

Cooke, Fannin and Grayson County Boot Camp Intake Checklist

Juvenile's Name: _____ **Date Completed:** _____

If you have any questions or need assistance with a Physical, TB test, Dental or Psychological/Behavioral Health Assessment call 903-786-6326 and ask for a Case Manager.

LEGAL RECORDS: Required in court placement order:

...with placement at the Grayson County Department of Juvenile Services until successful completion of the Boot Camp Program or until further orders of this Court, with Conditions of Probation attached hereto and made a part of this Order for all purposes.... * more information is provided at http://www.co.grayson.tx.us/Juvenile/Juve_Bootcamp.htm

TJPC 343 standards require the following items identified with ●

- **Adjudication and Disposition** (The Boot Camp General Offender and Specialized Substance Abuse program is a recommended 180 good day program. The Specialized Sex Offender Program is a recommended 270 good day program)
- **Interagency Application for Placement**
- **Psychological/Behavioral Health Assessment** (Completed within 12 months of intake)
- **Physical Examination** (Completed by an Medical Doctor within 30 days of intake)
- **Tuberculosis Test** (Completed within 1 year of admission)
- **Transcript/Disciplinary** (ARD record, if applicable) **and Immunization Records**
- **Dental Evaluation Form** (Completed within 30 days)
- **Birth Certificate**
- **Social Security Number**
- **Current Medication List**
- **Emergency Consent Form**

The following is a list of requested articles/items for the resident by the facility; the absence of these articles will not void an intake.

- The facility medical staff encourages the **Medical Screening Information** form to accompany the resident to the **physical** with the Medical Doctor. This will enable the Medical Doctor to address the resident's past medical history and assist in avoiding any medical delays.
- Conditions of Probation**-the resident will memorize his court ordered conditions of probation and this will aid in outlining the resident's visitation, phone and mail limitations.
- Insurance Information** (Legible Copy of Card)-used for a residents medical billing.
- SISD Web Publishing Permission Form**-some resident's school work is published on the internet.
- Confidentiality Releases** (i.e. previous counselors, placements, MHMR, etc.)-in order to request any previous records pertaining to the resident.
- Verification of Visitors, Mail & Phone Calls**-this helps identify unauthorized individuals the resident may try and contact (victims, gang members, etc) and assists in maintaining facility security.
- We request a 30-60 day supply of medication(s) and/or prescription(s) in order for the facility nurse to assess the resident for future medical reevaluations.
- One Pair of Running Shoes

SEX OFFENDER INFORMATION (In addition to above)

- Polygraph Permission Release
- Victim Statement
- Offense Report
- Risk Assessment/Results
- Verification of Registration
- RSOTP consent for Treatment Forms

FAMILY HISTORY

Biological Mother: _____ DOB: _____

Address: _____ Telephone #: _____

Biological Father: _____ DOB: _____

Address: _____ Telephone # _____

Marital Status of Both Parents: Never Married Married Divorced
 Separated Widow

Who does child live with: _____

How long resided there? _____

Previous living arrangements:

Other Significant Family Members:

Name	DOB	Relationship

Please Provide Email Address of Parent or Guardian

Name	Relationship	Email Address

Grayson County Department of Juvenile Services
MEDICAL AND MEDICATION AUTHORIZATION

I, the undersigned parent/legal guardian of _____, hereinafter referred to as "my child", do hereby authorize and extend permission to the Grayson County Department of Juvenile Services, Grayson County, it's officers, agents, and employees, hereinafter referred to as "the facility" to authorize and provide medical and mental health care for my child.

I do hereby authorize any doctor and/or medical or mental health facility selected by the Facility to render any and all necessary medical and/or mental health services to and for my child, including but not limited to examinations, injections, surgery and isolation for any contagious disease, and individual psychotherapy.

I do hereby authorize any medical and psychiatric care including but not limited to being seen/evaluated by a psychologist, psychiatrist, therapist and/or admittance into an inpatient psychiatric hospital.

I do hereby authorize the facility staff to administer prescription medication to my child as ordered by a physician. I understand that non-prescription medication will not be allowed unless approved by the administration of the facility.

I do understand that any cost incurred from the doctors or the hospital in which my child is referred is my responsibility. I also understand that any cost of prescription medication my child is ordered to take is also my responsibility.

I do hereby agree to save, hold harmless and indemnify the Facility of and from any and all claims, demands and causes of action whatsoever on account of or in any way resulting from or to result from the authorizing by the Facility of any such medical services or administration of prescription medication.

If your child is allergic to any food or drugs, please list them below:

Does your child have any medical or psychological problems that the Facility should know about? If so, list them below:

Additional medical information:

Is your child currently medically insured? YES NO
If yes, please provide the insurance name: _____, Policy Number

Is your child currently receiving Medicaid? YES NO
If yes, please provide the Medicaid Number:

Is your child currently receiving services from any of the following? (Check all that apply) MHMR _____
 MHMR Juvenile Alternatives Counseling

Please provide contact person with agency: _____

Parent or Guardian

Witness

DEPARTMENT OF JUVENILE SERVICES - 86 DYESS, DENISON, TEXAS 75020
SERVING COOKE, FANNIN AND GRAYSON COUNTY BOOT CAMP

PHYSICAL EVALUATION
Must be completed by an M.D.

Part 2

Name: _____ Age: _____ Date: _____
 Height: _____ Weight: _____ BP ___ / ___ Pulse _____
 Vision R 20/ _____ L 20/ _____ Corrected Y ___ N ___ Pupils _____
 Immunization Reviewed and Current Y ___ N ___ TB test administered (date) _____
 TB test read (must be read in 48-72 hrs.) Date: _____ Time: _____ Results: Pos. ___ Neg. ___

	Normal	Abnormal Findings
Cardiopulmonary		
Heart		
Lungs		
Tanner Stage		
Skin		
Abdominal		
Genitals		
Musculoskeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Dental		

Clearance: (Please circle A or B below)
Must be completed by an M.D.

A. Cleared for physically strenuous Boot Camp participation which will consist of daily running and various calisthenics including but not limited to: pushups, sit ups, jumping jacks, lunges.

B. Not Cleared due to: _____

Recommendations: _____

Date: _____

Signature of MD: _____ Date: _____ Time: _____

MD's Printed Name: _____ Telephone Number: _____

Address: _____

**DEPARTMENT OF JUVENILE SERVICES
RELEASE OF INFORMATION FORM**

RE: _____

A. I authorize

_____ of
(person, agency, school, physician, etc.)

_____ (address)

to release to the Department of Juvenile Services office located at 86 Dyess, Denison, TX

the following information: _____

for the specific purpose of _____

This authorization includes verbal communication.

B. I authorize the Department of Juvenile Services office to release

_____ of
(person, agency, school, physician, etc.)

_____ (address)

the following information: _____

for the specific purpose of _____

This authorization includes verbal communication.

I authorize A B Both A & B (circle appropriate choice)

I have read and I do understand the above consent for releasing information, and I do sign this authorization for Release of Information freely, voluntarily, and without coercion. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event, this consent expires automatically as described below. Specification of the date, event, this consent expires automatically as described below. Specification of the date, event, or

condition upon which this consent expires: _____

Signed this _____ day of _____ 200_.

Signature of parent, guardian or authorized person, if applicable

Signature of person authorizing disclosure

Signature of Probation Officer

Signature of Witness

**Sherman Independent School District & Cooke, Fannin, & Grayson County Boot Camp
Web Publishing Permission Form**

Name of Student _____ Date _____

Teacher/Classroom: Karen Lowe, English; Juli Robinson, Science; Kathy Stewart, Math;
Christina Boss, Social Studies; Mandy Phares, Reading & Electives

As part of the educational experience in Sherman ISD at the Boot Camp Campus, your child has the opportunity to publish and share his work on the Internet. Web publication offers your child a unique learning opportunity and has the following benefits:

- a. Makes class work engaging and exciting
- b. Allows him to receive feedback from other students, teachers, and staff members
- c. Enables him to practice and refine his communication skills

Throughout the year, we will be publishing our school newspaper, *The Bugle*, which will showcase our students' work. *The Bugle* is also accessible online, so you will be able to see your child's work and other activities here at Boot Camp. The online publications may include the following items:

- a. Writing (poems, articles, essays, etc.)
- b. Hand-drawn or computer-generated artwork
- c. Photos (first name and last initial only and profile shots only)
- d. Awards (honor roll, art contest winners, etc.)

YOUR CHILD'S PRIVACY

All efforts will be made to protect your child's privacy:

- Photos will be profile shots only and identified only by first name and last initial
- No personal information about the student, such as home address or telephone number will be published.
- Only first names and last initials will be used to identify student work/awards

To publish individual student writing, photos, voice, and artwork, parent or legal guardian permission is required. Please complete the section below:

I understand that my child's writing, artwork, and/or photo will be considered for publication on the Internet. I grant the following permissions:

Yes	No	Please check YES or NO below. You have permission to publish:
		My child's writing
		My child's artwork
		My child's photo (profile only, identified by first name and last initial only)

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

I _____ also give my permission for my work to be published.
(print student name)

Student Signature _____ Date _____

Sherman Independent School District
Student Enrollment Form
Boot Camp Campus # 004

Case Managers: Please fill out all areas down to the Teacher Section. Please give records to Mrs. Lowe.

Student's Name: (Last) _____ (First) _____
(MI) _____

SSN: _____ Date of Birth _____ Place of Birth _____

Native Language: Ethnicity: (circle one) Race: (you may check more than 1)

_____ English	_____ Hispanic/Latino	_____ American Indian or Alaskan Native
_____ Spanish	_____ NH Not Hispanic/Latino	_____ Asian
_____ Other	_____ Black or African American	_____ Native Hawaiian/Pacific Islander

Sex: MALE _____ White

Days _____ Case Manager _____

Home Address: _____

Parent/Guardian's Name: _____ Phone # : _____

Have you been attending school within the last few days/weeks? _____ yes _____ no Grade: _____

If yes, where was the last place you attended school? _____

If the last place was not a public school, what public school did you last attend? _____

If you have not attended school recently, when did you last attend school? _____

Where did you last attend? _____

Why are you no longer attending school? _____

.....

Teacher Section

Was the student in special education at the previous school? _____ yes _____ no

Notes/Comments: _____

Current Grade Level _____

Enrollment Date: _____



Verification of Visitors and Phone Calls

JPO's are required to have these forms completed before visits, mail and phone calls can be granted to a resident.

Only persons approved by JPO and Case manager will be allowed. Residents can only make phone calls to persons on approved list.

(Exception: Lawyers, Attorneys) **BY POLICY GUIDELINES: ONLY PARENTS, LEGAL GUARDIANS, ATTORNEYS, COUNSELORS AND CLERGY MAY VISIT**

PLEASE PRINT-the information must be legible in order to proceed with the verification/clearance process. Failure to clearly fill the information out will result in a delay in the process.

Resident's Name:					Date of Admission:		
Name of Legal Parents or Legal Guardians ONLY	Relation	DOB	Drivers License#	Phone #	Approved for Phone List by JPO?	Approved for Visitation by JPO?	Facility use only Approved by CM

Name of Attorney, Counselor or Clergy	Relation	DOB	Drivers License#	Phone #	Approved for Phone List by JPO?	Approved for Visitation by JPO?	Facility use only Approved by CM

I agree to release the above information for the purpose of a criminal background check as required for facility security. Applications with criminal convictions will not automatically be excluded from visits.

Parent/Legal Guardian

Parent/ Legal Guardian

Parent/Legal Guardian

Parent/Legal Guardian

JPO

Date



SPECIAL VISITATION

The facility can grant special visitation and phone privileges to family members that have the potential for rehabilitative support. Below is a list of Additional family members that are **REQUIRED** to meet department security guidelines first before they are approved for the special Visitation and Phone List. They are not eligible until they are approved by the facility.

PLEASE PRINT- The information must be legible in order to proceed with the verification/clearance process.
Failure to clearly fill the information out will result in a delay in the process.

Name of Additional Persons requested by Family to be Approved	Relation	DOB	Mailing Address	Approved for Phone List by JPO?	Approved for visitation by JPO?	Facility use only Approved by CM ↓

ATTENTION

In order for the family members listed above to be approved for visitation and phone they must complete the clearance process which consists of a background check that may take several weeks.

After we have received this form back we will mail out a criminal history information request to the mailing address listed above that is different from your child's home address. The parent/guardian will receive blank forms in the Parent/Guardian BC packet that will be mailed to them after their child is admitted. The forms are to be mailed back as soon as possible in order to start the clearance process.

After we have received the forms back the facility will conduct the background check and the resident will be notified of the approved family members. Applications with criminal convictions will not automatically be excluded from visits.

FAMILY MEMBERS WILL NOT BE ALLOWED TO VISIT OR RECEIVE PHONE CALLS UNLESS THEY HAVE BEEN CLEARED BY THE FACILITY.



Department of Juvenile Services

86 Dyess, Denison, Texas 75020
Telephone (903) 786-6326, FAX (903) 786-9401

Authorization Form for Criminal Background Check

As a perspective visitor of Grayson County Department of Juvenile Services, I understand that the department will obtain criminal history information and/or check references as part of their screening process using the information provided below. Applications with criminal convictions will not automatically be excluded from visits.

PLEASE PRINT CLEARLY

Last Name: _____

First Name: _____

DOB: _____ DL# and State: _____

SS#: _____ Race: _____ Gender: _____

Signature: _____ Date: _____

- You must present a valid picture ID (Driver's License, school ID, etc.) as part of the verification process prior to admission in to the facility
- During the first visit, staff will go over the department visitation rules with you and make a copy of your ID
- No more than three visitors will be allowed at one time – this includes children

For Department of Grayson County Juvenile Services Use ONLY:

_____ APPROVED

_____ NOT APPROVED

_____ INITIAL

_____ DATE

Resident's Name: _____ Case Manger: _____

REQUIRED RUNNING SHOES

TO: Parent and JPO

The child will be exercising everyday on gravel, dirt and grass tracks. Exercises will consist of running, football, soccer, basketball and other outside sports. He will need a good pair of running shoes, off road shoes, cross training shoes with non-marking soles. These shoes provide stability, control and ventilation and are built to handle the different terrain and provide support your child will need.

No skate board or basketball shoes as these shoes may contribute to aches, pains, athletes feet and/or foot and ankle injury.

Below are examples of required shoes.



JUVENILE SEXUAL OFFENDER PROGRAM

ASSESSMENT AND TREATMENT CONTRACT

I, _____, agree to enter into an agreement with the Grayson County Sex Offender Treatment Program's Licensed Sex Offender Treatment Providers, to provide me with assessment and/or treatment services. I understand and agree to all of the following conditions regarding my assessment and treatment.

- A. I agree to be completely honest and take full responsibility for my sexual offenses and my behavior.
- B. I agree to attend all scheduled appointments, both individual and group and to attend on time.
- C. I agree to notify my therapist and my probation officer as soon as possible, concerning any situation that affects my attendance or promptness in treatment.
- D. I understand that the only acceptable excuse for absence or lateness is a verifiable medical reason or a death in the immediate family.
- E. I understand that I will be required to make up any group session missed by scheduling an individual appointment or attending a makeup group within two weeks of my absence.
- F. I agree not to disclose any information regarding another group member, including that individual's identity, to anyone outside this treatment program. (This includes family members, friend, or whomever I might be with, if I were to happen to see another group member in a public setting such as school, a store, restaurant, etc.)
- G. I agree to inform my therapist of the nature of any contact that I might have with another group member while outside of the treatment sessions, other than routine contact with other members within the boot camp setting.
- H. I agree to actively participate in all group sessions to the satisfaction of the therapist and other group members. This involves responding in an open manner to questions, providing input to other group members, participation in group activities, remaining focused on treatment issues, etc.
- I. I agree to comply with all treatment requirements and to follow and successfully complete the treatment program. This includes the completion of homework as assigned by the therapist. Completed homework assignments are to be handed in at group sessions.
- J. I understand that as my therapist becomes better acquainted with my individual needs, changes may be made in my treatment program. I understand that changes will be made for the purpose of improving my program and I agree to comply with any changes should they be necessary for my progress. I also understand as new information/research regarding the treatment of sexual offenders becomes available, my treatment may be changed as well.
- K. I agree not to attend any session while under the influence of alcohol or drugs.
- L. I agree not to become verbally or physically threatening or assaultive towards any staff member, or other group member, whether inside or outside of the office.
- M. Although confrontation of denial and thinking errors is a necessary part of treatment, I agree to interact with my therapist and other group members in a verbally respectful manner.
- N. I agree not to attempt to initiate any sexual contact with any other group members. If another member attempts to initiate sexual contact with myself, I agree to report this to my therapist.

- O. I agree not to commit a criminal offense or to behave in any way that violates any existing conditions of probation imposed on me.
- P. I agree not to have any contact with children who are within the age range with whom I am prohibited from having contact.
- Q. I understand that my treatment progress is based entirely on me and the effort I choose to make. I understand that I am the only person who can control my behavior and I take full responsibility for my actions.
- R. I understand that my behavior is extremely dangerous to others and that any degree of relapse is unacceptable. I therefore, agree to take whatever steps necessary to prevent such a relapse including changing my environment (i.e., job, relationships, activities, places I go), voluntarily entering a more intensive treatment program, etc.
- S. I understand that due to the nature of my particular problems, specific treatment techniques are required in order for me to gain the most benefit from my therapy. I agree to participate in and satisfactorily complete the prescribed programs.
- T. I understand that the failure to comply with or maintain this treatment agreement at any time shall be cause for my immediate termination from this program.
- U. I understand that if my probation officer files a motion to adjudicate or a motion to revoke my probation, my therapist is likely to be asked to testify in my revocation hearing and will discuss my participation in treatment, homework assignment, attendance, any information obtained from assessments, and my level of risk, in the courtroom as well as with the appropriate county or district attorney's office in preparation for my hearing.
- V. I, as the parent/legal guardian, will cooperate with counseling as directed by the Juvenile Court and/or my child's juvenile probation officer. This includes family counseling for myself and any counseling ordered for my child.

Client

Date

Parent or Legal Guardian

Date

Probation Officer

Date

Therapist

Date

TEXAS JUVENILE SEX OFFENDER RISK ASSESSMENT INSTRUMENT

Please read instructions on reverse prior to the completion of this instrument

PART I – GENERAL INFORMATION

Date of Assessment:	Offender Name:	Gender:	SID#:	PID/TYC #:	Referral #:
Date of Birth:	Ethnicity:	Date of Offense:	Current Sex Offense:	Penal Code Citation:	
Evaluator's Name:		Title:		Location:	
Disposition Date:		Type of Disposition:			
		<input type="checkbox"/> Probation At-Home	<input type="checkbox"/> Determinate Sentence Probation	<input type="checkbox"/> Certified	
		<input type="checkbox"/> Non-Secure Placement	<input type="checkbox"/> Secure Placement	<input type="checkbox"/> TYC	

PART II - VARIABLES

	Score	Notes/Comments
1. CURRENT SEX OFFENSE:		
A. Seriousness of Sex Offense		
Felony	1	_____
Misdemeanor	0	
B. Use of Weapon in the Sex Offense		
Firearm/Cutting Instrument	2	_____
Other Weapon.....	1	
None	0	
2. AGE AT FIRST REFERRAL		
10 Years of Age	2	_____
11 – 14 Years of Age	1	
15 Years of Age or Older	0	
3. PRIOR ADJUDICATIONS FOR SEX OFFENSES		
2 or more prior adjudications for sex offenses	2	_____
1 prior adjudication for sex offense(s).....	1	
No prior adjudications for sex offense	0	
4. PRIOR REFERRALS FOR SEX OFFENSES		
2 or more prior referrals for sex offenses.....	2	_____
1 referral for a sex offense.....	1	
No referrals	0	
5. PRIOR ADJUDICATIONS FOR FELONY OFFENSES		
2 or more prior adjudications for felony offenses.....	2	_____
1 prior adjudication for a felony offense(s).....	1	
No prior adjudications for felony offense	0	
6. PRIOR FELONY REFERRALS		
2 or more prior felony referrals	2	_____
1 felony referral	1	
No felony referrals.....	0	

**DISPOSITION ON REGISTRATION STATUS
UN-REGISTRATION PROCESS**

Full

Excuse

Non-Public

Deferred Until Completed Sex Offender Treatment
(JPO notifies court date treatment completed)

Deferred Date: _____

Treatment Completion Date: _____

Total Score

0 – 1	Low Range	1
2 – 5	Moderate Range	2
6 – 13	High Range	3

Assigned Risk Level

Signature of Judge or TDCJ Risk Assessment Committee Member

Date

Judge's Override

Texas Juvenile Sex Offender Risk Assessment Instrument

INSTRUCTIONS

PART I: IDENTIFYING INFORMATION

Date of Assessment:	Enter month, day and year the assessment was completed.
Offender Name:	Enter offender's last name, first name and middle initial.
SID Number:	Enter offender's state identification number.
PID/TYC Number:	Enter offender's identification number.
Referral Number:	Enter offender's referral number.
Date of Birth:	Enter month, day and year of offender's birth.
Ethnicity:	Enter offender's ethnicity.
Date of Offense:	Enter the month, day and year of the current adjudicated sex offense and the corresponding penal code citation.
Current Sex Offense:	Enter current adjudicated sex offense.
Penal Code Citation:	Enter the Texas Penal Code Citation for the offense.
Evaluator's Name and Title:	Enter name of person completing the evaluation and his/her title.
Location:	Enter county and court of adjudication or name of secure facility in which the youth is placed at the time of assessment.
Disposition Date:	Enter date disposition hearing held.
Type of Disposition:	Check type of disposition as Probation At-Home or Non-Secure; Secure Placement; TYC; Determinate Sentence Probation; or Certified

PART II: RISK ASSESSMENT

- Current sex offense:** Juvenile's most recent adjudicated sex offense and now requires he/she register.
 - Seriousness of Offense: If the most recent adjudicated sex offense is a felony enter a "1" in the box. If the most recent adjudicated sex offense is a misdemeanor, enter a score of "0" in the box.
 - Use of Weapon: If the most recent adjudicated sex offense involved the use of a firearm or cutting instrument, enter a score of "2" in the box. If the sex offense involved the use of any other weapon which threatened or resulted in bodily injury enter a score of "1" in the box. If the sex offense did not involve the use of a weapon, enter a "0" in the box.
- Age at first referral:** Offender's age at the time he/she was referred to juvenile court for the first time.
 - If the offender was 10 years of age at the time of first juvenile referral, enter a score of "2" in the box at the right.
 - If the offender was 11 – 14 years of age at the time of the first juvenile referral, enter a score of "1" in the box.
 - If the offender was 15 years of age or older at the time of the first juvenile referral, enter a score of "0" in the box.
- Prior adjudications for sex offenses:** Adjudicated sex offenses occurring prior to the current or most recent adjudicated sex offense. Sex offenses are those for which adjudication requires sex offender registration. The count refers to the number of separate adjudication hearings at which the youth was adjudicated for a sex offense requiring registration and *not* to the number of offenses adjudicated.
 - If the offender had 2 or more prior adjudications for sex offenses, enter a score of "2" in the box.
 - If the offender had 1 prior adjudication for sex offense(s), enter a score of "1" in the score box.
 - If the offender has had no prior adjudications for sex offense, enter a score of "0" in the score box.
- Prior referrals for sex offenses:** The number of juvenile referrals for sex offenses the youth had prior to the current or most recent sex offense. Sex offenses are those for which adjudication requires sex offender registration. The number of referrals relates to the number of times the youth was referred to the juvenile court for a sex offense and *not* to the total number of offenses for which he was referred. The number entered must include referrals for sex offenses that were also previously adjudicated and counted in number 3 above.
 - If the offender had 2 or more prior referrals for a sex offense, enter the score of "2" in the box.
 - If the offender had 1 prior referral for a sex offense, enter the score of "1" in the box.
 - If the offender has no prior referrals for sex offenses, enter a score of "0" in the box.
- Prior adjudications for felony offenses:** All felony adjudications prior to the current or most recent sex offense. This includes adjudications for any felony offenses, sex related or non-sex related. The number entered refers to the number of separate adjudication hearings at which the youth was adjudicated for a felony offense and *not* to the number of offenses adjudicated.
 - If the offender has 2 or more prior adjudications for felony offenses, enter a score of "2" in the box.
 - If the offender has 1 prior adjudication for felony offense(s), enter a score of "1" in the box.
 - If the offender has no prior adjudications for felony offense, enter a score of "0" in the box.
- Prior felony referrals:** All felony referrals prior to the current offense. The number of referrals relates to the number of times the youth was referred to the juvenile court and *not* to the number of offenses for which he/she was referred. This may include referrals that were later adjudicated. This number entered must include referrals for felony offenses counted in numbers 3-5 above.
 - If the offender has 2 or more prior felony referrals, enter a score of "2" in the box.
 - If the offender has 1 prior felony referral, enter a score of "1" in the box.
 - If the offender has had no prior felony referrals, enter a score of "0" in the box.

Disposition or Registration Status: Check court action regarding Registration status: Full Registration, Excused or Exempt Registration, Non-Public Registration, or Deferred Registration until completed sex offender treatment and juvenile probation department notifies court of the date treatment was completed.

Total Score: Add the scores in each box and enter the sum in the box labeled "Total Score".

Assigned Risk Level: A score between 0 and 1 indicates that the person poses a low danger to the community and will not likely engage in criminal sexual conduct. A score of 2-5 indicates that the person poses a moderate danger to the community and may continue to engage in criminal sexual conduct. A score of 6 – 13 indicates that the person poses a serious danger to the community and will continue to engage in criminal sexual conduct. Based on this risk assessment instrument, a low risk corresponds to a risk level "1", a moderate risk corresponds to a risk level of "2", and a high risk corresponds with a risk level of "3". In the box to the right, enter a "1" for low-risk level, a "2" for a moderate-risk level, and a "3" for a high-risk level. The Court must enter the assignment of the risk level.

Signature/Date: The judge, or judicial designee, signs and dates the form on the day the offender is placed on probation.

Wood & Associates Polygraph Service

2303 B Roosevelt Drive

Arlington, Texas 76016

(817) 275-0447

Fax: (817) 276-9566

PARENT'S OR GUARDIAN'S CONSENT FOR MINOR TO RECEIVE POLYGRAPH

I _____ hereby state that I am the parent/guardian of
_____, a minor. I do hereby give my permission for
a polygraph examination to be administered to _____;
such test to be given by an examiner of Wood & Associates Polygraph Service in Arlington,
Texas.

To file a complaint against a polygraph examiner, contact the Texas Department of Licensing and
Regulation, P.O. Box 12157, Austin, Texas 78711, 1-800-803-9202, 512-463-6599,
www.license.state.tx.us or cs.polygraph@license.state.tx.us.

(Signature)

(Date)

(Witness)