

OHIO RISK ASSESSMENT SYSTEM DIRECT OBSERVATION TOOL

Observer Name		Date	
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Facility	
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Please fill out the below information for the person administering the ORAS

Name		Title	
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Facility	
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Enter number for prior assessments completed	PAT		CSST		CST		PST		PIT		RT		SRT	
Circle assessment being observed	PAT		CSST		CST		PST		PIT		RT		SRT	
Is the correct tool being administered	No		Yes		Is the tool being administered within the required timeframes				No		Yes			

Offender Information

Offender Name					Inmate Number					CCIS Number				
Collateral information: Circle "A" for available and "R" for reviewed PRIOR to interview	Invest		LEADS		Police Report		ISR		Self Report		Other:			
	A	R	A	R	A	R	A	R	A	R	A		R	

Interview Skills

1 = Needs Improvement 2 = Meets Requirements 3 = Exceeds Requirements N/A = Not Applicable

Purpose of the interview was clearly explained	1	2	3	N/A
<i>Comments:</i>				
Avoided jumping to conclusions	1	2	3	N/A
<i>Comments:</i>				
Avoided barriers to listening	1	2	3	N/A
<i>Comments:</i>				
Evidence of collateral information being used	1	2	3	N/A
<i>Comments:</i>				
Used open ended questions effectively	1	2	3	N/A
<i>Comments:</i>				
Used reflective statements to summarize answers	1	2	3	N/A
<i>Comments:</i>				
Avoided biased or leading questions	1	2	3	N/A
<i>Comments:</i>				
Follow up questions were used	1	2	3	N/A
<i>Comments:</i>				

Avoided roadblocks to motivation	1	2	3	N/A
<i>Comments:</i>				
Interview Guide was used	1	2	3	N/A
<i>Comments:</i>				
Appropriate note taking which did not hinder the conversation	1	2	3	N/A
<i>Comments:</i>				
Obtained information to score each domain area	1	2	3	N/A
<i>Comments:</i>				
			Total Score	
Overall Comments				
Check Actions Taken				
Debrief and Coaching with Staff		Recommended ORAS account locked		
Recommended shadow with local ORAS SME		Other:		
Referred to local ORAS trainer				
Recommended additional training sessions List specific training:				
Acknowledgement				
Circle your response to today's observations and feedback (staff)	Agree	Disagree		
Staff Signature:			Date:	
Observer Signature:			Date:	
Circle if Staff Supervisor was present for Actions Taken	No	Yes		
Staff Supervisor Signature:			Date:	