

OHIO RISK ASSESSMENT SYSTEM QUALITY ASSURANCE

NAME OF ASSESSOR: _____ CLIENT NAME: _____

DATE OF ASSESSMENT: _____ PROGRAM/CASE #: _____

ASSESSMENT

ORAS-COMMUNITY SUPERVISION TOOL (SRT)

COMPLETED WITHIN THE PRESCRIBED TIME FRAME? Y/N Y = 0 N = 1

SCREENING/INTERVIEW GUIDE:

COMPLETE/NO BLANKS Y/N Y = 0 N = 1

AGE

COMPLETED Y/N # INCORRECT X 2

SRT: 4 DOMAINS – 31 ITEMS

REVIEW EACH QUESTION WITHIN THE 4 DOMAINS AND RECORD THE TOTAL NUMBER OF ERRORS FOR EACH

1. 1-1.8 CRIMINAL HISTORY – 8 ITEMS # INCORRECT X 2

2. 1-2.7 EDUCATIONAL/EMPLOYMENT/SOCIAL -7 ITEMS # INCORRECT X 2

3. 1-3.4 SUBSTANCE ABUSE AND MENTAL HEALTH-4 ITEMS # INCORRECT X 2

4. 1.-4.12 CRIMINAL ATTITUDES/BEHAVIORAL -12 ITEMS # INCORRECT X 2

0-45 TOTAL POSSIBLE POINTS

0-45 TOTAL POSSIBLE ERRORS

SELF REPORT

WAS THE SELF REPORTED COMPLETED? Y/N Y = 0 N = 2

WAS THE SELF REPORT USED APPROPRIATELY IN SCORING? Y = 0 N = 2

COLLATERAL INFORMATION

WAS COLLATERAL INFORMATION COLLECTED? Y/N Y = 0 N = 1

WHAT SOURCES WERE USED? PLEASE CIRCLE:

CASE FILE / CMIS / JAIL / PSI / PROB / PROS. NOTES / ODRC PACKET / FEDERAL PACKET

WAS COLLETERAL INFORMATION USED TO VERIFY INFORMATION?

Y/N Y = 0 N = 2

IF NO, EXPLAIN: _____

SCORE SHEET:

NAME/CASE #/DATE/NAME OF ASSESSOR ALL COMPLETE? Y/N Y = 0 N = 1

RISK CATEGORY CIRCLED Y/N Y = 0 N = 1

OVERRIDE USED Y/N

IF YES, WAS IT APPROPRIATE? Y/N Y = 0 N = 1

IF NO, EXPLAIN: _____

OTHER CONCERNS Y/N

IF YES, EXPLAIN: _____

DO THE DOMAIN SCORES MATCH THE INDICATED RISK LEVEL? Y/N

TOTAL SCORE CORRECT? Y/N Y = 0 N = 2

DATA ENTRY

IN CIMIS Y/N Y = 0 N = 1

TIMELY Y/N Y = 0 N = 1

ADDITIONAL COMMENTS: _____

DO NOT OVERRIDE MORE THAN 10% P/PERSON

EVALUATOR'S SIGNATURE

DATE