



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"/> |





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- | | | 1 | 2 |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. Role Model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Victim Empathy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



(continue on Page 2)

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- | | | 1 | 2 |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| 22. Personal Victimization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Family Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Fantasy & Arousal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. 1st Personal Objective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. 2nd Personal Objective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Relapse Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OVERALL GAUGE OF OBJECTIVE ATTAINMENT

Response Definition: 1=Very Good 2=Good 3=Average 4=Low Average 5=Poor

- | | | 1 | 2 | 3 | 4 | 5 |
|---|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall Gauge of Objective Attainment (using Likert Scale)..... | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

TREATMENT DISPOSITION

Describe treatment disposition by writing inside the rectangle below:

Additional comments:

