



## 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/ Self Regulation	Family Stressors
Substance Abuse	Employment	Education	Leisure/ Recreation

**Triggers:**

**Current Case Challenge:**

**What Was Previously Tried:**

**Consultation Goal:**