

FIGURE 10.3

Typical Risk and Needs Scale in Probation and Parole

DEPARTMENT OF CORRECTIONS: PROBATION & PAROLE DIVISION															
Client No. _____		Client Name _____													
		Officer No. _____													
CLIENT RISK ASSESSMENT		CLIENT NEED ASSESSMENT													
1. TOTAL NUMBER OF PRIOR FELONY CONVICTIONS		1. ACADEMIC/VOCATIONAL SKILLS													
a. none (enter 0)		a. high school or above (enter 0)													
b. one (enter 2)		b. vocational training, no additional training needed (enter 1)													
c. two or more (enter 4)		c. some skills, additional needed or desired (enter 3)													
		d. no skills/training needed (enter 5)													
2. PRIOR NUMBER OF PROBATION/PAROLE SUPERVISION PERIODS (include juvenile, if known)		2. EMPLOYMENT													
a. none (enter 0)		a. satisfactory employment for one year or more (enter 0)													
b. one or more (enter 4)		b. employed, no difficulties reported; or homemaker/student/retired/ disabled and unable to work (enter 4)													
		c. part-time, seasonal, unstable employment; OR needs additional employment; OR unemployed but with a skill (enter 4)													
		d. unemployed and virtually unemployable, needs training (enter 7)													
3. PRIOR PROBATION/PAROLE REVOCATION (adult only)		3. FINANCIAL STATUS													
a. none (enter 0)		a. longstanding pattern of self-sufficiency (enter 0)													
b. one or more (enter 4)		b. no current difficulties (enter 1)													
		c. situational/minor difficulties (enter 4)													
		d. severe difficulties (enter 6)													
4. AGE AT FIRST KNOWN CONVICTION OR ADJUDICATION		4. LIVING ARRANGEMENTS (within last six months)													
a. 24 or older (enter 0)		a. stable and supportive relationships with family/living group (enter 0)													
b. 20 through 23 (enter 2)		b. living alone or independently within a household (enter 1)													
c. 18 or younger (enter 4)		c. occasional, moderate interpersonal problems with living group (enter 4)													
		d. frequent and serious interpersonal problems with living group (enter 6)													
5. AMOUNT OF TIME EMPLOYED IN LAST 12 MONTHS		5. EMOTIONAL STABILITY													
a. 7 months or more (enter 0)		a. no symptoms of instability (enter 1)													
b. 4 - 8 months (enter 1)		b. symptoms limit but do not prohibit adequate functioning (enter 5)													
c. under 4 months (enter 2)		c. symptoms prohibit adequate functioning (enter 8)													
d. N/A (enter 0)															
6. HISTORY OF ALCOHOL ABUSE		6. ALCOHOL USAGE (currently)													
a. no history of abuse (enter 0)		a. no interference with functioning (enter 1)													
b. occasional abuse or prior abuse (enter 2)		b. occasional abuse, may need treatment (enter 4)													
c. frequent and/or current abuse (enter 4)		c. frequent abuse, serious disruption, needs treatment (enter 7)													
7. HISTORY OF OTHER SUBSTANCE ABUSE		7. OTHER SUBSTANCE USAGE (currently)													
a. no history of abuse (enter 0)		a. no interference with functioning (enter 1)													
b. occasional abuse or prior abuse (enter 1)		b. occasional abuse, may need treatment (enter 4)													
c. frequent and/or current abuse (enter 2)		c. frequent abuse, serious disruption, needs treatment (enter 6)													
8. AGENT IMPRESSION OF OFFENDER ATTITUDE		8. REASONING/INTELLECTUAL ABILITY													
a. motivated to change, receptive to assistance (enter 0)		a. able to function adequately (enter 1)													
b. dependent/unwilling to accept responsibility (enter 3)		b. some need for assistance, potential for adequate adjustment (enter 4)													
c. rationalizes behavior, is negative, does not show motivation to change (enter 5)		c. limited ability to function independently (enter 7)													
9. RECORD OF CONVICTION FOR SELECTED OFFENSES		9. HEALTH													
a. burglary/theft/auto theft/robbery (add 2)		a. physically sound, seldom ill (enter 1)													
b. forgery/deceptive practices (fraud, bad checks, drugs) (add 3)		b. handicap or illness interferes with functioning on recurring basis (enter 2)													
c. none of the above (enter 0)		c. serious handicap or chronic illness, needs medical care (enter 3)													
10. ASSAULTIVE OFFENSES (circle YES or NO) Assaultive Offenses are crimes against persons that include use of weapon, physical force, threat of force, sex crimes, and vehicular homicide		10. AGENT'S IMPRESSION OF CLIENT'S NEEDS													
		a. none (enter 0)													
		b. low (enter 1)													
		c. moderate (enter 4)													
		d. high (enter 6)													
Total score (number between 6 and 34)		Total Score (number between 5 and 61)													
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SCORING AND OVERRIDE															
Instructions: circle appropriate categories. SCORE-BASED SUPERVISION LEVEL: Maximum/Medium/Minimum OVERRIDE: yes/no (Explanation of Override if Yes: _____)															
FINAL CATEGORY OF SUPERVISION: Maximum/Medium/Minimum _____															
APPROVED (Supervisor's Signature and Date) _____															
<table border="1" style="border-collapse: collapse;"> <tr> <th colspan="4">Date Supervision Level Assigned</th> </tr> <tr> <th>MO</th> <th>DAY</th> <th>YR</th> <th></th> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				Date Supervision Level Assigned				MO	DAY	YR					
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