

INITIAL INMATE NEEDS ASSESSMENT FORM

Inmate Name	Inmate ID#
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Assessment Date	Classification Specialist
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HEALTH

1 Limited physical capacity, acute illness; needs hospitalization or out-patient treatment	2 Mild disability or illness; outpatient treatment required; non-strenuous work	3 No problems which limit housing or work assignments	CODE <input type="checkbox"/>
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EMOTIONAL STABILITY

1 Severe impairment; danger to self, others; needs hospital environment	2 Moderate impairment; requires monitoring, individual or group therapy	3 Emotionally stable; no indications of mental illness	CODE <input type="checkbox"/>
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EDUCATION

1 5 th grade or below reading, math skills; needs remedial or special education classes	2 No H.S. diploma; needs adult education or G.E.D. program	3 High School diploma, G.E.D. or equivalent	CODE <input type="checkbox"/>
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VOCATIONAL SKILL

1 No discernible skill; needs training	2 Limited skills; ability to hold semi-skilled position; needs training	3 Possesses marketable skill or trade	CODE <input type="checkbox"/>
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SUBSTANCE ABUSE

1 Frequent abuse resulting in social, economic or legal problems; needs treatment	2 Occasional abuse causing disruption of functioning	3 No disruption of functioning or legal difficulties	CODE <input type="checkbox"/>
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MENTAL ABILITY

1 Serious disability limiting ability to function; needs sheltered living, work situations	2 Mild disability limiting educational, vocational potential	3 No discernible disability	CODE <input type="checkbox"/>
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OTHER: (1)
describe: _____

INITIAL PROGRAM RECOMMENDATIONS	PROGRAM CODE	PRIORITY CODE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Priority Codes:*1 = Urgent, immediate need****2 = Problem directly related to criminal behavior; high priority****3 = Problem resolution would enhance ability to succeed in community**