

Step-Down Management Program Team Review

Today's Date:

Name:	OID:
Unit/Room/Cell:	Facility/Site: Select A Facility

Review Period: _____ **through** _____

Team members:

Identified Areas of Need:

- 1.
- 2.
- 3.
- 4.
- 5.

Action Steps / Interventions & Status:

- 1.
- 2.
- 3.
- 4.
- 5.

Team Discussion:

Incarcerated Person Input Summary:

- Team Recommendation:**
- Step Regression:
 - Step Retention:
 - Step Progression:
 - *Program Completion:
 - *Removal due to other circumstances:

*Needs Warden / designee and Assistant Commissioner / designee approval

Team summary (summarize SDMP placement & programming)

Warden/designee Program Completion/Removal Approval:

- N/A
- Remove** from step-down management program
 - Successful Completion
 - Removal due to other circumstances
- Retain** on step-down management program

Signature: _____ **Date:**

Printed Name:

Deputy Commissioner/designee Program Completion/Removal Approval:

- N/A
- Remove** from step-down management program
 - Successful Completion
 - Removal due to other circumstances
- Retain** on step-down management program

Signature: _____ **Date:**

Printed Name: