

OFFENDER NEEDS ASSESSMENT
Washington State Department of Corrections

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 month 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

EDUCATION		
1. Highest grade level ever completed, at time of assessment or reassessment	<input type="radio"/> Graduate Studies <input type="radio"/> College Graduate – 4 year degree <input type="radio"/> College Graduate – 2 year degree <input type="radio"/> High School Diploma/GED, and some college courses	<input type="radio"/> Vocational Certificate <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> 11 th Grade or Less
2. Expelled or quit <i>(Select all that apply)</i>	<input 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 Text box for entry _____
3. Communication barrier/Interpreter required at time of assessment or reassessment	<input type="radio"/> English is primary language, and is able to read and speak English <input type="radio"/> English is primary spoken language, but unable to read English <input type="radio"/> English is <u>not</u> primary language, but communication is adequate in English <input type="radio"/> Unable to communicate in English, interpreter required If this response is selected, note primary language if not English Text box for entry _____	
4. Offender's motivation for more academic or vocational education at time of assessment or reassessment	<input type="radio"/> Is actively participating with internal motivations as a full-time student <input type="radio"/> Is actively participating with internal motivations as a part-time student <input type="radio"/> Only participating due to legal requirement <input type="radio"/> Verbalizes desire to continue education, but not actively taking steps <input type="radio"/> Sees no need for more education – Has High School Diploma or GED <input type="radio"/> Sees no need for more education – Lacks High School Diploma or GED <input type="radio"/> Refusing to continue education, despite legal requirement	

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COMMUNITY EMPLOYMENT		
<p>1. Longest period of continuous legal employment in the community since age 18</p> <p><i>If "Never Employed" selected do not complete Item #2)</i></p>	<input type="radio"/> Never Employed <input type="radio"/> Less than 6 months <input type="radio"/> 6 months to 1 year	<input type="radio"/> 1 to 3 years <input type="radio"/> More than 3 years
<p>2. Problems while employed since age 18 (Select all that apply)</p> <p><i>If "No problems while employed" is selected disallow all other selections this item #2.</i></p>	<input type="checkbox"/> Never employed <input type="checkbox"/> No problems while employed <input type="checkbox"/> Fired or quit because of poor performance/poor attendance <input 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	
<p>3. Occupational/vocational skills at time of assessment or reassessment</p>	<input type="radio"/> Professional skills (accountant, lawyer, etc) <input type="radio"/> Specific skills/occupation (vocational, carpenter, plumber, etc) <input type="radio"/> General labor skills <input type="radio"/> No occupational or vocational skills Text box for entry (description of any employable skills) _____	
<p>4. Barriers to employment at time of assessment or reassessment (Select all that apply)</p>	<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 type="checkbox"/> Punctuality	<input type="checkbox"/> Social skills <input type="checkbox"/> Problem solving <input type="checkbox"/> Poor work habits <input type="checkbox"/> Child care issues <input type="checkbox"/> Transportation issues <input type="checkbox"/> Criminal conviction record <input type="checkbox"/> Chemical dependency <input type="checkbox"/> Other Text box for entry _____
<p>5. Primary source of income during the most recent 6 months in the community</p> <p><i>If "No income" selected this auto-populates item #6 "No legal income".</i></p> <p><i>If "Never Employed" is selected from item #1 do not allow 'Employment, Temporary Unemployment, Workman's Compensation, or L&I benefits' to be selected.</i></p>	<input 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"/> Temporary 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 Text box for entry _____

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COMMUNITY EMPLOYMENT (cont.)		
<p>6. Average monthly income (Net) from legal employment and other legal source during the most recent 6 months in the community</p> <p><i>If "No income" selected from item #5 "No legal income". Is auto-populated for this item.</i></p>	<p><input type="radio"/> \$4,000 and over</p> <p><input type="radio"/> \$2,000 to \$3,999</p> <p><input type="radio"/> \$1,000 to \$1,999</p> <p><input type="radio"/> Under \$1,000</p> <p><input type="radio"/> No legal income</p>	
<p>7. Management of finances during the most recent 6 months in the community</p> <p><i>(Select all that apply)</i></p>	<p><input type="checkbox"/> Saves money regularly</p> <p><input type="checkbox"/> Is managing debt, meeting financial commitments</p> <p><input type="checkbox"/> Makes <u>all</u> required child support payments</p> <p><input type="checkbox"/> Makes <u>some</u> required child support payments</p> <p><input type="checkbox"/> Does not make <u>any</u> required child support payments</p>	<p><input type="checkbox"/> No interest in managing finances</p> <p><input type="checkbox"/> Relies on public assistance</p> <p><input type="checkbox"/> Relies on family and/or others</p> <p><input type="checkbox"/> Cannot manage debt</p> <p><input type="checkbox"/> Relies on illegal activities</p> <p><input type="checkbox"/> Sells drugs only for profit</p> <p><input type="checkbox"/> Relies on protective payee</p>
<p>8. Health insurance at time of assessment or reassessment</p> <p><i>(Select all that apply)</i></p>	<p><input type="checkbox"/> No health insurance</p> <p><input type="checkbox"/> Health insurance suspended due to incarceration</p> <p><input type="checkbox"/> Private insurance</p> <p><input type="checkbox"/> Public insurance (Welfare, Medical coupons, Medicaid, etc.)</p> <p><input type="checkbox"/> Health insurance provided due to tribal affiliation</p>	
<p>9. Current employment at time of assessment or reassessment in the community or immediately prior to incarceration</p> <p><i>(If selected "Homemaker," "Retired," "Temporarily disabled/unable to work," "Permanently disabled/unable to work" or "Unemployed and able to work," do not complete #10)</i></p>	<p><input type="radio"/> Full-time employment (40 hours per week)</p> <p><input type="radio"/> Part-time employment (20 hours per week)</p> <p><input type="radio"/> Homemaker</p> <p><input type="radio"/> Retired</p> <p><input type="radio"/> Temporarily disabled/unable to work</p> <p><input type="radio"/> Permanently disabled/unable to work</p> <p><input type="radio"/> Unemployed and able to work</p>	
<p>10. Current relationship with employer/co-workers at time of assessment or reassessment or immediately prior to incarceration</p> <p><i>(Select the one <u>most</u> representative of the relationship with each)</i></p>	<p><u>Employer/Supervisor</u></p> <p><input type="radio"/> Not employed</p> <p><input type="radio"/> No supervisor(s), Self-employed</p> <p><input type="radio"/> Minimal contact</p> <p><input type="radio"/> Adequate interaction but relationship not developed; indifference</p> <p><input type="radio"/> Provides encouragement for pro-social behavior</p> <p><input type="radio"/> Has/would seek out for help with work or personal matter</p> <p><input type="radio"/> Significant and/or frequent conflict</p> <p><input type="radio"/> Involved in anti-social/criminal behavior</p>	<p><u>Co-worker(s)</u></p> <p><input type="radio"/> Not employed</p> <p><input type="radio"/> No co-worker(s)</p> <p><input type="radio"/> Minimal contact</p> <p><input type="radio"/> Adequate interaction but relationship not developed; indifference</p> <p><input type="radio"/> Provides encouragement for pro-social behavior</p> <p><input type="radio"/> Has/would seek out for help with work or personal matter</p> <p><input type="radio"/> Significant and/or frequent conflict</p> <p><input type="radio"/> Involved in anti-social/criminal behavior</p>

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FRIENDS	
<p>1. Friends during the most recent 6 months in the community</p> <p><i>(Select all that apply)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> No friends <input type="checkbox"/> Unable to maintain relationships with others, involved in unstable interpersonal relationships with others <input type="checkbox"/> Friends willing to assist in offender success Text box for entry (name, any known contact info) _____ <input type="checkbox"/> Pro-social community ties Text box for entry (name, organization, any known contact info) _____ <input type="checkbox"/> Friends involved in anti-social and/or criminal behaviors <input type="checkbox"/> Associates with gang member(s)
<p>2. Response to influences of anti-social friends during the most recent 6 months in the community</p> <p><i>(Select the <u>most</u> anti-social circumstance)</i></p> <p><i>If "No friends" selected in item #1 then "No anti-social friends" is auto-populated for this item.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No anti-social friends <input type="radio"/> Chooses not to associate with anti-social friends <input type="radio"/> Almost always resists going along with anti-social friends <input type="radio"/> Rarely resists going along with anti-social friends <input type="radio"/> Never resists going along with anti-social friends, a follower <input type="radio"/> Admires/emulates anti-social friends, strongly influenced by anti-social friends <input type="radio"/> Leads anti-social friends

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RESIDENTIAL																							
<p>1. Residence during the most recent 6 months in the community</p> <p><i>(Select all that apply. Indicate amount of time for each and select the current residence at time of assessment or reassessment or immediately prior to incarceration)</i></p> <p><i>(If "Current" residence is "Residential Treatment," "Homeless," or "Transient," then item #2 is auto-populated as "No current residence.")</i></p> <p><i>(The months need to equate to 6-months total and only allows for a positive integer to be entered [1-6]. The current selection does not need to have a corresponding months entry made)</i></p>	<table border="0"> <tr> <td><input type="checkbox"/> Residence as primary occupant</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> <tr> <td><input type="checkbox"/> Family residence (parent(s), sibling(s), spouse/significant other, and/or other family)</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> <tr> <td><input type="checkbox"/> Friend's residence</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> <tr> <td><input type="checkbox"/> Group homes/Transitional housing</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> <tr> <td><input type="checkbox"/> Residential Treatment</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> <tr> <td><input type="checkbox"/> Homeless - living on the street or in a shelter</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> <tr> <td><input type="checkbox"/> Transient - from residence to residence</td> <td>_____ months</td> <td><input type="radio"/> Current</td> </tr> </table>		<input type="checkbox"/> Residence as primary occupant	_____ months	<input type="radio"/> Current	<input type="checkbox"/> Family residence (parent(s), sibling(s), spouse/significant other, and/or other family)	_____ months	<input type="radio"/> Current	<input type="checkbox"/> Friend's residence	_____ months	<input type="radio"/> Current	<input type="checkbox"/> Group homes/Transitional housing	_____ months	<input type="radio"/> Current	<input type="checkbox"/> Residential Treatment	_____ months	<input type="radio"/> Current	<input type="checkbox"/> Homeless - living on the street or in a shelter	_____ months	<input type="radio"/> Current	<input type="checkbox"/> Transient - from residence to residence	_____ months	<input type="radio"/> Current
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<input type="checkbox"/> Residential Treatment	_____ months	<input type="radio"/> Current																					
<input type="checkbox"/> Homeless - living on the street or in a shelter	_____ months	<input type="radio"/> Current																					
<input type="checkbox"/> Transient - from residence to residence	_____ months	<input type="radio"/> Current																					
<p>2. Occupants of current residence at time of assessment or reassessment or immediately prior to incarceration</p> <p><i>(Select all that apply)</i></p> <p><i>(If "Current" residence is "Residential Treatment," "Homeless," or "Transient," in item #1, this item is auto-populated as "No current residence.")</i></p>	<table border="0"> <tr><td><input type="checkbox"/> No current residence</td></tr> <tr><td><input type="checkbox"/> Spouse or equivalent partner</td></tr> <tr><td><input type="checkbox"/> Adult children</td></tr> <tr><td><input type="checkbox"/> Minor children</td></tr> <tr><td><input type="checkbox"/> Mother</td></tr> <tr><td><input type="checkbox"/> Father</td></tr> <tr><td><input type="checkbox"/> Sibling(s)</td></tr> </table>	<input type="checkbox"/> No current residence	<input type="checkbox"/> Spouse or equivalent partner	<input type="checkbox"/> Adult children	<input type="checkbox"/> Minor children	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Sibling(s)	<table border="0"> <tr><td><input type="checkbox"/> Grandparent(s)</td></tr> <tr><td><input type="checkbox"/> Friend(s) with positive influence</td></tr> <tr><td><input type="checkbox"/> Friend(s) with anti-social influence</td></tr> <tr><td><input type="checkbox"/> Living alone</td></tr> <tr><td><input type="checkbox"/> Other Text box for entry _____</td></tr> </table>	<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 Text box for entry _____									
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<input type="checkbox"/> Living alone																							
<input type="checkbox"/> Other Text box for entry _____																							
<p>3. Current pro-social support in neighborhood at time of assessment or reassessment or immediately prior to incarceration</p>	<table border="0"> <tr><td><input type="radio"/> No barriers, strong pro-social environment</td></tr> <tr><td><input type="radio"/> Some exposure to anti-social influence, lacking ties/attachments to neighborhood</td></tr> <tr><td><input type="radio"/> Significant barriers, frequent crimes, drug transactions, police presence</td></tr> <tr><td><input type="radio"/> Living in remote, isolated area with minimal or no neighborhood influence</td></tr> </table>		<input type="radio"/> No barriers, strong pro-social environment	<input type="radio"/> Some exposure to anti-social influence, lacking ties/attachments to neighborhood	<input type="radio"/> Significant barriers, frequent crimes, drug transactions, police presence	<input type="radio"/> Living in remote, isolated area with minimal or no neighborhood influence																	
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FAMILY				
1. Number of marriages or equivalent relationships, including current situation <i>(If "Never been married..." is selected do not complete items #2 or #3)</i>	<input type="radio"/> Never been married or had an equivalent relationship; single, all relationships have been short-term, no long-term commitment <input type="radio"/> One marriage or an equivalent relationship <input type="radio"/> Two or more marriages or equivalent relationships			
2. Longest marriage or equivalent relationship	<input type="radio"/> Never married/no equivalent relationship <input type="radio"/> Less than 6 months <input type="radio"/> 6 months to 1 year <input type="radio"/> More than 1 year			
3. Current marriage or equivalent relationship (Text box for name of spouse or equivalent partner) _____ <i>(Select all that apply)</i> If "No current relationship" selected under "Opportunity for Influence from Partner", this auto-populates all other columns as "No current relationship".	<u>Opportunity for Influence from Partner During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No current relationship <input type="checkbox"/> Not involved, no influence, or estranged <input type="checkbox"/> Minimal influence <input type="checkbox"/> Positive influence <input type="checkbox"/> Negative influence <input type="checkbox"/> Living apart <input type="checkbox"/> Frequently enables anti-social behavior	<u>Problems of Partner During the Most Recent 6 Months in the Community</u> <input type="checkbox"/> No current relationship <input type="checkbox"/> No problems <input type="checkbox"/> Alcohol use problem <input type="checkbox"/> Drug use problem <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	<u>Level of Conflict During the Most Recent 6 Months in the Community</u> <input 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	<u>Willingness of Partner to Help During the Most Recent 6 Months in the Community</u> <input 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 the system

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FAMILY (cont.)				
4. Family members involved in offender's life during last 6 months, regardless of setting		<input type="checkbox"/> None <input type="checkbox"/> Family members		
<p>Family Member</p> <p>(Text box for name and relationship)</p> <hr/> <p><i>(Select all that apply)</i></p> <p>First entry should reflect family member with whom offender has the <u>most contact</u></p> <p><i>This only appears if Family members is marked in Item #4.</i></p> <p><i>Install ADD button for additional family members involved.</i></p>	<p align="center"><u>Opportunity for Influence During the Most Recent 6 Months in the Community</u></p> <input type="checkbox"/> Minimal influence <input type="checkbox"/> Positive influence <input type="checkbox"/> Negative influence <input type="checkbox"/> Frequently enables offender's anti-social behavior	<p align="center"><u>Problems of Family Member During the Most Recent 6 Months in the Community</u></p> <input type="checkbox"/> No problems <input type="checkbox"/> Alcohol use problem <input type="checkbox"/> Drug use problem <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	<p align="center"><u>Level of Conflict During the Most Recent 6 Months in the Community</u></p> <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 offender or family member <input type="checkbox"/> Domestic violence: Family member is perpetrator <input type="checkbox"/> Domestic violence: Offender is perpetrator	<p align="center"><u>Willingness to Help During the Most Recent 6 Months in the Community</u></p> <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
5. Number of minor children at time of assessment or reassessment		<input type="radio"/> No minor children <input type="radio"/> One <input type="radio"/> Two or more		
<p><i>If "No minor children" selected do not completed items #7 & #8</i></p>		<p>Text box for entry (name & relationship, i.e. biological, step, adopted, legal guardian, foster child, etc., and who has primary care for minor child(ren) [see below]) _____</p>		
<p>Primary care for minor child(ren)</p> <p><i>(This would not be an "item" but rather a text box entry [see example on Factoids & Weights].)</i></p> <p><i>Install ADD button for additional minor child.</i></p>		<input type="radio"/> No minor children <input type="radio"/> Residing with minor child(ren) <input type="radio"/> Other biological parent <input type="radio"/> Minor child's step-parent <input type="radio"/> Minor child's grandparent <input type="radio"/> Family relative <input type="radio"/> Foster family <input type="radio"/> Friend <input type="radio"/> Other person Text box for entry (if known) _____		
6. Offender living with his/her minor child(ren) when committing current offense(s)		<input type="radio"/> No minor children <input type="radio"/> Yes <input type="radio"/> No		

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FAMILY (cont.)	
<p>7. If not residing with minor child(ren) at time of assessment or reassessment, does the offender plan to establish or continue a relationship with his/her minor child(ren)?</p>	<p> <input type="radio"/> No minor children <input type="radio"/> Residing with minor child(ren) <input type="radio"/> Yes <input type="radio"/> No </p>
<p>8. Circumstances of minor child(ren) at time of assessment or reassessment</p> <p><i>(Select all that apply)</i></p>	<p> <input 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"/> Child support required <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) Text box for entry [name] of child(ren) _____ <input type="checkbox"/> Minor child(ren) victim of offender Text box for entry [name] of child(ren) _____ </p> <p><u>Current Community Contact</u></p> <p> <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 </p> <p><u>Current Prison Contact</u></p> <p> <input type="checkbox"/> Visits during current confinement <input type="checkbox"/> Telephone contact <input type="checkbox"/> Written correspondence </p>

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ALCOHOL / DRUG USE	
<p>4. Methods of supporting alcohol and/or drug use during most recent 6 months in the community</p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> No alcohol or drug use problem ever <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
<p>5. Participation in alcohol/drug treatment program ever (completion not required)</p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> No alcohol or drug use problem ever <input type="checkbox"/> Never participated in treatment 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
<p>6. Protective factors contributing to successfully remaining clean and sober for 6 months or longer in the community at any time in offender's life</p> <p><i>(Select all that apply)</i></p>	<input type="checkbox"/> No alcohol or drug use problem ever <input type="checkbox"/> Never 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 self-help support groups (AA/NA) as requested by parent, school, 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 if barrier(s) to alcohol/drug abstinence existed <input type="checkbox"/> Other Text box for entry _____

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MENTAL HEALTH	
<p>1. Mental health problem ever (schizophrenia, bipolar, ADD/ADHD, etc.) based on file material, self-report, and assessor observation</p> <p><i>(Select all that apply)</i></p> <p><i>(If selected "No mental health problem ever," do not complete Items #2 through #6)</i></p>	<p><input type="checkbox"/> No mental health problem ever</p> <p><input type="checkbox"/> Mental health problem based on file material and/or offender's self report</p> <p><input type="checkbox"/> Assessor observes indicator(s) of a mental health problem present Text box to describe observation _____</p>
<p>2. Suicidal considerations ever (file, collateral, and/or self-report)</p> <p><i>(Select all that apply)</i></p>	<p><input type="checkbox"/> No history of suicidal considerations or attempts</p> <p><input type="checkbox"/> Has had suicidal considerations ever</p> <p><input type="checkbox"/> Has attempted to commit suicide ever</p> <p><input type="checkbox"/> Provoked others in an attempt to kill self ever</p> <p><input type="checkbox"/> Has had suicidal considerations during most recent 6 months regardless of setting</p> <p><input type="checkbox"/> Has attempted suicide during most recent 6 months regardless of setting</p> <p><input type="checkbox"/> Currently an ongoing concern</p>
<p>3. Official diagnosis ever, based upon evaluation completed by a professional in the mental health or health care field</p>	<p><input type="radio"/> No mental health problem ever</p> <p><input type="radio"/> Official mental health diagnosis not known</p> <p><input type="radio"/> Documented mental health diagnosis Text box for entry _____</p> <p>a) Entry to specify mental health professional name and date of report</p> <p>b) List specific diagnosis (i.e. Diagnosis Deferred Anxiety Disorders, Bi-Polar Disorder, Major Depression, Schizophrenia, Schizoaffective Disorder, Post Traumatic Stress Disorder, etc.)</p>
<p>4. Hospitalizations/in-patient stays for mental health ever, regardless of setting</p>	<p><input type="radio"/> No mental health problem ever</p> <p><input type="radio"/> No in-patient stays</p> <p><input type="radio"/> 1 in-patient stay</p> <p><input type="radio"/> 2 or more in-patient stays</p>
<p>5. Mental health out-patient counseling ever, regardless of setting</p> <p><i>(Select all that apply)</i></p>	<p><input type="checkbox"/> No mental health problem ever</p> <p><input type="checkbox"/> No mental health out-patient counseling ever</p> <p><input type="checkbox"/> Past participation in out-patient counseling</p> <p><input type="checkbox"/> Current participation in out-patient counseling Text box for entry (provider & where) _____</p> <p><input type="checkbox"/> Counseling presently recommended/required, but not attending Text box for entry (reason for not attending) _____</p>
<p>6. Mental health medication prescribed ever, regardless of setting</p> <p><i>(Select all that apply)</i></p>	<p><input type="checkbox"/> No mental health problem ever</p> <p><input type="checkbox"/> No mental health medication prescribed ever</p> <p><input type="checkbox"/> Past mental health medication prescribed</p> <p><input type="checkbox"/> Current mental health medication being taken as ordered</p> <p><input type="checkbox"/> Current mental health medication not being taken as ordered, non-compliance</p>

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AGGRESSION	
<p>1. Threatening, aggressive, or violent behaviors <u>ever</u> <i>(Select all that apply)</i> <i>(If selected "No threatening, aggressive, or violent behaviors ever" do not complete Items #2, #3, and #4)</i></p>	<p><input type="checkbox"/> No threatening, aggressive, or violent behaviors ever <input type="checkbox"/> Any threatening, aggressive, or violent behaviors in the community <input type="checkbox"/> Any threatening, aggressive, or violent behaviors during any period of confinement <input type="checkbox"/> Currently an ongoing concern</p>
<p>2. Characteristics of all threatening, aggressive, or violent behaviors ever <i>(Select all that apply)</i></p>	<p><input type="checkbox"/> No threatening, aggressive, or violent behaviors ever <input type="checkbox"/> No threatening, aggressive, or violent behaviors occurring within the last 6 months in the community <input 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 Text box for entry (name, relationship, etc.) _____ <input type="checkbox"/> Explicit threats of physical harm against specific individual(s) Text box for entry (name, relationship, etc) _____ <input type="checkbox"/> Excessive violence used beyond what is required to achieve the goal <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 adolescent/child <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 Text box for entry _____</p>
<p>3. Motivation for all threatening, aggressive, or violent behaviors ever <i>(Select no more than three)</i></p>	<p><input type="checkbox"/> No aggressive or violent behaviors ever <input type="checkbox"/> Violence 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 group <input type="checkbox"/> Retaliation, vengeance <input type="checkbox"/> Reaction to conflict or stress <input type="checkbox"/> Excitement, amusement, or fun <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 <input type="checkbox"/> General hostility toward women</p>

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AGGRESSION cont.				
	<u>Without Weapon</u>	<u>Firearm</u>	<u>Knife</u>	<u>Other Weapon</u>
<p>4. Threatened/caused physical injury to another person ever</p> <p><i>(Select the one <u>most</u> serious in each column)</i></p>	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury: no medical attention <input type="radio"/> Injury: medical attention-treated and released <input type="radio"/> Injury: medical attention-admitted to hospital <input type="radio"/> Injury: serious, life threatening <input type="radio"/> Death 	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury: no medical attention <input type="radio"/> Injury: medical attention-treated and released <input type="radio"/> Injury: medical attention-admitted to hospital <input type="radio"/> Injury: serious, life threatening <input type="radio"/> Death 	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Threatened another <input type="radio"/> Injury: no medical attention <input type="radio"/> Injury: medical attention-treated and released <input type="radio"/> Injury: medical attention-admitted to hospital <input type="radio"/> Injury: serious, life threatening <input type="radio"/> Death 	<ul style="list-style-type: none"> <input type="radio"/> N/A <i>(Text box for entry of type of weapon) _____</i> <input type="radio"/> Threatened another <input type="radio"/> Injury: no medical attention <input type="radio"/> Injury: medical attention- treated and released <input type="radio"/> Injury: medical attention-admitted to hospital <input type="radio"/> Injury: serious, life threatening <input type="radio"/> Death

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ATTITUDES / BEHAVIORS		
<p>1. Motivation for all criminal behavior(s) ever</p> <p><i>(Select no more than three)</i></p>	<input type="checkbox"/> Anger <input type="checkbox"/> Retaliation, vengeance <input 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 type="checkbox"/> Peer status, acceptance, or attention <input type="checkbox"/> Obtain drugs, chemical addiction
<p>2. Anti-social tendencies & characteristics that are rooted, firmly established, and constant</p> <p><i>(Select all that apply)</i></p>	<p>NOTE: Use a lifetime pattern of behaviors, <u>not one single incident</u>, to determine the existence of any tendencies and characteristics noted below:</p> <input type="checkbox"/> No firmly established anti-social characteristics <input type="checkbox"/> Glib/superficial charm – Tends to be smooth, engaging, charming, and “slick.” Not shy or afraid to say anything. <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> . <input type="checkbox"/> Need for stimulation – <u>Excessive need</u> for thrilling and exciting stimulation, risk taker, easily bored, <u>will not</u> perform tasks perceived as routine, monotonous or uninteresting. <input type="checkbox"/> Pathological lying - Deceit, deception, dishonesty, and breaking promises are <u>standard interaction</u> with others. <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. <input 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. <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 <input type="checkbox"/> Lack of Empathy – A lack of feelings toward people in general; cold, contemptuous, inconsiderate, and tactless. <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. <input 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. <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. <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</p> <p><i>(Select the one <u>most</u> representative)</i></p>	<input type="radio"/> Respectful, compliant with directives and/or conditions <input type="radio"/> Indifferent toward authority, complies with some directives and/or conditions, but also has received infractions and/or violations <input type="radio"/> Resentful, defiant toward authority, refuses to comply with directives and/or conditions	

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ATTITUDES / BEHAVIORS (cont.)	
<p>4. Respect for property of others demonstrated during the most recent 6 months regardless of setting</p>	<ul style="list-style-type: none"> <input type="radio"/> Respects property of others <input type="radio"/> Respects personal property but not public/business property <input type="radio"/> Conditional respect for personal property <input type="radio"/> No respect for personal property of others
<p>5. Accepts responsibility for anti-social behavior during the most recent 6 months regardless of setting</p> <p><i>(Select all that apply)</i></p>	<ul style="list-style-type: none"> <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 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
<p>6. Offender readiness for changing lifestyle, during most recent 6 months regardless of setting</p>	<ul style="list-style-type: none"> <input type="radio"/> Taking specific steps toward change <input 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 old lifestyle <input type="radio"/> Hostile toward change or unwilling to change
<p>7. Offender's belief in successfully completing supervision, at time of assessment or reassessment</p>	<ul style="list-style-type: none"> <input type="radio"/> Believes he/she will be successful, has developed skills to support pro-social lifestyle <input 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

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COPING SKILLS	
<p>1. Consequential thinking demonstrated during the most recent 6 months regardless of setting</p>	<ul style="list-style-type: none"> <input type="radio"/> Behaviors and/or verbalizations demonstrate understanding of consequences of their actions, whether it results in positive or negative impacts to self or others <input 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 their behavior and the harm or negative impact it has on self or others, due to some impairment
<p>2. Impulse control demonstrated during the most recent 6 months regardless of setting</p>	<ul style="list-style-type: none"> <input type="radio"/> Uses self-control, thinks before acting <input type="radio"/> Some self-control, sometimes thinks before acting <input type="radio"/> Impulsive, doesn't think before acting
<p>3. Dealing with others demonstrated during the most recent 6 months regardless of setting <i>(Select the one <u>most</u> representative)</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Uses social skills effectively <input type="radio"/> Has adequate social skills but isolates self by choice <input type="radio"/> Avoids dealing with others due to limited or lack of social skills, shy and/or withdrawn <input type="radio"/> Attempts dealing with others but is rejected by peers <input type="radio"/> Interactions are characterized by aggression, conflict, arguments and fights
<p>4. Problem solving demonstrated during the most recent 6 months regardless of setting <i>(Select the one <u>most</u> representative)</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Thinks through situations logically, uses effective skills to obtain a solution <input 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
<p>5. Need for individual living services at time of assessment or reassessment</p> <p><i>(If either "Can live independently but would benefit from services:" or "Cannot live independently without specific services:" are selected, mark all services that apply)</i></p>	<ul style="list-style-type: none"> <input type="radio"/> No need for services <input type="radio"/> Need for independent living services unknown <input type="radio"/> Can live independently but would benefit from services: <input type="radio"/> Cannot live independently without specific services: <ul style="list-style-type: none"> <input type="checkbox"/> Employment resources <input type="checkbox"/> Housing <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Budgeting money <input type="checkbox"/> Public transportation <input type="checkbox"/> Hygiene practices <input type="checkbox"/> Medical services Text box for re-entry services related to medical needs _____ <input type="checkbox"/> Mental health services Text box for re-entry services related to mental health needs _____