

SUPERVISOR ACKNOWLEDGEMENT FORM

Phone# _____ Relationship to Offender _____

	Offender Name		Offender #	
NITIAL				
	I have nover been consisted of convelly or physic	ally abusing a shild or adult		
1.	, , ,	lave never been convicted of sexually or physically abusing a child or adult.		
2.	·	am not currently and have never been under the supervision of Adult Probation and Parole or any other probation/parole authority.		
3.		ne name and phone # of the offender P.O. is:		
4.		ve received a full disclosure of the sexual offense of the individual I will be supervising.		
5.		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 sup-	derstand 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 offe	gree 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 a 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 (offende give examples of high-risk situations).			
10.	I agree to assertively communicate with the offer	der if I perceive inappropriate	e 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 sup	ervise.	
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 wit the offender and appropriate interventions developed.			
16.	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 a	im 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.	
acknowledge and	understand the importance and responsibility of sup under the age of 18 (for Group A offenders).	ervising the above-mentione	d offender at all times while he/she has contact with anyone	
Supervisor Sign:		Print:	Date:	
Clinician Sign:		Print:	Date:	

_____ Print: _____ Date: ____

Supervisor Name _____