

## Skill Building Review

Officer Name: \_\_\_\_\_ Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

\_\_\_\_\_ Initial

\_\_\_\_\_ Closing

\_\_\_\_\_ Re-assessment

### LSI-R Quality Assessment

1. **Criminal History scored correctly?** \_\_\_\_\_yes \_\_\_\_\_no

Risk/Needs identified accurately: \_\_\_\_\_ yes \_\_\_\_\_no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Education scored correctly?** \_\_\_\_\_yes \_\_\_\_\_no

Risks/Need identified accurately? \_\_\_\_\_yes \_\_\_\_\_no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Employment scored correctly?** \_\_\_\_\_yes \_\_\_\_\_no

Risks/Need identified correctly? \_\_\_\_\_yes \_\_\_\_\_no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Substance Abuse scored correctly?** \_\_\_\_\_yes \_\_\_\_\_no

Risks/Need identified correctly? \_\_\_\_\_yes \_\_\_\_\_no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Mental Health scored correctly?** \_\_\_\_\_yes \_\_\_\_\_no

Risks/Need identified correctly? \_\_\_\_\_yes \_\_\_\_\_no

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transition Planning**

LSI-R entered: \_\_\_\_\_(date)

Module Placement required: \_\_\_\_yes \_\_\_\_no

Transition Plan created: \_\_\_\_\_(date)

Officer action steps developed? \_\_\_\_yes \_\_\_\_no

Identified action steps are related to successful module completion: \_\_\_\_yes \_\_\_\_no

Has the officer reviewed/revised the transition plan/LSI-R as the offender's risk has changed? \_\_\_\_yes \_\_\_\_no

Has the officer taken the appropriate follow-up steps: (Rewards/sanctions/modification of the transition plan)? \_\_\_\_yes \_\_\_\_no

**Officer's Strengths:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental Plan:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Overall Rating:** \_\_\_\_Exceeds \_\_\_\_Meets \_\_\_\_Does Not Meet

\_\_\_\_\_  
**Team Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervising Officer**

\_\_\_\_\_  
**Date**