

GEORGIA DEPARTMENT OF CORRECTIONS

MH/MR Services

Activity Therapy Assessment – for Specialized Mental Health Treatment Program

Date: _____

Name: _____ GDC#: _____ DOB: _____ Race: ____ Sex: ____

Facility: _____ SMHTU Program: _____

Admission Date: _____ Offender’s Level of Care: II III IV (circle)

Original Assessment Date: _____ Annual Review Date: _____

Transfer Review Date _____ Facility: _____

I. Presenting Problems/Issues (list factors such as reasons for referral)

Initial Assessment/Concerns	Review

II. Background Info. (List factors such as age, race, education, relationship with family, previous jobs etc)

Initial/Yearly	Review
Job Skill:	Job Skill:
Education:	Education:
Relationship w/ Family:	Relationship w/ Family:
# of children:	# of children:
Military Service:	Military Service:

III. Medical Precautions/Limitations/Disabilities

Initial/Yearly	Review

IV. Other Concerns that may affect participation (list factors such as emotional, social & cognitive concerns)

Initial/Yearly	Review

V. Inmate’s Strengths & Weakness

Initial/Yearly	Review
Strengths:	Strengths:
Weaknesses:	Weaknesses:

Activity Therapy Assessment

Name: _____ GDC#: _____

VI. Leisure History/Behavior

List the following activities that you enjoy participating in:

Initial/Yearly	Review
Hygiene	Hygiene
Social Activities	Social Activities
Physical Activities	Physical Activities
Spectator Events	Spectator Events
Creative Arts	Creative Arts
Passive Activities	Passive Activities
Activities w/Family & Friends	Activities w/Family & Friends

VII. Activity Therapy Treatment Recommendations/Plan

Inmate will be placed in activity therapy services to improve:

- Leisure Awareness/Education
 Social Skills Interaction
 Impulsivity
 Aggression
 Anger
 Anxiety
 Mood Management
 Other: _____

VIII. Level Review

Activity Therapy Review and Participation Summary	AT Signature

Activity Therapist Signature/Title

Date

Offender Signature

Date

Review Signatures:

Activity Therapist Signature/Title

Date

Offender Signature

Date