

Georgia Department of Corrections <b>Mental Health Department</b> Evaluation for the Parole Board	Facility: _____ Name: _____ GDC #: _____ DOB: _____ Race: _____ Sex: _____
Date: _____	

**Background Information:**

1) **Education and employment skills:**

Offenders highest level of education: \_\_\_\_\_ GED: [ ] No [ ] Yes

History of self-support through legitimate employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills for future employment: \_\_\_\_\_  
\_\_\_\_\_

Adaptive living skills (specify any noted deficiencies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) **Test Scores:** (Please do not leave blank.)

Culture Fair [CFIQ]: \_\_\_\_\_ Other intellectual assessment (specify test and scores): \_\_\_\_\_  
\_\_\_\_\_

Other assessments: \_\_\_\_\_

3) **Substance Dependence/Abuse:**

Specify substance(s): \_\_\_\_\_  
\_\_\_\_\_

Associated with criminal conduct? [ ] No [ ] Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Treatment while incarcerated? [ ] No [ ] Yes, explain \_\_\_\_\_  
\_\_\_\_\_

4) **Incarceration Behavior:**

Violent Behavior during incarceration: [ ] No [ ] Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Prolonged periods in lockdown: [ ] No [ ] Yes, explain \_\_\_\_\_  
\_\_\_\_\_

Placement in SMU: [ ] No [ ] Yes, explain \_\_\_\_\_

Name: \_\_\_\_\_

ID # \_\_\_\_\_

5) Physical Health:

Indicate significant medical problems and associated functional impairment: \_\_\_\_\_

History of traumatic brain injury [TBI] that compromises functioning: \_\_\_\_\_

6) Mental Health:

History of MH problems/treatment in community: [ ] No [ ] Yes, explain \_\_\_\_\_

Currently on a mental health caseload: [ ] No [ ] Yes

Has been on a mental health caseload in the past while incarcerated: [ ] No [ ] Yes

Current diagnosis and level of care: \_\_\_\_\_

Cooperative with non-pharmacological treatment: [ ] No [ ] Yes

Psychotropic medication: [ ] No\* [ ] Yes\*\*

\*If no, was offender ever prescribed psychotropic medication in the GDC? [ ] No [ ] Yes When was/were the medication(s) discontinued? \_\_\_\_\_ Why? \_\_\_\_\_

\*\*If yes, list current medication(s): \_\_\_\_\_

Medications administered: \_\_\_\_\_ Orally \_\_\_\_\_ By Injection

Compliant with Medication: [ ] No [ ] Yes Involuntary Medication: [ ] No [ ] Yes

Number of ACU/CSU placements within last five (5) years: \_\_\_\_\_ Previous year: \_\_\_\_\_

Number of mental health restraint orders during the past year: \_\_\_\_\_

7) Social:

Presence and quality of familial/social support system: \_\_\_\_\_

Name: \_\_\_\_\_

ID # \_\_\_\_\_

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**Interview:**

Current Mental Status: \_\_\_\_\_

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Attitude toward offense (identify original offense and include consideration of remorse, empathy):

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**Summary and Conclusions:** (In answering the following, consider such factors as pro-social support for community living, employability, treatment compliance, physical and mental health issues, substance abuse/dependence, history of criminal and violent behavior, and other issues as relevant.)

What are the offender's strengths, i.e., protective factors, for pro-social adjustment in the community?

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What are the risk factors that could compromise community adjustment? \_\_\_\_\_

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Name: \_\_\_\_\_

ID # \_\_\_\_\_

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Recommendations for community mental health services/support if the offender is granted parole:

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\_\_\_\_\_  
Evaluator's Printed name and title

\_\_\_\_\_  
Evaluator's Signature

\*\*Evaluation can be performed by licensed master level Mental Health care providers who are not assigned as counselor to the offender/probationer unless otherwise requested by Parole. Offenders serving a life sentence or a sentence due to a sexual abuse charge will be evaluated by a psychologist who has a Doctoral Degree and is currently licensed by the Georgia Board of Examiners as an Applied Psychologist (SOP 508.15)

To be returned to the Parole Board within thirty (30) days of the receipt of the request for evaluation.