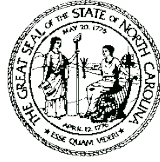


North Carolina Division of Community Corrections



Offender Needs Assessment

Instructions:

SECTION 1: Interview Questions

	Yes	No
1 Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you have a reliable method of transportation?	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently enrolled in school?	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have a high school diploma/GED?	<input type="checkbox"/>	<input type="checkbox"/>
5 Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have a trade or other professional credentials?	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you dependent upon public assistance or a limited pension for income?	<input type="checkbox"/>	<input type="checkbox"/>
8 Is anyone dependent on you for financial support?	<input type="checkbox"/>	<input type="checkbox"/>
9 Have you been homeless in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Are any other members of your family currently under supervision?	<input type="checkbox"/>	<input type="checkbox"/>
11 Are any other members of your family currently incarcerated or in jail?	<input type="checkbox"/>	<input type="checkbox"/>
12 Are there any minor children in your home?	<input type="checkbox"/>	<input type="checkbox"/>
13 Are you involved in any community or social organizations? (i.e., hobbies, church or religious organization, volunteer activities, sports)	<input type="checkbox"/>	<input type="checkbox"/>
14 Are you currently under a doctor's care or taking medications?	<input type="checkbox"/>	<input type="checkbox"/>

Officer Interview and Impressions

	Yes	No
15 Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
16 Do you have any chronic medical conditions that require frequent care?	<input type="checkbox"/>	<input type="checkbox"/>
17 Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
18 Have you ever been hospitalized for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
19 Have you ever taken medication for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
20 Are you now on medication for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
21 How many times have you changed residences in the past year?	<input style="width: 50px; height: 20px;" type="text"/>	

SECTION 2: Officer Impressions

Officers should ask probing questions as needed to be able to form an accurate impression for the questions below. Also consider information provided on the offender self report and observations you have from the initial home and collateral contacts. Record information that lead you to answer either 'yes' or 'no' in the justification section.

Offender's Employment History

***** INFORMATION TO CONSIDER *****		
<i>Has the offender ever been fired from a job?</i>		
<i>Has the offender ever been expelled from school?</i>		
<i>Has the offender ever been in the same job for an entire year, not counting being self-employed or a day-laborer?</i>		
22.	Does the offender's work/school history show a pattern of instability?	N Y
JUSTIFICATION:		

Officer Interview and Impressions

Offender's Life Skills

***** INFORMATION TO CONSIDER *****		
<i>What activities does the offender like to do with his/her family – are these pro-social? (If the offender has children) Does the offender help his/her children with their school work? (If the offender has children) Does the offender attend activities that his/her children are involved in at their school, such as sports, PTA, performances, etc.?</i>		
23. →	Is the offender involved in positive family activities?	N Y
JUSTIFICATION:		

Offender's Childhood

***** INFORMATION TO CONSIDER *****		
<i>When growing up was the offender ever placed in protective custody? When growing up does the offender indicate that neighbors or other relatives had to provide food or care because their parents (guardian) did not? Did siblings or the offender take on age inappropriate parenting responsibilities? Did adults in the offender's childhood home abuse drugs or alcohol? Does the offender indicate that they were often punished for what appeared to be no reason?</i>		
24. →	Did the offender report experiences consistent with having a physically, emotionally or sexually abusive family as a child?	N Y
JUSTIFICATION:		

Offender's Current Living Situation

***** INFORMATION TO CONSIDER *****		
<i>How does the offender think his/her family or roommate(s) can help him/her to complete supervision? How willing does the offender think his/her family or roommate is to do these things to help him/her? Does the offender report that there are frequent arguments/fighting in the household? Do members of the offender's household use drugs or alcohol? Is the offender in a physically or emotionally abusive relationship?</i>		
25. →	Is the offender's current family environment positive?	N Y
JUSTIFICATION:		

Offender's Housing

***** INFORMATION TO CONSIDER *****		
<i>Is the home adequately cooled or heated? Does the home have adequate sanitary facilities? Does the home contain human or animal waste, dirty dishes, infested with bugs or bees? Is there currently any involvement with Social Services?</i>		
26. →		

Officer Interview and Impressions

Is the offender's current residence suitable?	N	Y
JUSTIFICATION:		

Offender's Mental Health

***** INFORMATION TO CONSIDER *****		
<i>Does the offender present with disorganized speech?</i>		
<i>Have erratic physical movements?</i>		
<i>Seem unusually passive?</i>		
<i>Seem hostile or threatening?</i>		
<i>Express excessive paranoia?</i>		
<i>Expresses beliefs that are clearly implausible, not understandable, and not derived from ordinary life experiences?</i>		
27. →	Does the offender need a mental health referral?	N Y
JUSTIFICATION:		

Offender's Substance Abuse

***** INFORMATION TO CONSIDER *****		
<i>Does the offender appear to be under the influence?</i>		
<i>Does the offender smell of alcohol, marijuana or some other drug?</i>		
<i>Are there "track marks" or other visual signs of drug abuse on the offender's body?</i>		
<i>Is there drug paraphernalia in the home or auto?</i>		
<i>Has the offender had a positive drug screen?</i>		
28. →	Does the offender present visual or behavioral signs of substance abuse?	N Y
JUSTIFICATION:		

Offender's Language Skills

***** INFORMATION TO CONSIDER *****		
<i>Is English the language spoken in the home ?</i>		
<i>Is English the offender's primary language?</i>		
<i>Did the court require an interpreter for the trial?</i>		
<i>Is the offender enrolled in ESL classes?</i>		
29. →	Does the offender speak English fluently?	N Y
JUSTIFICATION:		
30. →	Does the offender need assistance in reading the materials related to his supervision?	N Y

Offender's Thinking, Behavior and Attitudes

***** INFORMATION TO CONSIDER *****			
<i>Does the offender have a reputation for losing his/her temper?</i>			
<i>Does the offender have a reputation for taking action on the spur of the moment?</i>			
<i>Has the offender interrupted or argued with you?</i>			
<i>Is it difficult to communicate with the offender because he/she frequently loses his/her focus?</i>			
31.	Does the offender exhibit impulsive behavior?	N	Y
JUSTIFICATION:			
***** INFORMATION TO CONSIDER *****			
<i>Does the offender answer "I don't know" often?</i>			
<i>Do you sense that the offender is hiding his/her true feelings?</i>			
<i>Do you think the offender is giving you what you "want" to hear?</i>			
<i>Have you found evidence of lying by the offender?</i>			
<i>Is the offender evasive when answering questions?</i>			
32.	Is the offender truthful in answering questions?	N	Y
JUSTIFICATION:			
***** INFORMATION TO CONSIDER *****			
<i>Does the offender express no remorse for the crime(s) committed?</i>			
<i>Does the offender blame others for their criminal behavior?</i>			
<i>Does the offender blame the victim?</i>			
<i>Does the offender express the attitude that if something bad happens to people they get what they deserve?</i>			
33.	Does the offender display a lack of remorse or guilt for his/her behavior?	N	Y
JUSTIFICATION:			

Offender's Friends & Associates

34	Does the offender have gang markings or gang tattoos?	N	Y
35	Did the offender commit the crime(s) with another person?	N	Y
36	Has the offender indicated that they have no friends?	N	Y

Offender's Legal Needs

37	Does the offender have any pending charges or protective orders?	N	Y
38	Has the offender ever been arrested for assaultive behavior?	N	Y
39	Is the offender currently involved in civil, divorce, child custody or child support proceedings?	N	Y

Offender's Outcomes

Select the value that best represents your impression of the offender at this assessment.

40.	Please rate the offender's attitude. -5=Offender has a very negative attitude. 0=Offender is indifferent. 5=Offender has a very positive attitude.									
-5	-4	-3	-2	-1	0	1	2	3	4	5
41.	Please rate how the offender's attitude will affect their ability to complete the conditions of their release/supervision. -5=Extremely negative impact. 0=No impact. 5=Extremely positive impact.									
-5	-4	-3	-2	-1	0	1	2	3	4	5
42.	Please rate the likelihood that the offender will successfully complete this period of supervision. 0=The offender will certainly be revoked. 5=The offender has a 50/50 chance of being revoked. 10=The offender will certainly complete the supervision period.									
0	1	2	3	4	5	6	7	8	9	10
43.	Please rate the likelihood that the offender will be arrested for another crime after the period of supervision is complete. 0=The offender will certainly be rearrested after supervision is complete. 5=The offender has a 50/50 chance of being rearrested after supervision is complete. 10=The offender will not be rearrested after supervision is complete.									
0	1	2	3	4	5	6	7	8	9	10