Assessment of Applicant’s Evaluations by DV Clinical Supervisor

This form must be completed by your DV Clinical Supervisor and submitted with your evaluation and treatment plan. DV Clinical Supervisors are also encouraged to make copies of this form to use as a training tool with supervisees.

Applicant/Supervisee Name: ________________________________________________________________

DV Clinical Supervisor Name: ______________________________________________________________

Today’s Date: __________________________________________________________________________

ALL ELEMENTS BELOW ARE REQUIRED

STANDARD

4.06 Identify Referral Source?

__________________________________________________ _________________

Identify when evaluation was completed? (e.g. post plea, pre-sentence, post sentence)

________________________________________________________________________

4.08 Identify minimum mandatory source of information?

External sources of information:

Criminal Hx/other CJ info ____________________________________________________________

Police report ________________________________________________________________________

Victim Impact Statement or victim input (if avail) _________________________________

Previous evaluations __________________________________________________________________

Available collaterals __________________________________________________________________

PSI if available ______________________________________________________________________

Internal sources of information:

Clinical interview _____________________________________________________________________

Risk assessments _____________________________________________________________________

Required Assessment Instruments (used and scored correctly?):

2nd risk assessment ____________________________________________________________________

Substance Abuse Screening Instruments ________________________________________________

DVRNA ______________________________________________________________________________

Required in Clinical Interview:

Psychosocial History __________________________________________________________________

Mental health history ___________________________________________________________________

Cognitive screen _______________________________________________________________________

Substance use history __________________________________________________________________

Relationship history (DV dynamics) ______________________________________________________

4.07 The evaluation shall not make a determination of guilt or innocence.

__________________________________________________ _________________

Did the evaluation identify the following?

Specific victim safety issues ____________________________________________________________

Risk of re-offense or abuse __________________________________________________________________

Criminogenic factors & needs ____________________________________________________________

Potential destabilizing factors __________________________________________________________

Motivation/responsivity/amenability to tx _________________________________________________

Offender accountability __________________________________________________________________

Strengths & Weaknesses __________________________________________________________________
Initial level of placement in treatment (based on DVRNA)

<table>
<thead>
<tr>
<th>Initial tx recommendations</th>
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<tr>
<td>Was the evaluation co-signed by an approved DVOMB Provider?</td>
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4.09 If offender was found to be inappropriate for DV tx, was criteria in 4.09 addressed?  

10.01 For female or same sex specific, were tx recommendations compliant with 10.06, 10.07 and 10.08?  

REQUIRED EVALUATIONS COMPETENCIES

Applicant demonstrates the following:

1. Knowledge of, use of and accurate reporting of findings from DVRNA. (Additionally consider the following: Was there not enough information to determine if the following items should have been scored, although there was indication that it should be explored further? Were any of the instruments scored incorrectly based on the information provided in the evaluation report?)  

2. Case Conceptualization- (All information has been utilized to identify conclusions and treatment needs. Data is synthesized and findings are clearly explained)  

3. All required components of 4.0  

4. Understanding of DV dynamics, contributing factors and relevant treatment recommendations  

5. Tx goals reflective of offender dynamics and needed behavioral changes
6. An identification & subsequent explanation of information that is missing ____________

________________________________________________________________________________________

________________________________________________________________________________________

TREATMENT PLANS
Standard, 5.05
Does the plan promote victim safety? ____________________________

________________________________________________________________________________________

Does the plan identify containment goals? _________________________

________________________________________________________________________________________

Does the plan promote risk reductions? ___________________________

________________________________________________________________________________________

OFFENDER CONTRACTS
Standard, 5.05 (II)
Does the Offender Contract meet 5.05 (II) A-D? ___________________

________________________________________________________________________________________

DV CLINICAL SUPERVISOR’S NOTES:

Evaluations accepted.
Treatment Plans accepted.
Treatment Contract accepted.
Accepted with comments: please attach any additional comments.

I attest that I have reviewed this evaluation and treatment plan for compliance with the Standards for Treatment with Court Ordered Domestic Violence Offenders, sections 4.0 and 5.0. I approve of its submission to the DVOMB.

DV Clinical Supervisor Signature             Date