

COMPREHENSIVE OFFENDER ACTIVITY & GROWTH DOCUMENTATION CHECKLIST

For Parole Hearing Mitigation Analysis

Client Name: _____ TDCJ Number: _____

Unit: _____

Instructions: Please complete this checklist as thoroughly as possible. Check all boxes that apply and provide detailed information where requested. This information will be used to gather supporting documentation and testimonials from facility staff for your parole hearing preparation.

EDUCATIONAL ACTIVITIES & ACHIEVEMENTS

Formal Education Programs

☐ GED Preparation/Completion

- Program dates: _____
- Instructor name: _____
- Current status: _____

☐ Adult Basic Education (ABE)

- Level completed: _____
- Instructor name: _____
- Dates of participation: _____

☐ College Courses

- Institution: _____
- Courses completed: _____
- GPA/grades: _____
- Instructor contacts: _____

☐ Other Educational Programs

- Program name: _____
- Completion date: _____
- Instructor: _____

Self-Directed Learning

☐ Library Usage

- Frequency of visits: _____
- Types of materials studied: _____
- Librarian who can verify: _____

☐ Reading Programs/Book Clubs

- Program name: _____
- Books read (list favorites): _____
- Facilitator name: _____

☐ Correspondence Courses

- Institution/organization: _____
 - Subject matter: _____
 - Completion status: _____
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VOCATIONAL TRAINING & WORK ASSIGNMENTS

Formal Vocational Programs

☐ Trade Certification Programs

- Trade/skill: _____
- Certification earned: _____
- Instructor name: _____
- Dates: _____

☐ Windham School District Programs

- Program name: _____
- Skills learned: _____
- Instructor contact: _____

Work Assignments

☐ Kitchen/Food Service

- Position held: _____

- Supervisor name: _____
- Duration: _____
- Responsibilities: _____

☐ Maintenance/Janitorial

- Specific duties: _____
- Supervisor: _____
- Special projects completed: _____

☐ Laundry Services

- Position: _____
- Supervisor: _____
- Duration: _____

☐ Commissary/Store Operations

- Role: _____
- Supervisor: _____
- Cash handling experience: Y/N

☐ Medical Unit Work

- Duties: _____
- Supervisor: _____
- Training received: _____

☐ Administrative/Clerical Work

- Department: _____
- Supervisor: _____
- Skills developed: _____

☐ Agricultural/Farm Work

- Type of work: _____
- Supervisor: _____
- Leadership roles: _____

☐ Construction/Facility Maintenance

- Projects worked on: _____
- Supervisor: _____
- Skills developed: _____

THERAPEUTIC & TREATMENT PROGRAMS

Substance Abuse Programs

☐ Substance Abuse Felony Punishment Program (SAFPF)

- Completion date: _____
- Counselor name: _____
- Treatment plan goals met: _____

☐ Alcoholics Anonymous (AA)

- Length of participation: _____
- Sponsor name (if appropriate to share): _____
- Leadership roles held: _____

☐ Narcotics Anonymous (NA)

- Participation dates: _____
- Sponsor information: _____
- Steps completed: _____

☐ Other Substance Abuse Programs

- Program name: _____
- Facilitator: _____
- Key insights/changes: _____

Mental Health Treatment

☐ Individual Counseling/Therapy

- Therapist/counselor name: _____
- Frequency of sessions: _____
- Duration of treatment: _____
- Issues addressed: _____

☐ Group Therapy

- Type of group: _____
- Facilitator: _____
- Duration of participation: _____

☐ Psychiatric Treatment

- Psychiatrist name: _____
- Medications (if comfortable sharing): _____
- Treatment compliance: _____

☐ Crisis Intervention Programs

- Program name: _____
- Circumstances: _____
- Staff involved: _____

Behavioral Programs

☐ Anger Management

- Program length: _____
- Facilitator: _____
- Completion certificate: Y/N
- Key skills learned: _____

☐ Cognitive Behavioral Interventions

- Program name: _____
- Duration: _____
- Counselor: _____
- Behavioral changes made: _____

☐ Victim Impact Awareness Programs

- Program name: _____
- Facilitator: _____
- Personal insights gained: _____

RELIGIOUS & SPIRITUAL ACTIVITIES

Organized Religious Activities

☐ Chapel Services

- Denomination/faith: _____
- Frequency of attendance: _____

- Chaplain name: _____
- Leadership roles: _____

☐ Bible Study Groups

- Group name: _____
- Leader: _____
- Duration of participation: _____

☐ Religious Education Classes

- Subject: _____
- Instructor: _____
- Certificates earned: _____

Personal Spiritual Growth

☐ Prayer Groups/Ministry

- Type of ministry: _____
- Role in group: _____
- Chaplain who can verify: _____

☐ Religious Mentoring

- Mentoring others: Y/N
- Mentor name (if being mentored): _____
- Focus areas: _____

COMMUNITY SERVICE & PEER SUPPORT

Institutional Community Service

☐ Peer Support/Mentoring

- Type of support provided: _____
- Population served: _____
- Supervising staff member: _____
- Duration: _____

☐ Conflict Resolution/Mediation

- Training received: _____
- Cases mediated: _____
- Staff supervisor: _____

☐ Special Event Organization

- Events organized: _____
- Role in planning: _____
- Staff advisor: _____

☐ Peer Education Programs

- Topics taught: _____
- Audience: _____
- Supervising staff: _____

Emergency Response/Safety

☐ First Aid/CPR Certification

- Certification date: _____
- Instructor: _____
- Situations where skills were used: _____

☐ Emergency Response Team

- Role on team: _____
- Supervisor: _____
- Training completed: _____

CREATIVE & RECREATIONAL ACTIVITIES

Arts & Crafts

☐ Art Classes/Programs

- Medium (painting, drawing, etc.): _____
- Instructor: _____
- Works created: _____

☐ Creative Writing

- Type of writing: _____
- Publications/recognition: _____
- Instructor/mentor: _____

☐ Music Programs

- Instrument/vocal: _____
- Instructor: _____
- Performances: _____

Physical Fitness

☐ Organized Sports

- Sport: _____
- Team position: _____
- Recreation staff contact: _____

☐ Fitness Programs

- Program name: _____
- Duration: _____
- Fitness goals achieved: _____

☐ Martial Arts/Self-Defense

- Discipline: _____
- Instructor: _____
- Belt/level achieved: _____

DISCIPLINARY RECORD & BEHAVIOR ANALYSIS

Recent Disciplinary History

☐ No Disciplinary Reports in Last 2 Years

☐ Disciplinary Reports Received

- Date of most recent: _____
- Nature of offense: _____
- Resolution: _____
- Behavioral changes since: _____

Positive Behavior Recognition

☐ Commendations/Awards Received

- Type of recognition: _____
- Presenting officer: _____
- Date: _____

☐ Good Time/Work Time Credits

- Current status: _____
 - Time credits earned: _____
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MEDICAL & HEALTH INVOLVEMENT

Health Management

☐ Medical Treatment Compliance

- Conditions being treated: _____
- Primary care physician: _____
- Medication compliance: _____

☐ Health Education Programs

- Programs completed: _____
- Health educator: _____
- Lifestyle changes made: _____

☐ Peer Health Education

- Role as health educator: _____
 - Topics taught: _____
 - Medical staff supervisor: _____
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FAMILY & COMMUNITY CONNECTIONS

Family Relationships

☐ Regular Family Visits

- Frequency: _____
- Family members who visit: _____
- Relationship improvements: _____

☐ Family Counseling/Therapy

- Type of counseling: _____
- Counselor: _____
- Goals achieved: _____

Community Connections

☐ Pen Pal/Mentorship Programs

- Organization: _____
- Mentor name: _____
- Duration of relationship: _____

☐ Volunteer Organizations Contact

- Organization name: _____
- Contact person: _____
- Type of connection: _____

REENTRY PREPARATION

Reentry Planning

☐ Reentry Planning Classes

- Program name: _____
- Instructor: _____
- Completion date: _____

☐ Job Readiness Training

- Program: _____
- Skills developed: _____
- Instructor: _____

☐ Financial Literacy

- Program name: _____
- Facilitator: _____
- Certificates earned: _____

Post-Release Planning

☐ Housing Arrangements

- Contact person: _____
- Address where staying: _____
- Relationship to contact: _____

☐ Employment Prospects

- Potential employer: _____
- Contact person: _____
- Type of work: _____

☐ Continuing Treatment/Support

- Treatment programs arranged: _____
- Contact person: _____
- Location: _____

ADDITIONAL INFORMATION

Special Circumstances

☐ Leadership Roles Held

- Position: _____
- Responsibilities: _____
- Supervising staff: _____
- Duration: _____

☐ Crisis Situations Handled Well

- Nature of crisis: _____
- Your role: _____
- Staff who observed: _____

- Outcome: _____

☐ Peer Conflicts Resolved

- Situation: _____
- Resolution approach: _____
- Staff witness: _____

Personal Growth Milestones

☐ Major Personal Realizations

- What you learned: _____
- How behavior changed: _____
- Who observed changes: _____

☐ Goals Achieved

- Goal: _____
- Steps taken: _____
- Staff who supported: _____

☐ Skills Developed

- Skill: _____
- How developed: _____
- Staff instructor: _____

Additional Comments or Information:

Client Signature: _____ Date: _____

This checklist will be used by your mitigation specialist to contact facility staff, gather records, and document your institutional growth and rehabilitation for presentation to the parole board. Please be as thorough and accurate as possible.