

(FACILITY NAME)

INITIAL \_\_\_\_\_

RECLASSIFICATION \_\_\_\_\_

**CLASSIFICATION COMMITTEE FORM**

Date: \_\_\_\_\_ Counselor: \_\_\_\_\_ Offender: \_\_\_\_\_  
(Date Offender Arrived at Facility)

ID#: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Dorm: \_\_\_\_\_ MH/MR: Y / N

Date Classified: \_\_\_\_\_ Security: \_\_\_\_\_ I / O TPM: \_\_\_\_\_ MRD: \_\_\_\_\_

County of Conviction: \_\_\_\_\_ # of Prior Incarcerations: \_\_\_\_\_ Behavior Level: \_\_\_\_\_

Major Offense/Sentence: \_\_\_\_\_

Criminal History: \_\_\_\_\_

\_\_\_\_\_ Total Fines: \_\_\_\_\_

Gang Affiliations: \_\_\_\_\_

Pending Charges/Detainers: \_\_\_\_\_

Sex Offenses: \_\_\_\_\_

Escape History: \_\_\_\_\_

Disciplinary History (Last 12 months): \_\_\_\_\_

Medical Profile/Date/Limitations: \_\_\_\_\_

Job Skills: \_\_\_\_\_

Education: \_\_\_\_\_ WRAT/TABE Scores: IQ: \_\_\_\_\_ M: \_\_\_\_\_ R: \_\_\_\_\_ S: \_\_\_\_\_

Mandated Programs (From Parole Board/Court): \_\_\_\_\_

Recommended Programs: \_\_\_\_\_

Counselor Comments/Recommendations: \_\_\_\_\_

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**CLASSIFICATION COMMITTEE ACTION**

Program Assignment: \_\_\_\_\_ To \_\_\_\_\_

Detail Assignment: \_\_\_\_\_ To \_\_\_\_\_

Dorm Assignment: \_\_\_\_\_ To \_\_\_\_\_

Behavior Level: \_\_\_\_\_ To \_\_\_\_\_

Next Security Review: \_\_\_\_\_

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**CLASSIFICATION COMMITTEE DECISION**

Date: \_\_\_\_\_ Chairperson Comments: \_\_\_\_\_

APPROVED / DENIED

\_\_\_\_\_  
C/T MEMBER

\_\_\_\_\_  
CHAIRPERSON

\_\_\_\_\_  
SECURITY MEMBER

(FOR OUTSIDE DETAILS):

\_\_\_\_\_  
DWC&T Date

\_\_\_\_\_  
DW SECURITY Date

\_\_\_\_\_  
WARDEN Date

APPROVED / DENIED

APPROVED / DENIED

APPROVED / DENIED