

New York State Department of Corrections and Community Supervision

Correctional Facility SHU Evaluation Report

TO: SHU Sergeant (7-3 Shift) _____

FROM: _____ Chairperson, SHU Management Committee

DATE: _____

The following incarcerated individual is scheduled for review by the SHU Management Committee:

Name: _____ DIN: _____ Location: _____

SHU admission date: _____ Scheduled SHU Release date: _____

Security staff assessment:

Please review the listed categories with subordinate custodial staff most familiar with the incarcerated individual's adjustment.

	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Relationship with incarcerated individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List security staff who provided input:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Cell study teacher assessment (when applicable) Name: _____ Date: _____

1. Incarcerated individual is actively participating in the cell study to the best of their ability? Y ___ N ___
2. Incarcerated individual is respectful and appropriate in their dealings with academic staff? Y ___ N ___
3. Incarcerated individual is interested in continuing academic programming after SHU release? Y ___ N ___

Comments: _____

Offender Rehabilitation Coordinator assessment Name: _____ Date: _____

1. Incarcerated individual is aware of operation of SHU Management Committee? Y ___ N ___
2. Incarcerated individual is respectful and appropriate in dealings with ORC? Y ___ N ___
3. Incarcerated individual understands long and short-term goals discussed with ORC? Y ___ N ___

Comments: _____

UPON COMPLETION: FORWARD TO COMMITTEE CHAIRPERSON

Committee Recommendations: _____ Date: _____

Recommend Time Cut of: _____ Time Cut Not Recommended

Comments: _____

Committee Members:	Name _____ Title _____	Name _____ Title _____	Name _____ Title _____
	Name _____ Title _____	Name _____ Title _____	Name _____ Title _____

Superintendents Decision: Concur Reject Modify _____

Comments: _____

Signature: _____ Date: _____