

Activity/Safety Plan Request Form



Name: _____ Agents Name and Number: _____

Date of Request: ___/___/___ Date of Activity: ___/___/___ Activity Time: _____ to _____

Approved Supervisor(s): #1 _____ #2 _____
(If you have two supervisors **ONE** must be designated as a Primary Supervisor at all times)

ADDRESS OF ACTIVITY: _____

DESCRIPTION OF ACTIVITY: -

THERAPEUTIC GOALS TO BE ACHIEVED:

WHO WILL ATTEND THE EVENT: (Include names, ages, gender, and relationship to the offender):

PERMISSION LETTERS (IF APPLICABLE) FROM PARENTS/GUARDIANS OF ANYONE UNDER THE AGE OF 18 ?

YES NO N/A

POTENTIAL RISKS:

RISK PREVENTIONS:

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INTERNAL INTERVENTIONS (thoughts, attitudes, focus, awareness):

EXTERNAL INTERENTIONS (behaviors and environmental changes):

OTHER CONTINGENCIES:

[ANY DEVIATION FROM THIS ACTIVITY PLAN MUST BE REPORTED TO THE PROBATION/PAROLE OFFICER IMMEDIATELY. NO ACTIVITY IS APPROVED UNTIL ALL SIGNATURES ARE COMPLETE.]

By signing this form, I agree to abide by this plan.

Client's Signature: _____ **Date:** _____

Primary Supervisor: _____ **Date:** _____

Other Supervisor: _____ **Date:** _____

Therapists Signature: _____ **Date:** _____

THERAPIST COMMENTS:

AT THE TIME OF THE ACTIVITY: CURRENTLY COMPLIANT WITH TREATMENT () YES () NO, /COMPLETED TREATMENT () YES ()NO, /NOT IN TREATMENT ()YES ()NO.

Probation/Parole Agent Signature: _____ **Date:** _____

AGENT COMMENTS:
