

**Tier II Segregated Transition Education Program (Tier II STEP)
30 Day Review Hearing Form**

Date _____

I. Offender: _____ **GDC #:** _____

II. Tier II STEP Classification Committee observations noted during the previous 30-day period:

II. Date Classification Committee observations served on offender: _____
(must be served 48-hours prior to hearing)

IV. Hearing Date: _____ **Hearing Time:** _____

V. Offender's rebuttal: _____

VI. Tier II STEP Classification Committee Recommendation:

The above offender has been informed that a 30-Day Review was conducted with the following recommendation for his or her Assignment:

Recommendation: ☐ On Track to exit Program w/in 90 days
 ☐ Not making adequate progress, may not be ready to exit w/in 90 days

DW Security/Date Unit Manager/Date MH Member/Date GP Counselor/Date

VII. Warden/Designee Review:

I ☐ concur / ☐ disagree with the Tier II STEP Classification Committee's Recommendation and the following recommendation(s) has been made in this case:

Comments: _____

Warden/Designee Signature

Date

VIII. Offender's Acknowledgment of 30-Day Review Hearing

Signature/Date