

Environmental Assessment:  
Problematic Sexual Behavior

Individual Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Is individual under court ordered restrictions? Yes  No

This check list is designed to aid in the identification of environmental factors that may impact the individual's treatment progress. Any restriction should be based on court mandates and/or recommendations from the individual's risk assessment and/or treatment progress. Any restrictions should be included in the ISP and/or BSP.

Check all that apply.

1. Housing

a. Is housing location in compliance with court order? NA  Yes  No  What is the court order as it relates to housing?

b. Description of the Neighborhood :

City	<input type="checkbox"/>	Rural	<input type="checkbox"/>
Suburb	<input type="checkbox"/>	Apartment	<input type="checkbox"/>
Families with young children	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Singles	<input type="checkbox"/>	Pool	<input type="checkbox"/>
Parks	<input type="checkbox"/>	Schools	<input type="checkbox"/>
Daycare	<input type="checkbox"/>	Churches	<input type="checkbox"/>
Bars	<input type="checkbox"/>	Stores	<input type="checkbox"/>
Other			

Identify any concerns relating to housing

2. Work/Day Program

a. Is the work site/day program in compliance with court order? NA  Yes  No  What is the court order?

b. Description of the Site

Community employment	<input type="checkbox"/>	Day Habilitation or voc rehab	<input type="checkbox"/>
Close supervision	<input type="checkbox"/>	Unsupervised	<input type="checkbox"/>
Minimal supervision	<input type="checkbox"/>		

c. Restroom style

Private	<input type="checkbox"/>	Shared	<input type="checkbox"/>
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d. Who frequents the site

Young children	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Teens	<input type="checkbox"/>	Peers	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Other	

Identify any concerns relating to day program/job site

3. Media

- a. Are there restrictions on internet or computer usage? NA  Yes  No  If yes, what are they?
- b. Does the individual have access to any of the following?
- |                |                          |              |                          |
|----------------|--------------------------|--------------|--------------------------|
| Laptop         | <input type="checkbox"/> | Tablet       | <input type="checkbox"/> |
| Desktop        | <input type="checkbox"/> | Cell phone   | <input type="checkbox"/> |
| Gaming systems | <input type="checkbox"/> | Flash drives | <input type="checkbox"/> |
- c. Are there restrictions on print material? NA  Yes  No  If yes, what are they?
- d. What print material does the individual have access to?
- |               |                          |           |                          |
|---------------|--------------------------|-----------|--------------------------|
| Newspaper     | <input type="checkbox"/> | Magazines | <input type="checkbox"/> |
| Erotic images | <input type="checkbox"/> | Books     | <input type="checkbox"/> |
| Photos        | <input type="checkbox"/> | Catalogs  | <input type="checkbox"/> |
- e. Are there restrictions on audio/visual material? NA  Yes  No  If yes, what are they?
- f. What audio/visual material does the individual have access to?
- |                 |                          |       |                          |
|-----------------|--------------------------|-------|--------------------------|
| Television      | <input type="checkbox"/> | Radio | <input type="checkbox"/> |
| Blu-Ray/DVD/VHS | <input type="checkbox"/> | Music | <input type="checkbox"/> |
- g. Are there restrictions on taking photos or videos? NA  Yes  No  If yes, what are they?
- h. Does individual have access to the following?
- |                           |                          |                  |                          |
|---------------------------|--------------------------|------------------|--------------------------|
| Cell Phone w/camera/video | <input type="checkbox"/> | Webcam           | <input type="checkbox"/> |
| Camera                    | <input type="checkbox"/> | Video cam        | <input type="checkbox"/> |
| Photos of victim profile  | <input type="checkbox"/> | Photos of victim | <input type="checkbox"/> |
| Flash drives              | <input type="checkbox"/> |                  |                          |
- i. Are there restrictions on video games usage? NA  Yes  No  If yes, what are they?
- j. Do all the individual's games meet compliance with rating/content restrictions? NA  Yes  No  If no, identify areas of non-compliance.
- k. Are there environments that the individual participates in that will allow access to restricted media i.e. family home, day program, community site etc. ? If so, has a plan been developed to reduce or eliminate access? Yes  No

Identify any concerns relating to media