a nomadic existence; aimless, lacks direction in life.</p> <p><input type="checkbox"/> Irresponsibility - <u>Repeated failure</u> to fulfill or honor obligations and commitments, such as not paying bills, defaulting on loans, being absent or late to work, failing to honor contractual agreements.</p> <p><input type="checkbox"/> Criminally Diverse - Has a diversity of types of criminal offenses, regardless whether arrested or not. Takes <u>great</u> pride in getting away with crimes.</p>	
3. Behavior demonstrated toward authority figures during the most recent 6 months (regardless of setting): <i>(Select the one <u>most</u> representative)</i>	<input type="radio"/> Respectful, compliant with directives and/or conditions <input checked="" type="radio"/> Indifferent toward authority, complies with some directives and/or conditions, but has also received infractions and/or violations <input type="radio"/> Resentful, defiant toward authority, refuses to comply with directives and/or conditions, and/or has received infractions and/or violations	
4. Respect for property of others demonstrated during the most recent 6 months (regardless of setting):	<input type="radio"/> Respects property of others	

	<input type="radio"/> Respects personal property but not public/business property <input checked="" type="radio"/> Conditional respect for personal property <input type="radio"/> No respect for personal property of others
5. Accepts responsibility for anti-social behavior during the most recent 6 months (regardless of setting): <i>(Select all that apply)</i>	<input type="checkbox"/> Accepts responsibility for anti-social behavior <input type="checkbox"/> Superficially accepts responsibility for anti-social behavior, but has not changed behavior <input checked="" type="checkbox"/> Minimizes, denies, justifies, excuses, or blames others <input type="checkbox"/> Selectively disregards societal conventions, or rules of incarceration <input type="checkbox"/> Selectively disregards societal conventions, or rules of supervision in the community <input type="checkbox"/> Does not believe societal conventions, or rules of incarceration or supervision apply to him/her <input type="checkbox"/> Sees crime as useful <input type="checkbox"/> Proud and boastful of anti-social behavior
6. Offender readiness for changing lifestyle, during most recent 6 months (regardless of setting):	<input type="radio"/> Taking specific steps toward change <input checked="" type="radio"/> Verbalizes desire for change, but not taking steps <input type="radio"/> Does not see a need for change, desires to hold on to current lifestyle <input type="radio"/> Hostile toward change or unwilling to change
7. Offender's belief in successfully completing supervision, at time of assessment/reassessment:	<input type="radio"/> Believes he/she will be successful, has developed skills to support pro-social lifestyle <input checked="" type="radio"/> Believes he/she will be successful, but has not yet developed skills to support pro-social lifestyle <input type="radio"/> Believes he/she will be successful only if external controls are in place (DOC, family, friends, etc.) <input type="radio"/> Does not believe he/she will be successful <input type="radio"/> Hostile to supervision

Comments:

DOMAIN 10: COPING SKILLS

1. Consequential thinking demonstrated during the most recent 6 months (regardless of setting):	<input type="radio"/> Behaviors and/or verbalizations demonstrate understanding of consequences of his/her actions, whether it results in positive or negative impacts to self or others <input checked="" type="radio"/> Behaviors and/or verbalizations demonstrate that the offender has not yet made any connection between their actions and the consequences <input type="radio"/> Can not cognitively connect own behavior and the harm or negative impact it has on self or others, due to some impairment
2. Impulse control demonstrated during the most recent 6 months (regardless of setting):	<input type="radio"/> Uses self-control, thinks before acting <input checked="" type="radio"/> Some self-control, sometimes thinks before acting <input type="radio"/> Impulsive, doesn't think before acting
3. Dealing with others demonstrated during the most recent 6 months (regardless of setting): <i>(Select the one <u>most</u> representative)</i>	<input type="radio"/> Uses social skills effectively <input type="radio"/> Has adequate social skills, but isolates self by choice <input checked="" type="radio"/> Avoids dealing with others due to limited or lack of social skills, shy and/or withdrawn <input type="radio"/> Attempts to deal with others, but is rejected by peers <input type="radio"/> Interactions are characterized by aggression, conflict, arguments and fights
4. Problem solving demonstrated during the most recent 6 months (regardless of setting): <i>(Select the one <u>most</u> representative)</i>	<input type="radio"/> Thinks through situations logically, uses effective skills to obtain a solution <input checked="" type="radio"/> Problem solving skills are limited, difficult situations are frustrating and often unmanageable <input type="radio"/> Passive response, withdraws from difficult situations <input type="radio"/> Hostile response, strikes out verbally and/or physically
5. Need for independent living services at time of assessment/reassessment:	<input type="radio"/> No need for any services <input checked="" type="radio"/> Need or could benefit from at least one service

Comments: