



## 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:

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Therapist signature

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Date

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Therapist Supervisor signature

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Date

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Offender signature

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Date