

US PROBATION OFFICE – SOUTHERN DISTRICT OF GEORGIA
90-DAY SEX OFFENDER TREATMENT PLAN

Offender Name: _____

Treatment Program: _____

Date: _____

DSM IV Diagnosis: _____

Short Term Goals/ Time Frame:

Long Term Goals/ Time Frame:

Measurable Objectives:

Frequency of Services:

Specific Criteria for Treatment Completion:

Documentation for Treatment Plan Review (Including D/O Input):

Information on Family/ Significant Others:

Continued Need for Treatment (Check One): Yes No

Additionally, the vendor shall:

- A. Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the offender. Yes No

Comments:

- B. Be individualized to meet the offender’s needs.

Comments:

- C. Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment.

Comments:

- D. Define the offender’s expectations of treatment, the expectations of his/her family (when possible) and support systems of the treatment process, and address the issue of ongoing victim input (if possible).

Comments:

- E. Note the type and frequency of services to be received.

Comments:

- F. Note the specific criteria for treatment completion and the anticipated time frame.

Comments:

- G. Provide documentation of treatment plan review (including offender’s input), documenting continued need for treatment at least every 90 days. Yes No

Comments:

- H. The Treatment Plan is included with the Monthly Treatment Report provided to the USPO after every revision, but at least every 90 days. Yes No

Comments:

Additional Comments:

Counselor Signature

Date