

INITIAL \_\_\_\_\_

RECLASSIFICATION \_\_\_\_\_

**CLASSIFICATION COMMITTEE FORM**

Date: \_\_\_\_\_ Counselor: \_\_\_\_\_ Arrived From: \_\_\_\_\_

Resident: \_\_\_\_\_ GDC ID#: \_\_\_\_\_ EF#: \_\_\_\_\_

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

Date of Arrival: \_\_\_\_\_ Security: \_\_\_\_\_ TPM: \_\_\_\_\_ MRD: \_\_\_\_\_

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

Crime/Sentence: \_\_\_\_\_ Sex Offender **Y/ N**

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

Gang Affiliations: \_\_\_\_\_ Pass Eligible **Y/ N**

Disciplinary History: \_\_\_\_\_

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

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

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

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

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

**Classification Committee Action**

Recommendations: \_\_\_\_\_

**Classification Committee Decision**

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

Approved / Disapproved

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

\_\_\_\_\_  
CHAIRPERSON

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

\_\_\_\_\_  
SUPERINTENDENT

**RETENTION SCHEDULE:** Upon completion, attachments 2 will be placed in the resident institutional file and retained according to the official retention schedule for that file.