



# Bureau of Corrections

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## INDIVIDUAL PROGRAM RECIPIENT EVALUATION

Page 1 of 1

Name of inmate: \_\_\_\_\_ Prison No. \_\_\_\_\_ Age: \_\_\_\_

Case: \_\_\_\_\_

Sentence \_\_\_\_\_

Time Served: \_\_\_\_\_

Date admitted to TC: \_\_\_\_\_ Duration of stay in TC: \_\_\_\_\_

	Rating:	1	2	3	4	5
<b><u>I-Behavior Aspect</u></b>						
a. Openness						
b. <u>Responsibility</u>						
c. Awareness						
d. Commitment						
<b><u>II-Drug Dependency/usage Rehabilitation</u></b>						
a. Most recent drug indulgence						
b. TC Activities Attended						
c. Has drug usage/Dependence been overcome						
d. Employable skills learned in TC						
<b><u>III-Program recipient's socio-Economic Plans upon release.</u></b>						
<b><u>IV-Determination of need for drug test.</u></b>						

Rater: Evaluation Team Average Rating: \_\_\_\_\_ Date: \_\_\_\_\_

Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Recommendation:

1. \_\_\_\_\_
2. \_\_\_\_\_

Noted:

\_\_\_\_\_

Prepared by:

\_\_\_\_\_

Approved: \_\_\_\_\_