



## Case Consultation Staffing Sheet

**Offender Name:**

**Age:**

**Gender:**

**Current Offense:**

**Prior Record:**

**Offender Strengths:**

**Risk Level (circle):**

Minimum

Low

Moderate

High

| Responsivity Factors |                |                   |
|----------------------|----------------|-------------------|
| Gender               | Culture        | Health            |
| Developmental Age    | Transportation | Vulnerability     |
| Housing              | Mental Health  | Functioning Level |
| Aggressiveness       | Language       | Motivation        |
| Other:               | Other:         | Other:            |

| Criminogenic Needs (circle all that apply) |                        |                                 |                        |
|--|------------------------|---------------------------------|------------------------|
| Anti-Social Beliefs                        | Anti-Social Companions | Temperament/<br>Self Regulation | Family Stressors       |
| Substance Abuse                            | Employment             | Education                       | Leisure/<br>Recreation |

**Triggers:**

**Current Case Challenge:**

**What Was Previously Tried:**

**Consultation Goal:**