FORM 2900 (11/11) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

RECEPTION ASSESSMENT WORKSHEET

_____ Correctional Facility

Name: _____ DIN: _____

1. Does this individual have a history of

- ☐ Substance Abuse
- ☐ Escape or Attempted Escape
- ☐ Psychotropic Medication
- ☐ Psycho-Educational Groups, Classes, or Support Groups
- ☐ Suicide Attempts, Gestures, and/or Ideations
- ☐ Alcohol Abuse
- ☐ Psychotherapy
- ☐ Violence
- ☐ Psychiatric Treatment and/or Hospitalization
- ☐ Sexual Abuse-Victimization (Rape, Sexual Assault, Sodomy, etc.)
- ☐ Predatory Behavior
- ☐ Other _____

Explain _____

_____

_____

_____

2. Has a Mental Health Referral (form 3150) been submitted? ☐ Yes ☐ No

3. Does this individual currently exhibit an AFFECT which is ☐ Positive, or ☐ Negative.

If Negative, Explain _____

_____

_____

4. Does this individual currently exhibit any non-verbal cues? ☐ Yes ☐ No

- ☐ Rocking Back & Forth in Chair
- ☐ Lack of Eye Contact
- ☐ Irrelevant Responses
- ☐ Tearfulness
- ☐ Cuts on Arms or other Parts of Body
- ☐ Other _____

5. Is there a need for Protective Custody (or IPC)? ☐ Yes ☐ No

- ☐ Requested by Inmate
- ☐ Referred to Bldg. Sgt.

Give reason _____

- ☐ Inmate Declined (Waiver of Protective Custody Form Completed)

6. REFERRED TO EXTENDED CLASSIFICATION ☐ Yes ☐ No

7. ENEMIES
   a. currently in the County awaiting intake into NYS DOCCS ☐ Yes ☐ No
   b. currently in NYS DOCCS ☐ Yes ☐ No

   If YES, List Name/Location _____

   _____

   _____

8. Adjustment during prior sentence? ☐ Satisfactory ☐ Unsatisfactory

   Explain _____

   _____

9. MEDICAL PROBLEMS: ☐ Yes ☐ No

   Explain _____

   _____

   _____

10. EDUCATION/PROGRAM RECOMMENDATIONS

	HIGH	MEDIUM	LOW	COMMENTS
Academic	☐	☐	☐	_____
Vocational	☐	☐	☐	_____
Counseling	☐	☐	☐	_____
Other	☐	☐	☐	_____

11. TOPICS WHICH WERE DISCUSSED DURING INTERVIEW:

   ☐ Time Computation
   ☐ Double Celling/Double Bunking
   ☐ Program Options
   ☐ Phone, Visiting, and Package Room procedures (see Reception Orientation Manual)
   ☐ Other, Explain _____

_____ Signature _____ Title _____ Date

COMPLETED FORM IS TO BE FILED IN GUIDANCE UNIT FOLDER PRIOR TO TRANSFER FROM RECEPTION