

**APPENDIX C:**  
**DATA COLLECTION INSTRUMENTS**

**FIELD RESEARCHER ASSISTANCE IN LOCATING INFORMATION IN THE SUPERVISING OFFICER DATA FORM**

Tag the following if contained in THE SUPERVISING OFFICER file	In file: 1=yes 0=no	Discussed on this page of collection form
<b>MENTAL HEALTH SEX OFFENSE SPECIFIC EVALUATION</b>		<b>5</b>
<b>REGISTRATION</b>		<b>6</b>
<b>TREATMENT PLAN</b>		<b>6</b>
<b>PROVIDER PROGRESS REPORTS</b>		<b>8</b>
<b>RELAPSE PLAN</b>		<b>8</b>
<b>SEX HISTORY</b>		<b>8</b>
<b>RELEASES OF INFORMATION (FOR TX PROVIDER AND PE)</b>		<b>16</b>

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♦ Compliance to sentencing requirements, supervision conditions and treatment directives.



**Guiding Principle 2.** Sex offenders are dangerous  
**Guiding Principle 3.** Community safety is paramount.

**CRIMINAL HISTORY-UP TO BUT NOT INCLUDING THE CURRENT OFFENSE (Sexual Assault)**

**NOTE:**  
 Record only what the judge would know.  
 Make 9=Don't Know

<b>Juvenile History (0-7=actual #, 8=8or more)</b>			<b>Age at 1<sup>st</sup> Arrest</b> <input type="text"/> <input type="text"/>
<b>Arrests</b> <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent	<b>Juvenile Convictions</b> <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Probation/parole supervisions <input type="checkbox"/> Probation/parole revocations <input type="checkbox"/> Placements in shelter/group homes <input type="checkbox"/> Commitments to state institutions	

<b>Adult History (0-7=actual #, 8=8 or more)</b> <b>Arrest</b> <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent	<b>Adult Convictions</b> <input type="checkbox"/> Violent <input type="checkbox"/> Non-Violent <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<b>Supervisions/Incarcerations</b> <input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> ComCor <input type="checkbox"/> DJ	<b>Revocations</b> <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> CC <input type="checkbox"/> DJ
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<b>Sex Crimes (Juvenile and Adult)</b> <b>JUVENILE</b> <input type="checkbox"/> Arrests <b>CONVICTIONS</b> <input type="checkbox"/> Misd <input type="checkbox"/> Felony	<b>ADULT</b> <input type="checkbox"/> Arrests <b>CONVICTIONS</b> <input type="checkbox"/> Misd <input type="checkbox"/> Felony	<b>Age at 1<sup>st</sup> Arrest for a Sex Crime? (ADULT OR JUV)</b> <input type="text"/> <input type="text"/>
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**Any Prior Adult Felony Convictions or Juvenile Adjudications for Any of the Following Offenses?**  
 Enter actual # of convictions/adjudications.

<input type="checkbox"/>	Theft	<input type="checkbox"/>	Sex Offense (last 5 years)	<input type="checkbox"/>	Forgery or Bad Checks	<input type="checkbox"/>	Other Violent offense
<input type="checkbox"/>	1 <sup>st</sup> deg burg	<input type="checkbox"/>	Auto Theft	<input type="checkbox"/>	Sex Offense (5+ years)	<input type="checkbox"/>	Murder/Manslaughter
<input type="checkbox"/>	2 <sup>nd</sup> or 3 <sup>rd</sup> deg burg	<input type="checkbox"/>	Robbery	<input type="checkbox"/>	Assault (last 5 years)	<input type="checkbox"/>	Kidnapping
	<input type="checkbox"/>	Drug Offense	<input type="checkbox"/>	Assault (5+ years)	<input type="checkbox"/>	Menacing	

**QC02. Date offender began supervision for the CURRENT OFFENSE: mo \_\_ day \_\_ yr \_\_**

**Note: Gather the following victim and offense information on each offender from the PSIR, Police Report and other file information UP TO and including the current crime (this is what the judge would have)**

Age Group  QV1 TO QV8	Gender 1=male 2=female 3=both  QV1GEN TO QV8GEN	Relationship 1=family 2=pos/trust 3=acquaint 4=stranger (insert as many as apply) QCV1REL- QV8REL	Penetration Offense (includes oral and anal as well as attempts) 1=yes 0=no QV1MPEN- QV8MPEN QV1FPEN- QV8FPEN		Fondling/ Frottage 1=yes 0=no QV1MFON- QV8MFON QV1FFON- QV8FFON		Other 1=yes 0=no QV1MOTH- QV8MOTH QV1FOTH- QV18OTH		For Other Insert types of behaviors, use numbers from (*) UP TO 5 QV1PAR1-23 TO QV8PAR1- 23	At the offense offender was 1=juvenile 2=adult 3=juv and adult 4=not available QV1OFF- QV8OFF
			male	female	male	female	male	female		
0-5										
6-9										
10-13										
14-17										
18+										
Eld/Risk										
Unknown										
Not against persons										

(\*) A list of behaviors will be provided so the field research can insert the number rather than write out the behavior

**Age of victim(s) current offense**      \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_,  
**QAGE\_CV1 QAGE\_CV2 QAGE\_CV3 QAGE\_CV4**

**QREL\_A0-9V** If there is a child victim prior to the current offense within an offender's family, what is the offender's relationship to the victim? (Circle all that apply)

- 0 No child victim
- 1 Child(ren)
- 2 Stepchild(ren)
- 3 Adopted Child(ren)
- 4 Sibling
- 5 Niece
- 6 Nephew
- 7 Cousin
- 8 Grandchild
- 9 Cannot determine

**QREL\_B0-9.** If there is a child victim during the current offense within an offender's family, what is the offender's relationship to the victim? (Circle all that apply)

- 0 No child victim
- 1 Child(ren)
- 2 Stepchild(ren)
- 3 Adopted Child(ren)
- 4 Sibling
- 5 Niece
- 6 Nephew
- 7 Cousin
- 8 Grandchild
- 9 Cannot determine

# PRE-SENTENCE INVESTIGATION REPORT (PSIR)

1.010 Each sex offender should be the subject of pre-sentence investigation, including a mental health sex offense specific evaluation, prior to sentencing, even when by statute it is otherwise acceptable to waive the pre-sentence investigation.

**QPSIR1. Is there a PSIR in the PO file?**

1 Yes: Date -- mo \_\_\_ day \_\_\_ yr \_\_\_  
 0 No

<b>QPSIR2. Was there a Sex Offense Specific Mental Health Evaluation in the file?</b>	
0	No
1	Yes
If Yes, Date of SO MH Eval: mo ___ day ___ yr ___ (Pick first date if evaluation conducted over several days/weeks)	
<b>QPSIR3. Was the evaluation found in the PSIR?</b>	
0	No
1	Yes

1.040 A pre-sentence investigation (PSI) report should address the following: (items are listed below)

**Please note whether the PSIR and/or the MH SO Evaluation addresses the following:**

- 0 = not addressed
- 1 = addressed adequately
- 2 = addressed minimally
- 8 = not applicable

*Note: Mark both if mentioned in the PSIR as well as the MH SO eval.*

*Note: If no MH SO EVAL, leave blank*

	PSIR	MH SO Eval
QPSIR4A & QPSIR4B. <b>residence</b>		
QPSIR5A & QPSIR5B <b>criminal history</b>		
QPSIR6A & QPSIR6B. <b>education history</b>		
QPSIR7A & QPSIR7B. <b>employment history</b>		
QPSIR8A & QPSIR8B <b>financial status</b>		
QPSIR9A & QPSIR9B <b>leisure/recreation activities</b>		
QPSIR10A & QPSIR10B <b>companions</b>		
QPSIR11A & QPSIR11B <b>victim impact addressed/incorporated in recommendations</b>		
QPSIR12A & QPSIR12B <b>potential impact of sentencing on the victim(s)</b>		
QPSIR13A & QPSIR13B <b>emotional and personal problems</b>		
QPSIR14A & QPSIR14B. <b>family, marital and relationship issues</b>		
QPSIR15A & QPSIR15B <b>Offense/assault patterns</b>		
QPSIR16A & QPSIR 16B <b>victim grooming behaviors</b>		
QPSIR17A & QPSIR 17B <b>drug/alcohol problems</b>		
QPSIR18A & QPSIR18B. <b>attitude at time of interview and during process</b>		
QPSIR19A & QPSIR19B. <b>Criminal Orientation</b>		

**QPSIR21. Is there a separate victim impact statement?**

- 1 yes
- 0 no
- 8 cannot determine

## **SUPERVISING OFFICER - ICON**

**QPSIR22. If no PSIR, does the Hard File, ICON, or the Minutes indicate that a judge ordered a PSIR?**

- 1 Yes
- 0 No
- 8 Cannot determine
- 9 There is a PSIR

*Note:*

- *Those convicted of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> degree Sexual Assault, Sexual Assault on a Child, or Sexual Assault in a Position of Trust (including accessory, conspiracy, and accessory) should have a DCJ/SOMB Risk Assessment in their file.*
- *Usually this score can be found in Part 3 of the Sexually Violent Predator Risk Assessment Screening Instrument*

**QRISK1. Is there a DCJ/SOMB Risk Assessment in the File?**

- 1 Yes: Score (0-10) \_\_\_\_\_
- 0 No

## **REGISTRATION**

*5.216 The supervising officer should notify sex offenders that they must register with local law enforcement in compliance with Section 18-3-412.5 C.R.S.*

**QREG1. Does the file show that the supervising officer notified the offender that he/she must register?**

- 1 Yes
- 0 No
- 2 Doesn't have to register

## **TREATMENT PLAN**

**QTX1. Is there a copy of the treatment plan in the supervising officer's file?**


- 1 Yes
- 0 No

**When was the treatment plan done? Month \_\_\_ Day \_\_\_ Year \_\_\_ (ENTER 88s IF DATE UNKNOWN) QTXPLMO QTXPLDA QTXPLYR**


## DENIAL

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option....

**QDENIAL1. At the start of treatment was this offender in denial (see treatment plan and MH SOS evaluation)?**

- 8 Cannot determine
- 0 No
- 1 Yes 

**QDENIAL2. If the offender was in denial at the start of treatment, was the offender offered treatment to address the issue of denial (specific deniers' treatment)?**

- 8 Cannot determine
- 0 No
- 1 Yes 

**QDENIAL3. If yes, the offender was offered treatment did s/he attend?**

- 8 Cannot determine
- 0 No
- 1 Yes
- 2 Attended some of the time

**QDENIAL4. After six months from the start of treatment was the offender in denial?**

- 1 Yes
- 0 No
- 8 Cannot determine

*Note: Date of treatment may have been recorded in the hard copy file information.*

**QDENIAL5. If yes, did revocation proceed at the end of the six months?**

- 1 Yes
  - 0 No
- If No, Why not?**

- 8 Cannot determine

**QDENIAL6. Was the offender ever revoked?**

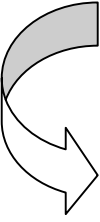
- 1= Yes What Happened?
- 0 = No
- 8 =Can not determine

**QDENIAL7. Were sanctions/consequences imposed by the supervising officer for denial at the end of six months or throughout the six-month period that the offender was in denial?**

- 1 Yes  
**If yes, what were they?**
- 0 No
- 8 Cannot determine
- 9 Not Applicable



**QDENIAL5. Was monitoring increased during this period of denial?**

- 
- 1 Yes
  - 0 No
  - 8 Cannot determine
  - 9 Not applicable

**How was monitoring increased (circle all that apply?)**

- 1 QDENIAL6. home detention
- 2 QDENIAL7. electronic monitoring
- 3 QDENIAL8 Other: (DESCRIBE:)
- 4 QDENIAL9. Other: (DESCRIBE:)

## RELAPSE PLAN/SAFETY PLAN

5.240 *The supervising officer should require sex offenders to provide a copy of the written plan developed in treatment for preventing a relapse, signed by the offender and the therapist, as soon as it is available. The supervising officer should utilize the relapse prevention plan in monitoring offenders' behavior.*

**QRELAP1. Is there a copy of the relapse or safety plan in the supervising officer's file that addresses safety /relapse issues for the offender?**

- 1 Yes
- 0 No
- 2 An incomplete relapse plan is in the file; it appears the offender has not yet progressed to the point of developing a complete relapse plan.

**Note: If there have been any safety plans for specific events,etc.:** \_\_\_\_\_

\_\_\_\_\_

## SEX HISTORY QUESTIONNAIRE

**QSH1. Is there a thorough sex history questionnaire in the file?**

- 1 Yes
- 0 No
- 2 A sex history has been started but the offender has not yet completed it.

## PROVIDER PROGRESS REPORTS

5.310 D. *On a timely basis, and no less than monthly, a provider shall provide to the supervising officer progress reports documenting offenders' attendance, participation in treatment, increase in risk factors, changes in the treatment plan, and treatment progress.*

**QPROG1. Does the supervising officer file contain monthly progress reports from the provider for the last six months?**

- 1 Yes
- 0 No
- 2 Some, but not monthly (How many in the last six months? \_\_\_ )

**QPROG1B.**

*Looking at the provider monthly progress reports for the last SIX MONTHS, do they discuss the following:*

<i>Note: If the reports vary, put an average response</i>		<b>Codes:</b> <b>1=YES, BUT NO DETAILS</b> <b>2=YES WITH DETAILS</b> <b>3=SOMETIMES</b> <b>0=NO</b>
QPROG2. offender's attendance in treatment		
QPROG3. offender' participation in treatment		
QPROG4. increase in risk factors		
QPROG5. changes in treatment plan		
QPROG6. treatment progress		
QPROG7. living arrangements		

**QLIV1. What is the offender's current living arrangement?**

- 1 Shared Living Arrangement
- 2 With their family of origin
- 3 With own children
- 4 With stepchildren
- 5 Alone
- 6 With roommate
- 7 Other, Describe: \_\_\_\_\_
- 8 Cannot determine

**TREATMENT/SUPERVISION TEAM**

5.110 *As soon as possible after the conviction and referral of a sex offender to probation, parole or community corrections, the supervising officer should convene a team to manage the offender during his/her term of supervision.*

**QTEAM1. Are the CURRENT members of the Treatment/Supervision Team (minimally the therapist, the supervising officer and the polygraph examiner) identified in the file?**

- 1 Yes
- 0 No

5.120 *Each team, at a minimum should consist of: the supervising officer, the offender's treatment provider, and the polygraph examiner.*

<b>Record the names of the CURRENT team members (those people who meet regularly) below:</b>	
QTEAM2. Probation Officer	QTEAM2A.
QTEAM3 Treatment Provider	QTEAM3A. Address: Phone Number:
QTEAM4. Polygraph Examiner	QTEAM4A.
QTEAM5. Other:	QTEAM5A.
QTEAM6. Other:	QTEAM6A.
QTEAM7. Other:	QTEAM7A.

*Note: For this we are looking for REAL SUBSTANTIVE COMMUNICATION, making sure that a conversation did exist*

**QTEAM8. Is there documentation that the team (at least the officer, tx provider, and PE) has convened *in person*?**

2 Cannot determine if there is a team

0 No

1 **If Yes, date of the first meeting: mo \_\_\_ day \_\_\_ yr \_\_\_**

QTEAMMO QTEAMDA QTEAMYR

**QTEAM9. What is the total number of times met in the last six months? \_\_\_**

**QTEAM10. Is there documentation that the team (at least the officer, tx provider and PE) has convened *on the phone or over email*?**

2 Cannot determine if there is a team

0 No

1 Yes

**If Yes, date of the first communication: mo \_\_\_ day \_\_\_ yr \_\_\_**

QTMO QTDAY QTYR

**QTEAM11. What is the total number of communications within the last six months? \_\_\_**

**QTEAM 12. Is there evidence in the file that the *supervising officer* and *treatment provider* have VERBALLY discussed the offender in the last six months?**

1 Yes, how many times: \_\_\_ (QTEAM13)

0 No

8 Cannot determine

**QTEAM14. Is there evidence in the file that the *supervising officer* and *polygraph examiner* have VERBALLY discussed the offender in the last six months?**

1 Yes, how many times: \_\_\_ (QTEAM15)

0 No

8 Cannot determine

**Describe the TEAM as well as any other supervisor (i.e. D&A, Anger Mgmt Counselor, etc) contact with this offender:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QTEAM16, QTEAM17, QTEAM18, QTEAM19 (use up to 3 codes)**

## **COLLABORATION WITH VICTIM ADVOCATE, PARENTS, GUARDIAN AD LITEM**

5.710 A. *Whenever possible, collaborate with an adult victim's therapist or advocate, or a child victim's therapist, guardian, custodial parent, foster parent, and/or guardian ad litem, in making decisions regarding communication, visits, and reunification.*

*Note: This only pertains to the VICTIM*

### **QADVOC1. Is there documentation of 5.710 A. in the file IN THE LAST YEAR?**

- 1** Yes, there is regular (at least monthly with at least one of the above) communication  
If yes, who was contacted \_\_\_\_\_
- 2** Some contact, at least once and less frequently than monthly  
If some contact, who contacted: \_\_\_\_\_
- 0** No, there is no evidence of contact with any of those listed in 5.710 A.

## 5.600 Behavioral Monitoring of Sex Offenders in the Community

5.610 *The monitoring of offenders' compliance with treatment and sentencing requirements shall recognize sex offenders' potential to re-offend, re-victimize, cause harm, and the limits of sex offenders' self-reports:*

5.610 A. *Responsibility for behavioral monitoring activities shall be outlined under explicit agreements established by the supervising officer. Some or all members of the team described in Section 5.00 will share monitoring responsibility. At a minimum, the provider, the supervising officer, and the polygraph examiner shall take an active role in monitoring offenders' behaviors.*

5.230 *The supervising officer, in cooperation with the treatment provider and polygraph examiner, should utilize the results of periodic polygraph examinations for treatment and behavioral monitoring....*

5.213 *On a regular basis, the supervising officer should review each offender's specific conditions of probation, parole or community corrections and assess the offender's compliance, needs, risk, and progress to determine the necessary level of supervision and the need for additional conditions.*

5.260 *The supervising officer should ensure maximum behavioral monitoring y and supervision for offenders in denial. The officer should use supervision tools that place limitations on offenders' use of free time and mobility and emphasize community safety and containment of offenders.*

<b>Note: To do this section, please write out the non-compliant issue and then select the numbers from the list on how they learned about the area of non-compliance and what sanctions were applied.</b>				
<b>Areas of non-compliance documented in the LAST YEAR</b>	<b># of times this non-compliance happened:</b>  1=Once 2= 2-6 times 3=6 or more	<b>How did they learn about this non-compliance:</b>  (Use the List)	<b>What sanctions were applied:</b>  (Use the List)	<b>How often were these sanctions applied:</b>  1=Always 2=Never 3=Sometimes 8=Cannot Determine
QBH1.				
QBH2.				
QBH3.				
QBH4.				
QBH5.				
QBH6.				
QBH7.				
QBH8.				
QBH9.				

<b>QBH10.</b>				
<b>QBH11.</b>				
<b>QBH12.</b>				
<b>QBH13.</b>				
<b>QBH14.</b>				
<b>QBH15.</b>				
<b>QBH16.</b>				
<b>QBH17.</b>				
<b>QBH18.</b>				
<b>QBH19.</b>				
<b>QBH20.</b>				
<b>QBH21.</b>				
<b>QBH22.</b>				
<b>QBH23.</b>				
<b>QBH24.</b>				
<b>QBH25.</b>				
<b>QBH26.</b>				
<b>QBH27.</b>				
<b>QBH28.</b>				
<b>QBH29.</b>				
<b>QBH30.</b>				

## INCREASED RISK

5.610 B. Behavioral monitoring should be increased during times of an offender's risk to re offend, including but not limited to, such circumstances as the following.

**Did the file document that the offender experienced the following situations IN THE LAST YEAR? If so, did monitoring change?**

Indicate **how often the supervising officer responds with monitoring in this type of situation.** (This is **not** an indicator of how often the offender experiences the situation.) **Write in monitoring response, e.g., electronic monitoring.**

<p><b>The offender experienced stress or a crisis.</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> ___ ___  <b>If Yes, Describe:</b></p>	<p><b>Monitoring Response: (write in)</b>            Always 5 4 3 2 1 Never            8 Can't determine            6 No indication of need to increase monitoring/no stress or crises noted</p>
<p><b>The offender was in a high-risk environment.</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> ___ ___  <b>If Yes, Describe:</b></p>	<p><b>Monitoring response:</b>            Always 5 4 3 2 1 Never            8 Can't determine            6 No indication of need to increase monitoring/not in high risk environment</p>
<p><b>Visits between the offender and victims or potential victims (recommend and approved).</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> ___ ___  <b>If Yes, Describe:</b></p>	<p><b>Monitoring response:</b>            Always 5 4 3 2 1 Never            8 Can't determine            6 No indication of need to increase monitoring/no visits</p>
<p><b>Offender demonstrated high or increased level of denial. (Anything above their original level of denial)</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> ___ ___  <b>If Yes, Describe:</b></p>	<p><b>Monitoring response:</b>            Always 5 4 3 2 1 Never            8 Can't determine            6 No indication of need to increase monitoring/not in denial</p>
<p><b>Offender had access to potential victims.</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> ___ ___  <b>If Yes, Describe:</b></p>	<p><b>Monitoring response:</b>            Always 5 4 3 2 1 Never            8 Can't determine            6 No indication of need to increase monitoring</p>

<p><b>Other (specify):</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> __ __</p>	<p><b>Monitoring Methods:</b></p> <p><b>Always 5 4 3 2 1 Never</b>  <b>8 Can't determine</b>  <b>6 No indication of need to increase monitoring</b></p>
<p><b>Other (specify):</b>  <b>0=No</b>  <b>1=Yes, how many times in the last year</b> __ __</p>	<p><b>Monitoring Methods:</b></p> <p><b>Always 5 4 3 2 1 Never</b>  <b>8 Can't determine</b>  <b>6 No indication of need to increase monitoring</b></p>



## TERMS AND CONDITIONS - AND VIOLATIONS

5.610 3. For purposes of compliance with this standard, behavioral monitoring activities shall include, but are not limited to: the use of support of targeted limitations on an offenders behavior, including those conditions set forth in 5.500

5.500 Conditions of community supervision

5.510 Special conditions

DOES THE FILE CONTAIN EVIDENCE THAT THE OFFENDER HAS BEEN NOTIFIED ( <i>through formal documentation or by other means</i> ) OF THE FOLLOWING TARGETED LIMITATIONS ON HIS OR HER BEHAVIOR?	1=yes 0=no 8=Can't determine 9=Not Applicable
QTC1. Offender notified of no contact with any victim	1 0 8 9
QTC2. Offender notified of no contact with any child under age 18	1 0 8 9
QTC3. Cannot befriend or date anyone with children under 18	1 0 8 9
QTC4. Cannot access or loiter near school yards, parks, etc., other places used primarily by children (unless approved in advance and in writing by the supervising officer)	1 0 8 9
QTC5. Cannot be employed or volunteer for any activity involving contact with children (unless approved).	1 0 8 9
QTC6. Not allowed possession or viewing of pornography, sexually oriented or sexually simulating materials, or patronizing place where this type of material or entertainment is available (except for that used in treatment).	1 0 8 9
QTC7. Cannot consume or possess alcohol or drugs	1 0 8 9
QTC8. Residence and living situation must be approved in advance by the supervising officer in consultation with the community supervision team.	1 0 8 9
QTC9. Required to undergo blood, saliva, and DNA testing	1 0 8 9
QTC10. Must sign information releases so all professionals involved in assessment, treatment & behavioral monitoring can communicate/share documentation.	1 0 8 9
QTC11. Cannot hitchhike or pick up hitchhikers	1 0 8 9
QTC12. Shall attend and actively participate in evaluation and treatment approved by the supervising officer and shall not change treatment providers without prior approval from the supervising officer.	1 0 8 9
QTC13. Shall not obtain access or use of the internet.	1 0 8 9
QTC14. Other:	1 0 8 9
QTC15. Other:	1 0 8 9
QTC16. Other:	1 0 8 9
QTC17. Other:	1 0 8 9
QTC18. Other:	1 0 8 9
QTC19. Other:	1 0 8 9
QTC20. Other:	1 0 8 9
QTC21. Other:	1 0 8 9
QTC22. Other:	1 0 8 9
QTC23. Other:	1 0 8 9
QTC24. Other:	1 0 8 9
QTC25. Other:	1 0 8 9

## ADDITIONAL VICTIM TYPES

**QAV.** After reviewing the hard copy file and ICON, did you find that the offender revealed additional victim types (*that is, IN ADDITION to information in the PSIR and those revealed in POLYGRAPH*)? For Example, from phone calls, home visits, etc.

- 1 Yes
- 0 No
- 8 Cannot Determine

If the offender revealed additional victims, please complete the following: (**REMEMBER THESE ARE IN ADDITION TO ANY VICTIMS FOUND IN PSIR OR POLYGRAPH-those are recorded in separate areas**)

Age Group	Was offender under supervision for current offense 1=yes 0=no 8=can't tell	Gender 1=male 2=female 3=both 8=can't tell  QAV1 GEN QAV8 GEN	Relationship 1=family 2=pos/trust 3=acquaint 4=stranger 8=can't tell (insert as many as apply)  QAV1REL QAV8REL	Penetration Offense 1=yes 0=no 8=can't tell  M= Male F=Female  QAV1MPE N QAV8FPEN	Fondling/ Frottage 1=yes 0=no 8=can't tell  QAV1F ONM QAV8F ONM	Other 1=yes 0=no 8= can't tell  QAV1O THF QAV8O THM	For Other Insert types of behaviors, use numbers from Chart (*)  QAV1PAR1- QAV8PAR23	At the offense offender was 1=juvenile 2=adult 3=juv and adult 4=not available QAV1OFF TO QAV8OFF	Source of information on new victim QAV1SRC TO QAV8SRC 1=Offender 2=Third party 3=Therapist 4=Other (describe)		
	QAVSUP1-8			M	F	M	F	M	F		
0-5											
6-9											
10-13											
14-17											
18+											
Eld/Risk											
Unknown											

**QAVCHILD.** If there is a child victim within an offender's family, what is the offender's relationship to the victim? (Circle all that apply)

- 0 No child victim
- 1 Child(ren)
- 2 Stepchild(ren)
- 3 Adopted Child(ren)
- 4 Sibling
- 5 Niece
- 6 Nephew
- 7 Cousin
- 8 Grandchild
- 9 Cannot determine

**QAVCHG.** If additional victims were revealed, was supervision changed?

- 2 No new victims revealed in file
  - 0 No
  - 8 Cannot determine
  - 0 Yes
- If yes, how was supervision changed?**

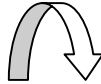
## CONTACT WITH CHILDREN

**QCC1. After reviewing the supervising officer file, including the polygraph information, did you find information indicating that the offender has a history of sexual perpetration with children?**

- 1 Yes
- 0 No
- 8 Cannot determine

**QCC2. During the last TWO YEARS on probation, has the offender had contact with children under 18?**

- 0 No
- 8 Cannot determine
- 1 Yes, if yes complete the table below:



*Note: Negative consequences can mean assault, inappropriate contact, and also thoughts and fantasies about the child*

Codes: 1=yes 0=no 8=cannot determine						
The offender:	The rationale for contact/access to children is documented in the file.	What is the rationale? (CODE UP TO 3)	Contact/access to children approved by the team?	There is a safety plan that specifically addresses contact/access to children?	Were there negative consequences because of this access	If negative consequences list sanctions (if no Sanctions were applied, enter 0-LIST UP TO 4
QCC3A. Was allowed to live with children	QCC3B	QCC3C-E	QCC3F	QCC3G	QCC3H	QCC3I-L
QCC4A. Was allowed contact with children (not pertaining to living with children)	QCC4B	QCC4C-E	QCC4F	QCC4G	QCC4H	QCC4I-L
QCC5A. Had direct contact with children that was not permitted	QCC5B			QCC5G	QCC5H	QCC5I-L
QCC6A. Had indirect contact/access with children that was not permitted (e.g., lived or worked near children)	QCC6B			QCC6G	QCC6H	QCC6I-L

**COMPLETE FOR OFFENDERS WHO HAVE CONTACT WITH CHILDREN**

Selected Conditions of 5.7

*If the offender is currently allowed contact with children, review the Supervising Officer's file to determine whether AT THE START OF THIS CONTACT was there evidence of the following in the file:*

	Evidence was found in the officer's file 1=yes, 0=no
QCC7. The offender accepts responsibility for the abuse	
QCC8. The offender has completed a non-deceptive sexual history disclosure polygraph	
QCC9. The offender has completed at least one non-deceptive maintenance polygraph	
QCC10. The treatment/supervision team has meet, discussed contact, and have approved contact	
QCC11. The child's therapist, advocate or child protective agency has been included in the decision	

**FOR ALL OFFENDERS, REGARDLESS OF WHETHER OR NOT THEY HAD CONTACT WITH CHILDREN**

**QCC12. Did the supervising officer question the offender regarding sexual/inappropriate contact with children IN THE LAST TWO YEARS?**

- 0 No
- 8 Can't determine
- 1 Yes, if yes, how many times\_\_ \_\_ (code 25 if over 25 times)



**QCC13**

**QCC14. Has the offender been questioned in the last month?**

- 1 Yes
- 0 No
- 8 Cannot determine

**QCC15. Did the victim (child or adult) REQUEST contact with the offender?**

- 1 Yes
- 0 No
- 8 Cannot determine
- 9 Not applicable (no specific victim identified with the current crime)

**QCC16. If, the victim (child or adult) did not request contact, and the offender is in contact with the victim, can you determine the rationale for offender victim contact.**

- 1 Yes, what \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ **QCC23A-B (CODE UP TO 4)**
- 0 No
- 7 No Contact Exists
- 8 Cannot determine
- 9 Not applicable (no specific victim identified with the current crime)

## OVERALL MATCH OF MONITORING AND OFFENDER NEEDS

**QMATCH1. Upon your review of the supervising officer file, does the level and intensity of behavioral monitoring OVER THE LAST SIX MONTHS match the offender's needs?**

**2 To a great extent**

**1 Somewhat**

**0 Not at all**

**8 Cannot determine because \_\_\_\_\_**

**(QMATCH2-3) (CODE UP TO 2)**

**YOU MUST document your rating if you gave one. (Please note any positive of their monitoring as well as any areas that need improvement or are areas of concern): QMATCH4-7 (CODE UP TO 4)**

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**OFFENDER NAME:** \_\_\_\_\_  
**(use pencil so it can be erased).**

**DCJ ID \_\_\_\_\_ FOR OFFENDERS IN FILE SAMPLE USE THE SAME NUMBER FOR SUPERVISING OFFICER FILE, TREATMENT PROVIDER FILE, AND TELEPHONE SURVEYS**

<b>Tag the following if contained in the TREATMENT PROVIDER FILE</b>	<b>In file: 1=yes 0=no</b>	<b>Discussed on page:</b>
<b>Mental Health Sex Offense-Specific Evaluation</b>		<b>2</b>
<b>Evaluator's Report</b>		<b>9</b>
<b>Confidentiality Waiver</b>		<b>9</b>
<b>Treatment Contract</b>		<b>10</b>
<b>Treatment Plan</b>		<b>11</b>
<b>Relapse Plan</b>		<b>17</b>

<b>MH SOS Evaluation</b>	<b>2</b>
<b>Confidentiality Waiver</b>	<b>9</b>
<b>Plethysmograph</b>	<b>9</b>
<b>Abel Screen</b>	<b>9</b>
<b>Evaluator's Report</b>	<b>9</b>
<b>Treatment Contract</b>	<b>10</b>
<b>Treatment Plan</b>	<b>11</b>
<b>Treatment Plan Reflects MH SO Evaluation</b>	<b>12</b>
<b>Treatment Plan Goals and Objectives</b>	<b>14</b>
<b>Services Received</b>	<b>15</b>
<b>Relapse Plan</b>	<b>17</b>
<b>Treatment Plan Matches Offender Needs</b>	<b>17</b>
<b>Treatment Plan Updates</b>	<b>14</b>
<b>Denial</b>	<b>18</b>

# Treatment Provider File

## Mental Health Sex Offense-Specific Evaluation

*Note: The following information refers to the Mental Health Sex Offense Specific Evaluation which may or may not have been developed by the provider. However, the report should be in the treatment provider file.*

2.010 In accordance with Section 16-11-102(1)(b) C.R.S., each sex offender shall receive a mental health sex offense-specific evaluation at the time of the pre-sentence investigation.

**Note: For any questions that require a date, if a date cannot be determined put 88-88-88.**

**TMHSO1. Does the treatment provider file include a Mental Health Sex Offense-Specific Evaluation?**

**1** Yes  
**0** No

**Date of MH SOS Evaluation** Mo \_\_\_ Day \_\_\_ Year \_\_\_ (TMHSOMO, THMSODA, THMOSAYR)

2.070 Unless otherwise indicate below, the following evaluation modalities are all required in performing a mental health offense -specific evaluation:

*Examination of criminal justice information, including the details of the current offense and documents that describe victim trauma, when available*

*Examination of collateral information, including information from other sources on the offender's sexual behavior*

*Structured clinical and sexual history and interview*

*Offense-specific psychological testing*

*Standardized psychological testing if clinically indicated*

*Medical examination/referral for assessment of pharmacological needs if clinically indicated*

*Testing of deviant arousal or interest through the use of the penile plethysmograph or the Abel Screen*

*Also, 2.090 and 2.120 3.610 Level of Denial and defensiveness shall be assessed during the mental health sex offense-specific evaluation.*

**TTOOL1-65. Please circle all assessment tools found in the file used in the MHSO Specific Evaluation**

1	WAIS-R	33	Weschler Memory Scale
2	WAIS III	34	Limbic System Checklit
3	WRAT-R Revised Beta	35	Structure Mental Status Exam
4	TONI (Test of Non-Verbal Intelligence	36	History of Functioning
5	Shipley Institute of Living Scale	37	Structured Interview
6	MMPI or MMP12	38	Jacobs Cognitive Screening Test
7	MCMI-II or III	39	Quick Neurological Screening Test
8	Beck Depression Scale	40	Medical Tests
9	CAC (Clinical Analysis Questionnaire	41	Collateral Information
10	PHQ (Personal History Questionnaire)	42	Treatment history
11	ADS	43	FES (Family Environment Scale)
12	DAST-20	44	DAS (Dyadic Adjustment Scale)
13	Adult Substance Use Survey (ASUS)	45	MSI (marital Satisfaction Inventory
14	Substance Use History Matrix (SUHM)	46	IBS (Interpersonal Behavior Survey)
15	HARE Psychopathy Checklist Revised	47	Social Avoidance and Distress Scale
16	MDP Measures of Psychological Development	48	Waring's Intimacy Scale
17	COI California Personality Inventory	49	UCLA Loneliness Scale
18	PSCI (Personal Sentence Completion Inventory) Miccio-Fonseca	50	Tesch's Intimacy Scale
19	Wilson Sexual Fantasy Questionnaire	51	Miller's Social Intimacy Scale
20	SONE (Sexual History Background Form)	52	Attitude towards Women Scale
21	SORI (Sex Offender Risk Instrument)	53	Socio-Sexual Knowledge and Attitudes Test (for use with sex offenders who have developmental disabilities)
22	MSI Multiphasic Sex Inventory	54	Polygraph
23	Sexual Autobiography	55	DCJ Risk Scale
24	Plethysmograph	56	SOMB Checklist
24	Abel Screen	57	Oregon Risk Assessment Scale
26	Clarke	58	Violence Assessment Risk Guide
27	Bentler Heterosexual Inventory	59	Rapid Risk Assessment for Sex Offender Re-arrest
28	Abel and Becker Card Sort	60	MnSOST-R Risk Assessment
29	Burt Rape Myth Acceptance Scale	61	Sonar
30	Abel and Becker Cognition Scale	62	Static 99
31	Kaufman IQ test for Adults	63	Other:
32	Standord Binet	64	Other:



**Note: Determine whether the MH SO Evaluation contains the areas of assessment noted on the LEFT. It is unlikely that the entire evaluation will be in the file. The techniques for evaluation are listed on the right to help the researcher determine references to possible areas of assessment.**

<b>Evaluation Areas Required</b>	<b>Problem Areas</b>	<b>Possible Evaluation Procedures</b>
<i>Evaluation Area Completed</i>	<i>From the evaluations was it determined that it was a problem for the offender</i>	<i>Circle the assessment procedures if you can determine that it was used for this portion of the evaluation</i>
<b>TEVAL1. IQ Functioning (Mental Retardation, Learning Disability, and Literacy)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL1A.  1= Yes 0= No 8= Can't determine	History of Functioning WAIS-R or WAIS III WRAT-R-Revised Beta TONI (Test of Non-Verbal Intelligence) ShIPLEY Institute of Living Scale Revised Kaufman IQ Test for Adults Stanford Binet
<b>TEVAL2. Organic Brain Syndrome (OBS)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL2A.  1= Yes 0= No 8= Can't determine	History of Functioning WAIS-R Weschler Memory Scale Revised Limbic System Checklist Structured Mental Status Exam Jacobs Cognitive Screening Test Quick Neurological Screening Test Medical Tests Necessary for Diagnosis
<b>TEVAL3. Mental Illness</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL3A.  1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview MMPI or MMPI2 MCMI-II or III Beck Depression Scale
<b>TEVAL4. Alcohol and Drug Use/Abuse</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL4A.  1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview MMPI CAQ (Clinical Analysis Questionnaire) PHQ (Personal History Questionnaire) ADS DAST-20 Adult Substance Use Survey Substance Use History Matrix Collateral Information
<b>TEVAL5. Number of D/A Relapses</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL5A.  1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Treatment History Collateral Information
<b>EVALUATE CHARACTER PATHOLOGY</b>		
<b>TEVAL6. Degree of Impairment</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL6A.  1= Yes 0= No 8= Can't determine	Hare Psychopathy Checklist Revised (PCLR or PCLSC) Structured Interview MCMI-II or III History Collateral Information

<b>EVALUATE STABILITY OF FUNCTIONING</b>		
<b>TEVAL7. Marital/Family Stability (past, current, familial violence)</b>	TEVAL7A.	History of Functioning and/or Structured Interview

<i>familial sexual, financial housing</i> 1= Yes 0 = No 2 = Partial 8 = Can't determine	1= Yes 0= No 8= Can't determine	FES (Family Environment Scale) DAS (Dyadic Adjustment Scale) MSI (Marital Satisfaction Inventory) Interview Attitudes Collateral Information
<b>TEVAL8. Employment/Education (completion of major life tasks)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL8A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview PHQ (Personal History Questionnaire)
<b>TEVAL9. Social Skills (ability to form and maintain relationships, courtship/dating skills, ability to demonstrate assertive behavior)</b> 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL9A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Collateral Information IBS (Interpersonal Behavior Survey) Social Avoidance and Distress Scale Waring's Intimacy Scale UCLA Loneliness Scale Tesch's Intimacy Scale Miller's Social Intimacy Scale
<b>DEVELOPMENTAL</b>		
TEVAL10. (Disruptions in parent/child relationship, history of bed wetting, cruelty to animals, hx of behavior problems in elementary school, special education services, learning disabilities, school achievement, disordered attachments.) 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL10A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Collateral Information
<b>EVALUATION OF SELF</b>		
TEVAL 11. Self-image, Self Esteem, Ego Strength 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL11A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview MPD (Measures of Psychological Development) CAQ (Clinical Analysis Questionnaire) CPI (California Personality Inventory)
<b>MEDICAL SCREENING MEASURES</b>		
TEVAL 12. Pharmacological Needs Medical Condition Impacting Offending Behavior History of Medication Use/Abuse 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL12A. 1= Yes 0= No 8= Can't determine	History of Functioning and/or Structured Interview Referral to Physician if indicated Medical Tests

<b>SEXUAL EVALUATION</b>
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<p><b>TEVAL13. Sexual History</b> (<i>Onset, Intensity, Duration, Pleasure Derived</i>)  Age of Onset of Expected Normal Behaviors  Quality of First Sexual Experience  Age of Onset of Sexually Deviant Behaviors  Witnessed or Experienced Victimization as a Child  (Sexual or Physical)  Genesis of Sexual Information  Age/Degree of Use of Pornography, Phone Sex, Cable, Video, or Internet for Sexual Purposes  Current and Past Range of Sexual Behavior  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>		<p>History of Functioning and/or Structured Interview  Collateral Information  PSCI (Personal Sentence Completion Inventory--Miccio-Fonseca)  Wilson Sexual Fantasy Questionnaire  SONE Sexual History Background Form  SORI (Sex Offender Risk Instrument – in research stage)</p>
<p><b>TEVAL14. Reinforcement Structure for deviant behavior</b> (<i>who are they living with, where, friends, etc.</i>)  Culture  Environment  Cults  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL14A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview</p>
<p><b>TEVAL15. Arousal Pattern</b> (<i>sexual arousal, interest</i>)  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL15A.  1= Yes  0= No  8= Can't determine</p>	<p>Plethysmograph  Abel Screen</p>
<p><b>TEVAL16. Specifics of Sexual Crime(s)</b> (<i>Onset, Intensity, Duration, Pleasure Derived</i>)  Detailed Description of Sexual Assault  Seriousness, Harm to Victim  Mood During Assault (Anger, Erotic, "Love")  Progression of Sexual Crimes  Thoughts Preceding and Following Crimes  Fantasies Preceding and Following Crimes  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>		<p>Structured Interview  History of Crimes  Collateral Information  Review of Criminal Records  Review of Victim Impact Statement  Contact with Victim Therapist  Polygraph</p>
<p><b>TEVAL17. Sexual Deviance</b>  1= Yes  0 = No  2 = Partial  8 = Can't determine</p>	<p>TEVAL17A.  1= Yes  0= No  8= Can't determine</p>	<p>Structured Interview  MSI (Multiphasic Sex Inventory)  SONE  Clarke</p>

<p><b>TEVAL18. Dysfunction</b> (<i>Impotence, Priapism, Injuries, Medications Affecting Sexual Functioning, Etc.</i>)</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p>	<p>TEVAL18A.</p> <p>1= Yes 0= No 8= Can't determine</p>	<p>Structured Interview MSI (Multiphasic Sex Inventory) Sexual Autobiography</p>
<p><b>TEVAL19. Offender's Perception of Sexual Dysfunction</b></p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p>	<p>TEVAL19A.</p> <p>1= Yes 0= No 8= Can't determine</p>	<p>Structured Interview Sexual Autobiography Bentler Heterosexual Inventory Abel and Becker Card Sort History</p>
<p><b>TEVAL20. Preferences</b> (<i>Male/Female; Age; Masturbation; Use of Tools, Utensils, Food, Clothing; Current Sexual Practices; Deviant as well as Normal Behaviors</i>)</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p>	<p>TEVAL20A.</p> <p>1= Yes 0= No 8= Can't determine</p>	<p>Structured Interview Sexual Autobiography Plethysmograph Able Screen</p>
<p><b>TEVAL21. Attitudes/Cognition</b> <i>Motivation to Change/Continue Behavior Attitudes Toward Women, Children, Sexuality in General</i></p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p>	<p>TEVAL21A.</p> <p>1= Yes 0= No 8= Can't determine</p>	<p>Structured Interview Burt Rape Myth Acceptance Scale MSI (Multiphasic Sex Inventory) Buss/Durkee Hostility Inventory Abel and Becker Cognitions Scale</p>
<p><b>TEVAL22. Attitudes About Offense</b> (<i>i.e., Seriousness, Harm to Victim Degree of Victim Empathy Presence/Degree of Minimalization Presence/Degree of Denial Ego-syntonic vs. Ego-dystonic Sense of Deviant Behavior</i>)</p> <p>1= Yes 0 = No 2 = Partial 8 = Can't determine</p>	<p>TEVAL22A.</p> <p>1= Yes 0= No 8= Can't determine</p>	<p>Attitudes Towards Women Scale Socio-Sexual Knowledge and Attitudes Test (For use With sex offenders who have developmental disabilities)</p>
<b>EVALUATE LEVEL OF DENIAL AND/OR DECEPTION</b>		
<p><b>TEVAL23. Level of Denial</b> <i>Level of Deception</i></p> <p>1= Yes 0 = No</p>	<p>TEVAL23A.</p> <p>1= Yes 0= No 8= Can't determine</p>	<p>Structured Interview * Collateral Information (such as from victim, police, others) Polygraph</p>

2 = Partial 8=Can't Determine		DCJ Risk Scale
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<b>EVALUATE LEVEL OF VIOLENCE AND COERCION</b>		
TEVAL24. Level of violence, pattern of assaults, victim selection, escalation of violence 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL24A. 1= Yes 0= No 8= Can't determine	Structured Interview History Collateral Information Review of Criminal Records

<b>EVALUATE RISK</b>		
TEVAL25. Risk of Re-offense 1= Yes 0 = No 2 = Partial 8 = Can't determine	TEVAL25A. 1= Yes 0= No 8= Can't determine	Criminal History DCJ Sex Offender Risk Scale (Actuarial scale normed on Colorado offenders from probation, parole and prison) SOMB Checklist (Normed on Colorado Offenders from probation, parole and community corrections) Oregon Risk Assessment Scale (Normed on Oregon offenders) Violence Risk Assessment Guide (Normed on a psychiatric hospital sample) Rapid Risk Assessment for Sex Offender Re-Arrest (Sample excludes incest offenders) MnSOST-R (Normed on Minnesota Offenders in the Department of Corrections, excludes incest offenders) Sonar Static 99 Other _____ Did not use instrument; clinical opinion

## EVALUATOR'S REPORT

2.110 The evaluator shall recommend (listed below)

**TEVAL0-9. The evaluation report indicates that the evaluator has covered the following (CIRCLE ALL THAT APPLY)**

- 0 No evaluator Report in the Treatment Provider File
- 1 Offense-specific treatment
- 2 A referral was made for medical/pharmacological treatment if indicated
- 3 Treatment of co-existing problems (e.g., drug abuse, anger management)
- 4 Appropriate external controls (work environment, leisure time, life stresses, etc.)
- 5 Methods to lessen victim impact

- 6 Appropriateness of community placement
- 7 No contact with children
- 8 No contact with defendant's children
- 9 Other, explain:

## CONFIDENTIALITY WAIVER

3.210 A treatment provider shall obtain signed waivers of confidentiality based on the informed assent of the offender

Note: If there isn't a separate Confidentiality waiver, but it is part of the treatment contract consider it a YES

**TCON1. Is a signed waiver of confidentiality in the file?**

- 1 Yes
- 0 No

## PLETHYSMOGRAPH

**TPLETH1. Did the offender undergo a plethysmograph?**

- 1 Yes
- 0 No
- 8 Cannot determine

## ABEL SCREEN

**TABEL1. Was the offender administered an Abel Screen?**

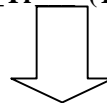
- 1 Yes
- 0 No
- 8 Cannot determine

### **TREATMENT CONTRACT**

3.310 A provider shall develop and utilize a written contract with each sex offender....

**TTC1. Is there a contract (OR SEPARATE DOCUMENT ADDRESSING THE FOLLOWING ISSUES) in the file?**

- 1 Yes, date of treatment contract: Mo \_\_\_ Day \_\_\_ Yr \_\_\_ (TCMO, TCDA, TCYR)
- 0 No



	1=Yes 0=No 8=CD= (Can not Deter) TTCA	Violations in LAST 6 MOS 1=Yes, 0=No 8=CD TTCB	Sanctions imposed for violations (from sheet) CD=88 (code up to 4) TTCC-F
<b>DOES THE CONTRACT EXPLAIN THE FOLLOWING?</b>			
<b>TTC2A-F. Costs of assessment, evaluation, etc.</b>			
<b>TTC3A-F. Waivers of confidentiality</b> required for treatment.			
<b>TTC4A-F. Right to refuse treatment</b> , refuse to waive confidentiality, and risks of that decision.			
<b>TTC5A-F. Type, frequency, duration and requirements of treatment.</b>			
<b>TTC6A-F. Describe limits of confidentiality</b> per 19.3-304 CRS			
<b>DOES THE CONTRACT EXPLAIN RESPONSIBILITIES OF A CLIENT TO</b>			
<b>TTC7A-F. Pay the cost of assessment and treatment</b> for him or herself and his or her family			
<b>TTC8A-F. Pay to cost of assessment and treatment for victim and family</b> when court ordered			
<b>TTC9A-F. Inform his or her family/support system of details of past offenses</b> to ensure protection of past victims.			
<b>TTC10A-F. Actively involve relevant family/support system</b>			
<b>TTC11A-F. Notify the treatment provider of any changes or events</b> in his/her life and lives of family support system.			
<b>TTC12A-F. Participate in polygraph testing</b> and if indicate plethysmographic testing.			
<b>TTC13A-F. Assent to be tested for STD and HIV</b> , and assent for results to be released to victim.			
<b>TTC15A-F. Comply with limitations and restrictions per terms and conditions</b> of probation, parole, or community corrections etc			
<b>DOES THE CONTRACT ALSO:</b>			
<b>TTC16A-F. Provide instructions and limitations regarding contact with victims</b> , secondary victims and children			
<b>TTC17A-F. Describe limits or prohibitions on the use of viewing sexually explicit or violent material</b>			
<b>TTC18A-F. Describe the responsibility of the client to protect community safety</b> by avoiding risky behaviors, situations and reporting any such behavior to the provider and supervising officer ASAP.			
<b>TTC19A-F. Describe limitations and prohibitions on the use of alcohol /drugs.</b>			
<b>TTC20A-F. Describe limitations on employment and recreation.</b>			

Note:  
Many of these might overlap with probation or parole terms and conditions, if so make sure you pinpoint the area, i.e contact with children put under 16, etc.

## TREATMENT PLAN

3.130 A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.

3.140 D. A provider shall employ treatment methods that are supported by current professional research and practice: give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.

3.150 Providers shall maintain clients' files in accordance with the professional standards of their individual disciplines and with Colorado state law on health care records. Client files shall: Document

the goals of treatment, the methods use, the client's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failed assignments, rule violations and consequences should be records. Accurately reflect the client's treatment progress, sessions attended, and changes in treatment.

**TTX1. Is there a treatment plan in the file?**

- No
- 10 Yes

Remember if can't find a date put 88-88-88

**If Yes, what is the date of original treatment plan:**  
 mo \_\_\_ day \_\_\_ year \_\_\_ (TPMO TTPDA TTPYR)

**What is the date of the current treatment plan:**  
 mo \_\_\_ day \_\_\_ year \_\_\_ (TPCMO TTPCDA TTPCYR)

*Note: Do Not Take the Intake Date. Take the date that they actually began treatment (1 on 1, group, etc).*

**Date Offender began treatment:** mo \_\_\_ day \_\_\_ year \_\_\_  
 (TTXMO TTXDA TTXYR)

**Date Offender began treatment with current provider:**  
 mo \_\_\_ day \_\_\_ year \_\_\_ (TTXCURMO TTXCURDA TTXCURYR)

**8 TTX2. Did the offender change treatment providers, IN THE LAST TWO YEARS?**

- 1 Yes, why? \_\_\_\_\_
- TTX2A-B (Code 2 answers)
- 0 No
- 8 Cannot Determine



**TTX3A-3E. Who initiated the change in treatment providers? (Circle all that apply)**

- 1 Treatment Provider
- 2 Probation Officer
- 3 Parole Officer
- 4 Offender
- 5 Other: \_\_\_\_\_

**TTX4. Has the provider prepared an INDIVIDUALIZED written treatment plan for the offender?**

- 8 Cannot determine
- 2 Somewhat
- 1 Yes
- 0 No

*Note: Individualized means the treatment addresses specific issues of the offender that were based on the needs and risks identified in current/past assessments/evaluations of this offender.*

**TTX5. IF NO, is there a STANDARDIZED description of the program modules/phases that specifies what the offender will do for treatment?**

- 8 Cannot determine
- 1 Yes
- 0 No

*Note: Standardized means there is a program with specific modules/phases, and it appears that all offenders receive the same or mostly the same treatment. The program specifies things such as the offender will attend Sex History Group, Victim Empathy Group, etc.*

<p>Does the treatment plan or standardized description of the program address the following areas: (3.130)</p>	<p>1=yes, specific and thorough          2=yes, but vague, general or language not necessarily specific to the</p>
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	offender (e.g., boilerplate). Or not thorough. 0=no
TTX6. Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender	
TTX7. Identify offender issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment	
TTX8. Define expectation of the offender, his/her family (when possible), and support systems	
TTX9. Address the issue of ongoing victim input	

## TREATMENT PLAN/PROGRAM DESCRIPTION REFLECTS MH SO EVALUATION

*Note: To complete the following table, refer to the MHSO Evaluation section you completed previously. Some of the MHSO Evaluation areas are abbreviated on the left side of the table (first column) and the question number is referenced, e.g. TEVAL. Determine whether any of these areas were IDENTIFIED AS A PROBLEM OR ISSUE FOR THE OFFENDER and complete the second column accordingly. In the last column rate how the Treatment Plan or Standardized program description addresses the offender's problem. Write a sentence to support your rating. For instance, victim input is an issue that should be addressed in all plans. If the victim input statement is simply attached to the plan, this would be rated as "minimal". If specific suggestions of the victim or victim's advocate are incorporated into treatment the rating would be "adequate". If the offender does not have a treatment plan, but the provider uses a standard program description, try to determine if any of the offenders issues are addressed with the program modules, groups, phases, etc. For instance the offender may have drug and alcohol issues, and may be required to complete a drug and alcohol group. Depending on the information on the program, you may rate the program as "adequate" if the program addresses the specific issue, use language is vague and you cannot determine if it was addressed a 3 for your rating.*

Note: If no treatment plan, then leave this section blank

the program specific issue, use

Evaluation areas from MH SOS Evaluation	Was the evaluation area identified as a problem in the MH SOS Evaluation or other assessment?  0=NO (addressed but not a problem)  1=YES (addressed and identified as a problem)  2=Not addressed in MH SOS Evaluation or other assessment or cannot determine if it was addressed  8=Cannot Determine	Is the issue addressed in the Treatment Plan or Standardized Program Description?	
		Rating (0 to 3)	Sentence or two to document rating (Code up to two reasons)
		0= no 1=adequately (document your rating) 2=minimally (document your rating) 3=issue appears to be addressed through program, but cannot rate adequate or minimal. Not enough information. 8=Cannot Determine	
TTP1.Contact with Children should be addressed in all tx plans		TTP1B	TTP1C-D
TTP2.Victim Input should be addressed in all tx plans		TTP2B	TTP2C-D

TTP3 Impact of the offense on the victim should be addressed in all tx plans		TTP3B	TTP3C-D
TTP4 Protection of Victims/Potential Victims should be addressed in all tx plans		TTP4B	TTP4D-C
TTP5 Org brain Syndrome (SEE TEVAL2A)	TTP5A	TTP5B	TTP5C-D
TTP6. MENTAL Illness (SEE TEVAL3A)	TTP6A	TTP6B	TTP6C-D
TTP7. Drug Use/Abuse (SEE TEVAL4A)	TTP7A	TTP7B	TTP7C-D
TTP8. Marital/Family Problems (SEE TEVAL7A)	TTP8A	TTP8B	TTP8C-D
TTP9. Employment (SEE TEVAL8A)	TTP9A	TTP9B	TTP9C-D
TTP10. Education (SEE TEVAL8A)	TTP10A	TTP10B	TTP10C-D
TTB11. Social Skills (SEE TEVAL9A)	TTP11A	TTB11B	TTB11C-D
TTP12. Medication Needs (SEE TEVAL12A)	TTP12A	TTP12B	TTP12C-D
TTP13. Addresses deviant sexual practices (SEE TEVAL13A-17A)	TTP13A 1	TTP13B	TTP13C-D
TTP14. Addresses motivation to change/attitudes towards victims, etc. (SEE TEVAL22A)	TTP14A	TTP14B	TTP14C-D
TTP15. Denial (SEE TEVAL24A)	TTP15A	TTP15B	TTP15C-D
TTP16. Violence (SEE TEVAL25A)	TTP16A	TTP16B	TTP16C-D
TTP17. Risk of re-offense (SEE TEVAL26A)	TTP17A	TTP17B	TTP17C-D

## DOCUMENTATION OF GOALS AND METHODS USED TO ACHIEVE THEM

**TTP19. Does the treatment plan or other document list specific goals for this offender and methods that will be used to achieve these goals. For example, an offender may have a goal to be educated about the risk of re-offense. Are specific methods for achieving this goal documented?**

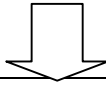
- 1 Yes, all goals have objectives and methods
- 2 Yes, at least half but not all of the goals have objectives and methods
- 3 Yes, some, but less than half, of the goals have objectives and methods
- 0 No, there are no objectives and methods to meet goals
- 4 The offender must progress through a specified program. No individual goals are listed. The phases/modules cover issue areas.

### *TREATMENT PLAN UPDATES (not progress reports)*

**TXPUP1. Has the treatment plan used by the current provider been updated since the offender has received care from the current provider?**

- 0 No updates

- 9 No treatment plan
- 2 Offender has only been with treatment provider a short time (State how long in weeks\_\_ \_\_)  
(TXUP1A)
- 1 Yes, updates have been done



List the dates of updates to the plan the current provider has been using.			
Month __ __	Day __ __	Year __ __	Plan update documents the offender's <i>progress or lack of progress</i> 0=not at all 2=somewhat 1=extensively 3=plan has been reviewed but there is no change in plan

**TXPUP3. IF THE OFFENDER HAS NO TREATMENT PLAN UPDATES, has the offender's progress or lack of progress in treatment IN THE LAST SIX MONTHS been documented in other areas of the file, e.g. progress reports, group notes, etc.**

- 1 Yes, there is one reference to the offender's progress in treatment in the last SIX MONTHS.  
Source: \_\_\_\_\_
- 2 Yes, there are 2 to 3 references to progress in treatment in the last SIX MONTHS.  
Source: \_\_\_\_\_
- 3 Yes, there are 4 or more references to progress in treatment in the last SIX MONTHS. Source: \_\_\_\_\_
- 0 No references to progress in treatment
- 9 Not applicable as the treatment plan has been updated

## SERVICES RECEIVED

**TTXR1. Does the file indicate that the offender received treatment/services?**

- 0 No
- 1 Yes, IF YES COMPLETE THE TABLE BELOW

### Rating

- 0=No documentation that this service/tx was received/offender attended treatment
- 1=received or currently receiving tx or services as outlined in the plan
- 2=Service was offered to offender, but s/he did not fully participate
- 3=Service was offered to offender, but s/he did not follow up/attend service as contracted or recommended (offender did not participate at all)
- 4=cannot determine if service/tx was received

Treatment/Services Recommended (e.g., medication referrals, drug treatment, group therapy, etc)	Rating	Documentation, e.g., referral slips, case notes, communications from other providers, etc.  (CODE 2 REASONS)
TTX1A	TTX1B	TTX1C-D

TTX2A	TTX2B	TTX2C-D
TTX3A	TTX3B	TTX3C-D
TTX4A	TTX4B	TTX4C-D
TTX5A	TTX5B	TTX5C-D
TTX6A	TTX6B	TTX6C-D
TTX7A	TTX7B	TTX7C-D
TTX8A	TTX8B	TTX8C-D

**TTXR2. If an offender did not attend or was tardy on a regular basis, or did not participate in treatment were consequences imposed?**

- 1** Always
- 2** Sometimes
- 0** Never
- 8** Can't determine
- 9** Not applicable, offender always attended treatment

**TTXR3-6 If consequences were imposed when the offender did not attend, etc., what (CODE UP TO 4)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Is documentation of any of the following in the file IN THE LAST SIX MONTHS</b>	<b>1=yes 0=no (TXDOCA)</b>	<b>IF YES, HOW MANY TIMES WAS THIS DOCUMENTED 0 = 0 1 = 1-2 2 = 3 or more (TXDOCB)</b>
<b>TXDOC1A-B. Clients treatment progress</b>		
<b>TXDOC2A-B. Clients lack of treatment progress</b>		
<b>TXDOC3A-B. Attendance (attended/not attended)</b>		
<b>TXDOC4A-B. Failed assignments</b>		
<b>TXDOC5A-B. Rule violations</b>		
<b>TXDOC6A-B. Specific Achievements</b>		
<b>TXDOC7A-B. Other:</b>		

## DOES THE TREATMENT PLAN/PROGRAM MATCH NEEDS

**TMATCH1.** Based on the information recorded above and your review of the file, does the level and intensity of treatment described in the active treatment plan match or program match offender needs as described in the MH SOS or other assessments? *Provide an overall rating. Note: this is not an evaluation of the treatment provided but rather the treatment matches the needs.*

To a great extent 5 4 3 2 1 0 Not at All  
8 Cannot determine. Why not?

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You must document your rating: TMATCH1A-C (Code up to three reasons)

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### ***RELAPSE PLAN/SAFETY PLAN***

3.140 F.14 A treatment provider shall require offenders to develop a written relapse prevention plan for preventing re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses

**TREL1.** Does the file contain a relapse prevention plan as described above?

- 1 Yes
- 0 No
- 8 Can't determine
- 2 Relapse prevention plan appears to be in progress

**Note:** If there have been any safety plans for specific events, etc.: \_\_\_\_\_

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# DENIAL

**Guiding principles 1., 2., 3.5., 7., 8, 10, 11**

3.620 When a sex offender in strong or severe denial must be in the community (e.g., mandatory parole), offense-specific treatment shall begin with an initial module that specifically addresses denial and defensiveness. Offense-specific treatment for denial shall not exceed six months....

**TDENIAL1. At the start of treatment, was this offender in denial (see treatment plan and SO MH evaluation)?**

- 0 No
- 8 Cannot determine
- 1 Yes



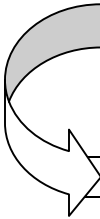
**TDENIAL2. Was treatment offered to the offender specifically addressing denial?**

- 1 Yes
- 0 No
- 8 Can't determine

3.650 Offenders who are still in strong or severe denial and/or are strongly resistant after this six (6) month phase of treatment shall be terminated from treatment and revocation proceedings should be initiated if possible. Other sanctions and increased levels and types of supervision, such as home detention, electronic monitoring, etc., should be pursued if revocation is not an option....

**TDENIAL3. Was the offender still in denial six months after treatment started?**

- 2 Offender not in denial at the beginning of treatment
- 1 Yes
- 0 No
- 8 Can't determine



**TDENIAL4. If offender was in denial after six months, was treatment terminated?**

- 2 Offender not in denial at six months
- 1 Yes
- 0 No
- 8 Can't determine

**TDENIAL 5. Were sanctions/consequences imposed for denial at the end of six months or throughout the six month period that the offender was in denial?**

- 1 Yes, what were they: \_\_\_\_\_ (Code up to 4) TDENA-D
- 0 No
- 8 Can't determine
- 9 Not applicable

## THE POLYGRAPH DATA COLLECTION FORM

**P1. Does the treatment provider file contain polygraph examiner reports?**

**1** Yes

**0** No

**P2. Does the supervising officer file contain polygraph examiner reports?**

**1** Yes

**0** No

*Note the dates of reports (first to last), types of polygraphs, their results, and where they were found below:*

#	Mo	Day	Year	Type of Polygraph 1=Disclosure 2=Maintenance 3=Specific Issue	Result 1=DI 2=NDI 3=INC	Location Found	
						Supervising Officer File	Treatment Provider File
POLY1	P1MO	P1DA	P1YR	P1TYPE	P1RSLT	P1SUP	P1TX
POLY2	P2MO	P2DA	P2YR	P2TYPE	P2RSLT	P2SUP	P2TX
POLY3	P3MO	P3DA	P3YR	P3TYPE	P3RSLT	P3SUP	P3TX
POLY4	P4MO	P4DA	P4YR	P4TYPE	P4RSLT	P4SUP	P4TX
POLY5	P5MO	P5DA	P5YR	P5TYPE	P5RSLT	P5SUP	P5TX
POLY6	P6MO	P6DA	P6YR	P6TYPE	P6RSLT	P6SUP	P6TX
POLY7	P7MO	P7DA	P7YR	P7TYPE	P7RSLT	P7SUP	P7TX

**Did any of the polygraphs taken during THE LAST TWO YEARS contain pre or post test admissions/question pertaining to the following:**

1=yes 0=no 8 Cannot determine	Pre-Test Admissions	Post-Test Admissions
QCC3A-B Masturbation to thoughts of a child		
QCC4A-B Arousal to physical contact with a child		

Did polygraphs taken during THE LAST TWO YEARS contain the following or similar questions. If so, did the offender score deceptive, non -deceptive or inconclusive on the question?

	How many polygraphs with this question in the (LAST TWO YEARS)	How many deceptive answers to question (LAST TWO YEARS)	How many non-deceptive answers to question (LAST TWO YEARS)	How many inconclusive answers to question (LAST TWO YEARS)
QCC5A-DMasturbation to thoughts of a child				
QCC6A-DArousal to physical contact with child				
QCC7A-D Similar question:				

## Disclosure/Sex History Polygraphs

**P8. Has the offender received a disclosure polygraph(s)?**

- 1 Yes
- 0 No
- 8 Can't determine

**P9. Did the disclosure polygraph process (INCLUDING THE PRE AND POST TESTS) contain a question regarding sexual contact with children?**

- 2 No disclosure polygraph
- 0 No
- 8 Cannot determine
- 1 Yes



Did the offender pass the disclosure polygraph that included a question on sexual contact with children?

- 1 Yes
- 0 No
- 8 Cannot determine

**P10. Did the offender reveal new victims/behaviors (previously unknown) during the disclosure/sex history polygraphs?**

- 0 No
- 2 Offender did not have a disclosure polygraph
- 8 Cannot determine
- 1 Yes



If Yes, what were their ages? \_\_\_\_\_ & \_\_\_\_\_





**P13. Did results of the disclosure polygraph(s) result in disclosure of current risks (other than new victims) that were previously unknown?**

- 1 Yes
- 0 No
- 8 Can't determine

What types of new risks were revealed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

P13A-E

**P14. Was there a change in monitoring/supervision because these new risks?**

- 1 Yes
- 2 *Yes more monitoring on some risks but some risks not addressed*
- 0 No
- 8 Can't determine

If monitoring was changed because of risks, what types of monitoring/supervision changes occurred?  
\_\_\_\_\_  
\_\_\_\_\_

P14A-D

## MAINTENANCE POLYGRAPHS

**P15. Has the offender been administered maintenance polygraph(s) in the last two years?**

- 8 Cannot determine
- 1 Yes, how many \_\_\_\_\_ (P15A)
- 0 No

**P15b. Is a maintenance polygraph scheduled?**

- 1 Yes
- 2 Maintenance polygraph not scheduled because offender has not passed disclosure polygraph
- 0 No
- 8 Cannot determine

**P16. Did the maintenance polygraph(s) address sexual contact with children?**

- 1 Yes, all maintenance polygraphs addressed contact with children
- 2 At least one maintenance polygraph addressed sexual contact with children. How many maintenance polygraphs contained these types of questions? \_\_\_\_ P16A.
- 0 No maintenance polygraphs addressed sexual contact with children
- 8 Cannot determine
- 12 **CONTINUE ON NEXT PAGE**

**P16B. If 1 or 2 is circled, Did the offender pass the maintenance polygraphs that included a question on sexual contact with children?**

- 1 Yes, the offender passed all the maintenance polygraphs with questions with questions addressing sexual contact with children
- 2 The offender passed some of these maintenance polygraphs. How many? \_\_\_\_\_ P16C
- 0 No

8 *Cannot determine*

**P17. Did the offender reveal new victims (previously unknown) during ANY OF THE maintenance polygraphs?**

- 0 No
- 2 Offender did not have a maintenance polygraph
- 8 *Cannot determine*
- 1 Yes

**If Yes, what were their ages?** \_\_\_\_\_

P17A-F

**COMPLETE CHART BELOW-COMBINE INFORMATION ON ALL MAINTENANCE POLYGRAPHS**

Age Group  PM1- PM8	Was offender under supervision for current offense 1=yes 0=no 8=can't tell PM1SUP- PM8SUP	Gender 1=male 2=female 3=both  PM1GEN - PM8GEN	Relationship 1=family 2=pos/trust 3=acquaint 4=stranger (insert as many as apply) PM1REL- PM8REL	Penetration Offense 1=yes 0=no  PM1MPEN- PM8MPEN  PM1FPEN- PM8FPEN		Fondling/ Frottage 1=yes 0=no  PM1MFON- PM8MFON  PM1FFON- PM8FFON		Other 1=yes 0=no  PM1MOTH- PM8MOTH  PM1FOTH- PM8FOTH		For Other Insert types of behaviors, Use numbers from Chart (*) UP TO 5  PM1PAR1-23 PM8PAR1-23	At time of offense was the offender  1=juvenile 2=adult 3=juvenile and adult 4=not avail  PM1OFF- PM8OFF
				male	female	male	female	male	female		
0-5											
6-9											
10-13											
14-17											
18+											
Eld/Risk											
Unknown											
Not against specific persons											

**P18. If victims disclosed in the maintenance polygraph were children in age groups other than those previously known, did the supervision plan change?**

- 0 No
- 8 *Cannot determine*
- 1 Yes

**How did the supervision plan change?** \_\_\_\_\_

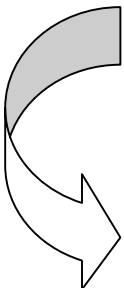
\_\_\_\_\_

\_\_\_\_\_

P18A-D

**P19. If at least one maintenance polygraph was deceptive or inconclusive, were there overt changes in the supervision plan because of this deception?**

- 1 Yes
- 2 Yes, changes occurred because of one deceptive polygraph, but there was more than one deceptive polygraph and no changes resulted from the others
- 0 No
- 8 Can't determine



**If 1 or 2 is circled, how was supervision changed because of deceptive maintenance polygraphs?**

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**P19A-D**

**P20. Did results of the maintenance polygraph(s) result in disclosure of new risks (other than new victims)?**

- 1** Yes
- 0** No
- 8** Can't determine

**What types of new risks were revealed?**

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**P20A-E**

**P21. Was there a change in monitoring/supervision because these new risks?**

- 1** Yes
- 2** Yes, more monitoring on some risks but some risks not addressed
- 0** No
- 8** Can't determine

**If monitoring was changed because of risk, what types of monitoring/supervision changes occurred?**

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**P21A-D**

**SPECIFIC ISSUE POLYGRAPHS**

**P22. Has the offender been administered a specific issue polygraph(s) in the last two years?**

- 1** Yes, how many \_\_\_ P22A
- 0** No
- 8** Cannot determine

**P23A-D. For what reason was the offender administered specific issue polygraph(s) in the last two years? (Circle all that apply)**

- 1** No specific issue polygraphs
- 2** Denial on previous polygraph
- 3** New accusations
- 4** Other, explain:
- 5** Other, explain:
- 6** Other explain:

**P24. Did specific issue polygraph(s) address sexual contact with children?**

- 1 Yes, all specific issue polygraphs addressed sexual contact with children
- 2 At least one specific issue polygraph addressed sexual contact with children.  
How many specific issue polygraphs contained these types of questions? \_\_\_\_ P24A
- 0 No specific issue polygraphs addressed sexual contact with children
- 8 Cannot determine

**P24B. If 1 or 2 is circled, did the offender pass the specific issue polygraphs that addressed sexual contact with children?**

- 1 Yes, the offender passed all the specific issue polygraphs that addressed sexual contact with children
- 2 The offender passed some of these specific issue polygraphs. How many? \_\_\_\_ P24C
- 0 No
- 8 Cannot determine

**P25. Did the offender reveal new victims (previously unknown) during specific issue polygraphs?**

- 0 No
- 2 Offender did not have a specific issue polygraph
- 8 Cannot determine
- 1 Yes

**If Yes, what were their ages?** \_\_\_\_\_

**P25A-F**

**IF YES, COMPLETE CHART BELOW COMBINING INFORMATION ON ALL SPECIFIC ISSUE POLYGRAPHS**

Age Group	Was offender under supervision for current offense 1=yes 0=no 8=can't tell PS1SUP- PS8SUP	Gender 1=male 2=female 3=both  PS1GEN PS8GEN	Relationship 1=family 2=pos/trust 3=acquaint 4=stranger (insert as many as apply)  PS1REL PS8REL	Penetration Offense		Fondling/ Frottage		Other		For Other Insert types of behaviors, use numbers from Chart (*)  PS1PAR1-23 PS8PAR1-23	At time of offense was the offender  1=juvenile 2=adult 3=juvenile and adult 4=not avail  PS1OFF- PS8OFF
				1=yes 0=no  PS1MPEN PS8MPEN	1=yes 0=no  PS1MOTH PS8MOTH	1=yes 0=no  PS1FON PS8FON	1=yes 0=no  PS1FOTH PS8FOTH	male	female		
0-5											
6-9											
10-13											
14-17											
18+											
Eld/Risk											
Unknown											
Not against specific persons											

**P26. If victims disclosed in the specific issue polygraph were children in age groups other than those previously known, did the supervision plan change?**

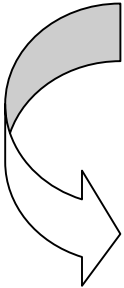
- 0 No
- 8 Cannot determine
- 1 Yes

**How did the supervision plan change?** \_\_\_\_\_

P26A-D

**P27. If any specific issue polygraph was deceptive or inconclusive, were there overt changes in the supervision plan because of this?**

- 1 Yes**
- 2 Yes, changes occurred because of one deceptive or inconclusive polygraph, but there was more than one deceptive polygraph and no changes resulted from the others**
- 0 No**
- 8 Can't determine**



**If 1 or 2 is circled, how was supervision changed?**

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**P27A-D AND P27DEC, P27INC**

**P28. Did results of the specific issue polygraph(s) result in disclosure of new risks (other than new victims)?**

- 1 Yes**
- 0 No**
- 8 Can't determine**

**What types of new risks were revealed?** \_\_\_\_\_

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**P28A-E**

**P29. Was there a change in monitoring/supervision because these new risks?**

- 1 Yes**
- 2 Yes, more monitoring on some risks but some risks not addressed**
- 0 No**
- 8 Can't determine**

**If monitoring was changed because of risk, what types of monitoring/supervision changes occurred?**

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**P29A-D**

**Note: for the following questions, refer to notes on training regarding appropriate questions for polygraph.**

6.160 G. All test questions must be formulated to allow only Yes or No answers.

6.111 In order to design an effective polygraph examination and adhere to standardized and recognized procedures, the relevant test questions should be limited to no more than four (4) and shall (these are listed in the table below):

**Answer the following about the test questions in THE LATEST polygraph report:**

TEST QUESTIONS	Yes	Some what	No
Were simple, direct and short as possible (no run on sentences, etc.)			
Included legal terminology			
Included mental state or motivation terminology			
Were clear (e.g., did not allow for multiple interpretations)			
Each question referenced only one issue			
Presupposed knowledge on the part of the examiner			
Used easily understood language			
Could be easily answered yes or no			
Tested on written statements			
Included emotionally laden terminology (such as rape, molest, murder, etc).			

6.190 Examiners shall issue a written report. The report must include factual, impartial, and objective accounts of the pertinent information developed during the examination, including statements made by the subject. The information in the report must not be biased, or falsified in any way. the examiner's professional conclusion shall be based on the analysis of the polygraph chart readings and the information obtained during the examination process. All polygraph examination written reports must include (these are listed in the table below):

**Review THE LATEST polygraph report in the offender's file to determine if the following information was included:**

	Yes	No
Date of test or evaluation (insert date here: Mo__ Day__ Yr__)		
Name of person requesting exam		
Name of examinee		
Location of examinee in the CJS (probation, parole, etc.)		
Reason for examination		
Date of last clinical examination		
Examination questions and answers		
Any additional information deemed relevant by the polygraph examiner (e.g., examinee's demeanor)		
Reasons for inability to complete exam (write N/A across response columns if exam was completed)		
Information provided by the examinee, outside the exam		
Results of pre-test and post-test examination		