

IDAHO SEX OFFENDER TREATMENT
QUARTERLY PROGRESS REPORT

Date: _____ Officer Name: _____

Client Name (Last, First): _____ DOC Number: _____

Quarter Being Reported: _____

Number of groups attended this quarter:
 Number of individual sessions attended this quarter:
 Current treatment status:
 Outstanding balance (if applicable):

Last Polygraph: _____ Next Polygraph: _____

Specific issues addressed in treatment:

Treatment compliance and progression:

Life stresses, areas of concern or issues:

Additional comments/concerns:

Dynamic Risk Factors

Acute Dynamic Risk Factors: (Rate 0 to 5: 0=Not present, 1=No concern, 3=Possible issue, 5=High risk)

Negative Mood	0	1	2	3	4	5	Anger	0	1	2	3	4	5
Substance Abuse	0	1	2	3	4	5	Victim Access	0	1	2	3	4	5
Sexual Preoccupation	0	1	2	3	4	5	Poor Hygiene	0	1	2	3	4	5
Sees Self as No Risk	0	1	2	3	4	5	Collapse of Family Support	0	1	2	3	4	5
Collapse of Residence	0	1	2	3	4	5	Collapse of Employment	0	1	2	3	4	5
Noncompliance with Treatment	0	1	2	3	4	5	Noncompliance with Supervision	0	1	2	3	4	5

Stable Dynamic Risk Factors: (Rate 0 to 5: 0=Not present, 1=No concern, 3=Possible issue, 5=High risk)

Intimacy Deficits	0	1	2	3	4	5	Conflicts in Relationships	0	1	2	3	4	5
Deviant Sexual Arousal	0	1	2	3	4	5	Poor Self Regulation	0	1	2	3	4	5
Pro-Offending Attitudes	0	1	2	3	4	5	Negative Social Supports	0	1	2	3	4	5
Noncompliance with Treatment	0	1	2	3	4	5	Noncompliance with Supervision	0	1	2	3	4	5

Therapist/Title