



Rhode Island Department of Corrections Rehabilitative Programming Questionnaire

Instructions: Please complete form and forward it to Ken Findlay, Professional Services Coordinator, Reentry Services Unit. Please PRINT your responses legibly.

Administrative Information

Program Name: _____

Primary Contact Person: _____

Contact Person's Phone: (____) _____

Contact Person's Email: _____

Program Developed By: _____

Program Managed By: _____

Program Instructors/Facilitator(s): _____

Qualifications of Program Instructors
(please use back if need more space): _____

Programming Information

Facilities Program Is/Will Be Available In: HSC MAX MED I MED II
 MIN W-GM W-DIX

Average # Offenders per Class/Session: _____

Frequency of Sessions (# per week/month): _____

Duration of Each Session (hours): _____ Total Program Length (# of weeks): _____

Program Cycles Run Per Year: _____

Brief Program Description:

Program Goals and Objectives:

Offenders Targeted by Program:

Offenders NOT Eligible for this Program:

Years in Continuous Operation: _____

How is program data stored (check all that apply)? Paper files Electronic files
 In Infacts In other DOC database Other, describe _____

Has this program ever been evaluated? If so, when, by whom? _____

THANK YOU!!!

Please attach the following to this document: 1) List of assessment tools used (whether validated or not) and time points of administration, and 2) Program curriculum/outline, if applicable and not already provided to Ken Findlay. Please return completed form and attachments to Ken Findlay, RIDOC Reentry Services Unit, Wilma Schesler Lane, DIX Bldg-2nd floor, Cranston, RI 02920.



Rhode Island Department of Corrections

Completing Program Survey

Instructions for completing your survey: For the most part, the questionnaire should be straight-forward and easy to complete. This document is simply to provide clarification around items that may be confusing.

Program Developed By: Who is the original creator of the program or curriculum being used?

Program Managed By: If the program is managed through an agency (e.g., CCAP, Urban League) who did not develop the program, please name the agency.

Program Instructors/Facilitator(s): Indicate the names of those individuals who actually work directly with inmates for the purposes of the program. It is possible that the person who developed the curriculum is also the instructor.

Qualifications of Instructors: Please list degrees and any special qualifications that the instructor(s) may have.

Brief Program Description: Please describe the type of program and rationale for it. For example, "PROGRAM NAME" is an violence reduction program which uses motivational interviewing to bring awareness to offenders' actions and assist the offender in developing more appropriate coping skills and reactions.

Program Goals and Objectives: Please list the primary goals of the program and the measurable objectives that have been established. If none were initially established, please try to formulate goals and objectives now. If you require assistance with this item, please contact the Planning & Research Unit (planning @doc.ri.gov) for assistance. Goals should be broader in scope, while objectives are those intermediary steps necessary to accomplish the goals. For example, if one of the program goals is to reduce recidivism through vocational skills training the objectives might include: a) Provide 15 hours of vocational training to 20 inmates and b) Offenders will demonstrate a 15% improvement in vocational skills as assessed through a pre- and post-test.

Offenders Targeted by Program: Please describe the target population for your program. For example, is the program limited to male, sex offenders?

Offenders NOT Eligible for this Program: Please describe any broad categories of offenders that are being intentionally screened out of your program. For example, acutely psychotic individuals, drug offenders, etc.