EARNED CREDIT CLASS REPORT

NAME: ______________________________________________________________ DOC # ____________________________

JOB PERFORMANCE AND ATTENDANCE
1. List evaluation rating for last four (4) months.

<table>
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<tr>
<th>MONTH</th>
<th>RATING</th>
<th>JOB ASSIGNMENT</th>
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2. COMMENTS:

MISCONDUCT RECORD
1. ________________________________________________________________________________________________
   ________________________________________________________________________________________________
   ________________________________________________________________________________________________

2. COMMENTS:

PROGRAM PARTICIPATION
1. Needs per Consolidated Program Status Card: ______________________________

2. Currently participating in a program? ___ If yes, what program? ______________________________

3. On a waiting list for a program? _____ When will program be available? ______________________________

4. No need identified or program unavailable? _______________________________________________________

5. Comments: ________________________________________________________________

ATTITUDE/RELATIONSHIPS
1. Does inmate get along with staff? ________________________ Other inmates? ________________________

2. Does inmate have a good attitude toward staff? __________ Other inmates? __________ Visitors? __________

3. Have there been complaints about the inmate from staff? _____ Other inmates? _________ Visitors? _________

4. Are there separatees filed against and/or by inmate? ______ How many? ______________________

5. Comments: ________________________________________________________________

PERSONAL AND LIVING AREA APPEARANCE
1. Does inmate maintain good personal hygiene? ______________________________

2. Does inmate keep living area clean? _______________________ Orderly? ______________________

3. Does inmate take care of personal possessions? ______________________________

4. Comments: ________________________________________________________________

EARNED CREDIT CLASS DESIGNATION
Inmate Assigned to Level ___________________________ Effective Date ______________________________

Initial Review ___________ Promotion ___________ Demotion ___________ No Change _________________

Inmate Signature: ________________________________ Chairperson: _______________________________

Committee: ________________________________________________________________________________

Distribution: Original - Review by Records Officer then filed in Field Record
Copy - Inmate Copy

DOC 060211L (R 7/17)