



CHAPERONE ORIENTATION CERTIFICATE

Chaperone name

Date

Name

DOC number

The chaperone has attended and successfully completed the orientation conducted by the Residential Community Transition Team (RCTT).

SUBJECT	CHAPERONE	RCTT REPRESENTATIVE	DATE
Patterns of behavior			
Incident response			
Communications plan			
Violation reporting			

By signing, I understand and agree to abide by the expectations as set forth by the RCTT. This certification remains in effect unless rescinded by the RCTT, the court, or at the request of the chaperone.

Signature

Date

CHAPERONE APPROVAL

Community Corrections Specialist

Signature

Date

Sex Offender Treatment Provider

Signature

Date

Department of Social and Health Services

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file
COPY - RCTT, Chaperone, Individual on Community Supervision, Imaging file