

SCORE ONLY ONE POINT PER DOMAIN

TOTAL: _____

The ultimate goal in reviewing and utilizing information is to protect the victim. Information shall not be used if it compromises victim safety and confidentiality.

Name _____

Risk Criteria	Met		Significant / Critical Risk Criteria	Met																		
A	<input type="checkbox"/>		Level B or C? _____	<input type="checkbox"/>																		
B	<input type="checkbox"/>		Level B	<input type="checkbox"/>																		
C	<input type="checkbox"/>		Level B	<input type="checkbox"/>																		
D	<input type="checkbox"/>		Level C? _____	<input type="checkbox"/>																		
E	<input type="checkbox"/>		Level C? _____	<input type="checkbox"/>																		
F	<input type="checkbox"/>		Level B or C? _____	<input type="checkbox"/>																		
G	<input type="checkbox"/>	Scoring: 0 to 1 risk factors met = Level A 2 to 4 risk factors met = Level B 5 or more risk factors met = Level C																				
H	<input type="checkbox"/>																					
I	<input type="checkbox"/>																					
J	<input type="checkbox"/>																					
K	<input type="checkbox"/>																					
L	<input type="checkbox"/>																					
M	<input type="checkbox"/>																					
N	<input type="checkbox"/>																					
Total Score	_____	<table border="1" style="width: 100%;"> <tr> <td colspan="3" style="text-align: center;">Level Recommended:</td> <td colspan="3" style="text-align: center;">Level Placed:</td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> <td style="text-align: center;">C</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Level Recommended:			Level Placed:			A	B	C	A	B	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level Recommended:			Level Placed:																			
A	B	C	A	B	C																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

Comments:

Override Reasons:

Information Source Codes

1. Offender Self-Report	6. CPS or DCFS records
2. Police Reports	7. Victim Report / Impact Statement
3. BCI (Criminal History)	8. Prison Record
4. Mental Health Evaluation	9. Pre-Sentence Report
5. Substance Abuse Evaluation / Screen	10. Probation Information Report
Other:	

Risk Criteria	Information Source
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	

Signature of Evaluator _____

Date _____