

**Talbert House
ORAS CQI Desktop Review**

Client ID _____ **Reviewer:** _____ **Date:** _____

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|---|------------------------------|-----------------------------|
| 1. All items on the ORAS were scored. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. The Criminal History domain is scored correctly per information provided in the PSI. (if provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Review of the DAF confirms the scores for each domain where applicable. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. The items were summed correctly to produce an accurate score. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Did staff override the original ORAS score? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If yes, did staff document the rationale for the override? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. If yes, was the rationale supported by evidence and appropriate to perform an override? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the ISP align with the results of the ORAS? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. ORAS Certification current. | Yes | No |

Reviewer Notes:

Strengths _____

Development Needs _____

Follow-Up _____

Signature