



SUPERVISOR ACKNOWLEDGEMENT FORM

Supervisor Name _____ DOB _____

Phone# _____ Relationship to Offender _____

Offender Name _____ Offender # _____

INITIAL

- ____ 1. I have never been convicted of sexually or physically abusing a child or adult.
- ____ 2. I am not currently and have never been under the supervision of Adult Probation and Parole or any other probation/parole authority.
- ____ 3. The name and phone # of the offender P.O. is: _____
- ____ 4. I have received a full disclosure of the sexual offense of the individual I will be supervising.
- ____ 5. I hold the offender accountable for the sexual abuse and have discussed this with the Therapist/P.O.
- ____ 6. I understand the need for the offender to be supervised around minors at all times (for Group A)
- ____ 7. I agree to be in line of sight and sound of the offender at all times.
- ____ 8. I have expressed concerns about the responsibility I am taking on with the Therapist/P.O. and agree to contact the Therapist/P.O. to discuss any other concerns that may arise in the future.
- ____ 9. I have discussed and have an understanding of high-risk situations which would be inappropriate for the individual I am supervising (offender give examples of high-risk situations).
- ____ 10. I agree to assertively communicate with the offender if I perceive inappropriate behavior or the situation becomes high risk.
- ____ 11. I agree to recommend the offender and I leave any situation, which becomes high risk for either children in the community or the individual I am supervising.
- ____ 12. I have discussed the parole/probation agreement of the offender I wish to supervise.
- ____ 13. I have discussed information about sexual abuse, boundaries, Group A, Group B, Group C and the type of behavior that is acceptable and/or unacceptable by the individual I am supervising.
- ____ 14. I understand that the offender does not have equal parenting rights with myself or the non-offending parent and will not participate in decision making and disciplinary actions with children.
- ____ 15. I agree to report any concerns that arise during supervised situations to the offender's individual Therapist/P.O. so they may be processed with the offender and appropriate interventions developed.
- ____ 16. I agree that the Therapist/P.O. or other member of the treatment team can contact me and inquire about the supervised visitations or other situations are going.
- ____ 17. I am aware of Utah's child abuse reporting laws and will report ANY illegal action to the authorities.
- ____ 18. I understand that becoming a supervisor does not grant automatic access to individuals or activities beyond what was specifically discussed (and approved) by the treatment team.
- ____ 19. I can pass a criminal background.
- ____ 20. I understand that neither offender nor supervisor can consume alcohol during a supervised activity.

I acknowledge and understand the importance and responsibility of supervising the above-mentioned offender at all times while he/she has contact with anyone under the age of 18 (for Group A offenders).

Supervisor Sign: _____ Print: _____ Date: _____

Clinician Sign: _____ Print: _____ Date: _____

PO Sign: _____ Print: _____ Date: _____