

Georgia Department of Corrections

Mental Health Department

Psychological Evaluation for the Parole Board¹

Date: _____

Facility: _____

Name: _____

GDC #: _____

DOB: _____

Race: _____ Sex: _____

Background Information

1) **Education and employment skills:**

Offenders highest level of education: _____ GED: [☐] No [☐] Yes

History of self-support through legitimate employment: _____

Skills for future employment: _____

Adaptive living skills (specify any noted deficiencies): _____

2) **Test Scores:** (Please do not leave blank.)

Culture Fair [CFIQ]: _____ Other intellectual assessment (specify test and scores): _____

Other assessments: _____

3) **Substance Dependence/Abuse:**

Specify substance(s): _____

Associated with criminal conduct? [☐] No [☐] Yes, explain _____

Treatment while incarcerated? [☐] No [☐] Yes, explain _____

4) **Incarceration Behavior:**

Violent Behavior during incarceration: [☐] No [☐] Yes, explain _____

Prolonged periods in lockdown: [☐] No [☐] Yes, explain _____

Placement in SMU: [☐] No [☐] Yes, explain _____

Name: _____

ID# _____

5) Physical Health:

Indicate significant medical problems and associated functional impairment: _____

History of traumatic brain injury [TBI] that compromises functioning: _____

6) Mental Health:

History of MH problems/treatment in community: ☐ No ☐ Yes, explain _____

Currently on a mental health caseload: ☐ No ☐ Yes

Has been on a mental health caseload in the past while incarcerated: ☐ No ☐ Yes

Current diagnosis and level of care: _____

Cooperative with non-pharmacological treatment: ☐ No ☐ Yes

Psychotropic medication: ☐ No* ☐ Yes**

*If no, was offender ever prescribed psychotropic medication in GDC? ☐ No ☐ Yes When was/were the medication(s) discontinued? _____ Why? _____

**If yes, list current medication(s): _____

Medications administered: _____ Orally _____ By Injection

Compliant with Medication: ☐ No ☐ Yes Involuntary Medication: ☐ No ☐ Yes

Number of ACU/CSU placements within last five (5) years: _____ Previous year: _____

Number of mental health restraint orders during the past year: _____

7) Social:

Presence and quality of familial/social support system: _____

*Parole Address: _____, City/State/Zip _____

Name: _____

ID# _____

*Primary Support living with Offender at above address: (Provide name/relationship) _____

*** - must be completed for parole consideration**

Interview:

Current Mental Status: _____

Attitude toward offense (identify original offense and include consideration of remorse, empathy):

Summary and Conclusions: (In answering the following, consider such factors as pro-social support for community living, employability, treatment compliance, physical and mental health issues, substance abuse/dependence, history of criminal and violent behavior, and other issues as relevant.)

What are the offender's strengths, i.e., protective factors, for pro-social adjustment in the community?

What are the risk factors that could compromise community adjustment? _____

Name: _____

ID# _____

Recommendations for community mental health services/support if the offender is granted parole:

☐ Yes; Parole address provided on page 2 ☐ No parole address provided during this evaluation

Mental Health Counselor's Printed name and title [if counselor completed pages 1 & 2]

Mental Health Counselor's Signature

Psychologist's Printed name and title

Psychologist's Signature

¹Pages 1 & 2 of this evaluation may be completed by a licensed master-level mental health counselor who is or is not assigned as counselor to the offender unless otherwise requested by Parole. Offenders serving a life sentence or a sentence due to a sexual abuse charge will be evaluated by a psychologist who has a Doctoral Degree and is currently licensed by the Georgia Board of Examiners as an Applied Psychologist (SOP 508.15 / VG31-001).

To be returned to the Parole Board within thirty (30) days of the receipt of the request for evaluation. Completed evaluations should be emailed to: Mental.Health@pap.ga.gov

Retention Schedule: Original completed form shall be sent to the Parole Board. A copy will be placed in the offender's mental health file (section 4). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.