

(FACILITY NAME)

INITIAL _____

RECLASSIFICATION _____

CLASSIFICATION COMMITTEE FORM

Date: _____ Counselor: _____ Offender: _____
(Date Offender Arrived at Facility)

ID#: _____ Race: _____ DOB: _____ Dorm: _____ MH/MR: Y/N

Date Classified: _____ Security: _____ I / O TPM: _____ MRD: _____

County of Conviction: _____ #of Prior Incarcerations: _____ Behavior Level: _____

Crime/Sentence: _____

Criminal History: _____

Gang Affiliations: _____

Pending Charges/Detainers: _____

Sex Offenses: _____

Escape History: _____

Disciplinary History (Last 12 months): _____

Medical Profile/Date/Limitations: _____

Job Skills: _____

Education: _____ WRAT/TABE Scores: IQ: _____ M: _____ R: _____ S: _____

Mandated Programs (From Parole Board/Court): _____

Recommended Programs: _____

Counselor Comments/Recommendations: _____

CLASSIFICATION COMMITTEE ACTION

Program Assignment: _____ To _____

Detail Assignment: _____ To _____

Dorm Assignment: _____ To _____

Behavior Level: _____ To _____

Next Security Review: _____

CLASSIFICATION COMMITTEE DECISION

Date: _____ Chairperson Comments: _____

APPROVED / DENIED

C/T MEMBER

CHAIRPERSON

SECURITY MEMBER

(FOR OUTSIDE DETAILS):

DWC&T Date

DW SECURITY Date

WARDEN Date

APPROVED / DENIED

APPROVED / DENIED

APPROVED / DENIED