



**Minimum Standards for Abuse Intervention Programs (AIP)
Guided Orientation – Form B**

Program Information

Organization/Agency Name:	
Program Name:	
Name of Person Completing the Interviews	
Title of Person Completing the Interviews	
Secondary Person Attending the Interviews	
Title of Secondary Person Attending the Interviews	

Recognized DV Program Guided Interview (listed on our website): <https://icadvinc.org/domestic-violence-programs/>

1. Please tell me a about the program and the services offered.

2. What are a few of the most common barriers that survivors experience when leaving their abusive partners?

3. When working with survivors, do they discuss accountability for their abusive partner’s actions? If yes, what types of mechanisms of accountability are discussed?

4. How can our AIP work collaboratively with your program?

5. What else would you like me to know?

DV Representative Signature and Program Name

Date

Probation Guided Orientation (for each county you plan to offer AIP classes)

1. Please tell me about the program and the services offered.

2. How can our AIP work collaboratively with you?

3. What else would you like me to know?

Probation Representative Signature and County

Date

DCS Guided Orientation (for each county you plan to operate AIP classes)

1. Please tell me about the services you offer families.

2. How can our AIP work collaboratively with DCS?

3. What else would you like me to know?

DCS Representative Signature and County

Date