BEHAVIORAL INTERVENTION UNIT REPORT CARD

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT SERVICES
(04-2018)

☐ SMI

Group Attendance				
Monday	Tuesday	Wed	Thurs	Friday

A (Attended); R (Refused); C (Cancelled)

Inmate Name	Inmate Number	Date of Arrival	Release Date

Placing Behavior

Status ☐ Investigative Segregation ☐ Disciplinary Segregation ☐ Administrative Segregation ☐ Administrative Transition Unit

Intervention Needs Assessment Referral ☐ Yes ☐ No	Requested Date	Completion Date

DATE	SHIFT	KEEPS TRAYS/THROWS TRAYS	DOESN'T ALLOW TRAY SLOT CLOSURE	COVERS FRONT WINDOW	DOESN'T COMPLY WITH STAFF DIRECTIVES	INTERACTS BY YELLING, NAME CALLING OR THREATS	ENGAGED IN CHECK IN WITH STAFF	NUMBER OF SKILL PRACTICES/ SKILL DEMO DONE	Target Behavior Skill Practice/Skill Demonstration COMMENTS	STAFF INITIALS
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			
	AM						Yes No			
	PM						Yes No			

Committee Decision (Target behavior, skill practice and/or skill demonstration for target behavior)

Chairperson	Date

DATE	STAFF	COMMENTS

Other Comments