



# MONTHLY SEX OFFENDER REPORT FORM

(to be filled out monthly by the case manager for each ward)

Place a check or X inside the appropriate check mark area, or print neatly inside the boxes provided.

1. 1. Length of Stay in Months .....
2. Stay was - (check one)
- Court determined       RDC determined
3. Treatment Need - (check one)
- Mandatory       Recommended       Ancillary
4. Level of Sex Offender Services - (check one)
- Self-Contained       Prescriptive       Not Amenable       No Need

## HOURS OF SERVICE MODALITY RENDERED

(Record monthly hours of service given each ward in the modalities listed.)

2. 5. Individual Psychotherapy .....
3. 6. Psychoeducational Group .....
4. 7. Individual Counseling .....
5. 8. Treatment Team Meeting .....
6. 10. Family Therapy .....
7. 11. Community Meetings .....
8. 12. Post Treatment .....

## ATTAINMENT OF TREATMENT OBJECTIVES

Check or X checkmark area 1 if objective has been attained during this month, and check or X checkmark area 2 if objective, previously attained, is now being maintained.

Response Definition: 1=Attained during this month 2=Previously attained, and now being maintained.

- |                                  | 1                        | 2                        |
|----------------------------------|--------------------------|--------------------------|
| 13. Autobiography .....          | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Disclosure.....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Offense Cycle.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Cognitive distortions.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Log Book .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Feelings (power/anger) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Defense Mechanisms.....      | <input type="checkbox"/> | <input type="checkbox"/> |

