



Sex Offender Task Force Quarterly Progress Report

Date of this report: _____

Quarter being reported: _____ Months: _____ Year: _____

Offender Name: _____ OID # _____

AP&P Agent name: _____ AP&P Region: _____ Agent email: _____

Treatment Agency: _____

Therapist name: _____ Therapist email: _____

Under UDC contract? NO YES

Cost of sessions (amount billed): _____

Amount collected: _____ Outstanding balance: _____

Is this individual on program probation? NO *YES

*If yes, for what? _____

Number of **groups** attended this quarter:

Dates missed and reason:

Number of **individual** sessions this quarter:

Dates missed and reason:

Check the psycho-educational classes attended this quarter:

- | | | |
|--|---|--|
| <input type="checkbox"/> Abuse cycles | <input type="checkbox"/> Anger management | <input type="checkbox"/> Healthy Sexuality |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Relapse prevention | <input type="checkbox"/> Relationship skills |
| <input type="checkbox"/> Thinking errors | | |

Number of **psycho-educational** classes attended this quarter:

Dates missed and reason:



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Did they complete any polygraphs this quarter? If so, what were the results?

Specific issues addressed in treatment:

How is the offender progressing? Which assignments have they completed?

What areas of concern and/or issues should the AP&P Agent be made aware of:

What life stresses does this offender have?

What are this offender's recent risk assessments scores? Provide the type of assessment (e.g. VASOR, SOTIPS, Static, Stable) and explanation of the score.



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Other Comments:

Therapist signature

Date

Offender signature

Date