

# ORAS Interview Observation Tool

## Evaluator Information

Name \_\_\_\_\_

Date \_\_\_\_\_

## Assessment Information

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

Facility: \_\_\_\_\_

Please circle tool being assessed:

**CST**

**PIT**

**RT**

## Offender Information

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

Offender ID\*: \_\_\_\_\_

\*Please use the identification number that will identify the offender in the ORAS system (e.g., inmate number, CCIS number, or community agency identification number).

## Interview Assessment

Please assess interview skills using the following scale:

*1 = Needs improvement*

*2 = Meets requirements*

*3 = Exceeds requirements*

Please circle one choice for each item:

Purpose of the interview was clearly explained

1

2

3

Comments: \_\_\_\_\_

Avoided jumping to conclusions

1

2

3

Comments: \_\_\_\_\_

Avoided barriers to listening

1

2

3

Comments: \_\_\_\_\_

Evidence of collateral information being used

1

2

3

NA

Comments: \_\_\_\_\_

Used open ended questions effectively

1

2

3

Comments: \_\_\_\_\_

Used reflective statements to summarize answers

1

2

3

Comments: \_\_\_\_\_

Avoided biased or leading questions <i>Comments:</i>	1	2	3
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Follow up questions were used <i>Comments:</i>	1	2	3
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Avoided roadblocks to motivation <i>Comments:</i>	1	2	3
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Interview guide was used <i>Comments:</i>	1	2	3
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Appropriate note taking which did not hinder the conversation <i>Comments:</i>	1	2	3
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Obtained information to score each domain area <i>Comments:</i>	1	2	3
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### Assessment Observations

- Yes  No Did the staff member have collateral information (e.g., PSI/OBI, LEADS, police report, ISR, or other related information) during the assessment process?
- Yes  No Did the staff member use a previous ORAS assessment as collateral information during this assessment process?  
If yes, please identify the tool(s): \_\_\_\_\_
- Yes  No Was the Staff Supervisor present during the debriefing process?

### Assessor Debriefing and Recommendations

- Yes  No Use staff member as a peer model.
- Yes  No Staff member needs an Individual Improvement Plan.

### General Comments

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### Staff Acknowledgement

- Agree  Disagree Please check your response to today's observation and feedback.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date