

**ADMISSION TO ADULT FIELD CASELOAD
 ASSESSMENT OF OFFENDER RISK**

OFFENDER NAME Last	First	MI	DOC NUMBER
DATE PLACED ON PROBATION OR RELEASED ON PAROLE IN WISCONSIN (MM/DD/YY)		AGENT LAST NAME	AREA NUMBER
FACILITY OF RELEASE		CODE	DATE COMPLETED (MM/DD/YY)

(Select the appropriate answer and enter the associated weight in the score column.)

SCORE

Number of Address Changes in last 12 Months: _____ 0 None
 (Prior to incarceration for parolees) 2 One
 3 Two or more

Percentage of Time Employed in Last 12 Months: _____ 0 60% or more
 (Prior to incarceration for parolees) 1 40% - 59%
 2 Under 40%
 0 Not applicable

Alcohol Usage Problems: _____ 0 No interference with functioning
 (Prior to incarceration for parolees) 2 Occasional abuse; some disruption
 of functioning
 4 Frequent abuse; serious disruption;
 needs treatment

Other Drug Problems: _____ 0 No interference with functioning
 (Prior to incarceration for parolees) 1 Occasional abuse; some disruption
 of functioning
 2 Frequent abuse; serious disruption;
 needs treatment

Attitude: _____ 0 Motivated to change; receptive
 to assistance
 3 Dependent or unwilling to
 accept responsibility
 5 Rationalizes behavior; negative;
 not motivated to change

Age at First Conviction: _____ 0 24 or older
 (or Juvenile Adjudications) 2 20 - 23
 4 19 or younger

Number of Prior Periods of
 Probation / Parole Supervision: _____ 0 None
 (Adult or Juvenile) 4 One or more

Number of Prior Probation / Parole Revocations: _____ 0 None
 (Adult or Juvenile) 4 One or more

Number of Prior Felony Convictions: _____ 0 None
 (or Juvenile Adjudications) 2 One
 4 Two or more

Convictions or Juvenile Adjudications for: _____ 0 None of the Offense(s) stated below
 (Include current offense, 2 Burglary, theft, auto theft, or robbery
 Score must be either 0,2,3, or 5.) 3 Worthless checks or forgery
 5 One or more from the above
 categories

Convictions or Juvenile Adjudication for
 Assaultive Offense within Last Five Years: _____ 15 Yes
 (An offense which involves the use of a 0 No
 weapon, physical force or the threat of force)

TOTAL _____

Total all scores
 to arrive at the
 risk assessment
 score

**ADMISSION TO ADULT FIELD CASELOAD
 ASSESSMENT OF OFFENDER NEEDS**

OFFENDER NAME	Last	First	MI	DOC NUMBER
DATE PLACED ON PROBATION OR RELEASED ON PAROLE IN WISCONSIN (MM/DD/YY)		AGENT LAST NAME		AREA NUMBER
FACILITY OF RELEASE			CODE	DATE COMPLETED (MM/DD/YY)

Select the appropriate answer and enter the associated weight in the score column. Higher numbers indicate more severe problems. If offender is to be referred to a community resource or to clinical services, **check appropriate referral box.**

				REFERRAL					
ACADEMIC/VOCATIONAL SKILLS									
-1	High school or above skill level	0	Adequate skills; able to handle every-day requirements	+2	Low skill level causing minor adjustment problems	+4	Minimal skill level causing serious adjustment problems	<input type="checkbox"/>	_____
EMPLOYMENT									
-1	Satisfactory Employment for one year or longer	0	Secure employment; no difficulties reported; or homemaker, student or retired	+3	Unsatisfactory employment; or unemployed but has adequate job skills	+6	Unemployed and virtually unemployable; needs training	<input type="checkbox"/>	_____
FINANCIAL MANAGEMENT									
-1	Long-standing pattern of self-sufficiency; e.g., good credit rating	0	No current difficulties	+3	Situational or minor difficulties	+5	Severe difficulties; may include garnishment, bad checks or bankruptcy	<input type="checkbox"/>	_____
MARITAL / FAMILY RELATIONSHIPS									
-1	Relationships and support exceptionally strong	0	Relatively stable relationships	+3	Some disorganization or stress but potential for improvement	+5	Major disorganization or stress	<input type="checkbox"/>	_____
COMPANIONS									
-1	Good support and influence	0	No adverse relationships	+2	Associations with occasional negative results	+4	Associations almost completely negative	<input type="checkbox"/>	_____
EMOTIONAL STABILITY									
-2	Exceptionally well adjusted; accepts responsibility for actions	0	No symptoms of emotional instability; appropriate emotional responses	+4	Symptoms limit but do not prohibit adequate functioning; e.g., excessive anxiety	+7	Symptoms prohibit adequate functioning; e.g., lashes out or retreats into self	<input type="checkbox"/>	_____
ALCOHOL USAGE									
		0	No interference with functioning	+3	Occasional abuse; some disruption of functioning	+6	Frequent abuse; serious disruption; needs treatment	<input type="checkbox"/>	_____
OTHER DRUG INVOLVEMENT									
		0	No interference with functioning	+3	Occasional substance abuse; some disruption of functioning	+5	Frequent substance abuse; serious disruptions; needs treatment	<input type="checkbox"/>	_____
MENTAL ABILITY									
		0	Able to function independently	+3	Some need for assistance; potential for adequate adjustment; mild retardation	+6	Deficiencies severely limit independent functioning; moderate retardation	<input type="checkbox"/>	_____
HEALTH									
		0	Sound physical health; seldom ill	+1	Physical condition or handicap interferes with functioning on a recurring basis	+2	Serious handicap or chronic illness; needs frequent medical care	<input type="checkbox"/>	_____
SEXUAL BEHAVIOR									
		0	No apparent dysfunction	+3	Real or perceived situational or minor problems	+5	Real or perceived chronic or severe problems	<input type="checkbox"/>	_____
AGENT'S IMPRESSION OF OFFENDER'S NEEDS									
-1	Minimum	0	Low	+3	Medium	+5	Maximum		_____
								Total all Scores. TOTAL	_____