



Peer Assistance Services
So Believing

NURSE SELF-STATUS REPORT

Name (Please Print): _____ From: _____ To: _____

Nursing Practice Long-term goal: _____

List three short-term (SMART – Specific, Measurable, Attainable, Realistic, Trackable) goals to support long-term goal:

1. _____
2. _____
3. _____

Please share a recent positive experience in either your professional practice or efforts to re-enter professional practice. _____

Write about a stressful situation (event) that you experienced this past month and how you managed the stress.

How does this differ from how you managed stress in the past? _____

Please share any recent (past 3-6 months) educational classes, in-services, trainings that you are interested in pursuing or have completed. In what ways does this add to professional practice?

What concerns do you have about your ability to meet your Rehabilitation Contract requirements? (examples – professional practice, finances, relationships, personal recovery, etc.) What do you think would help? _____

What else do you want us to know?

Have you checked in with your Case Manager this month? YES NO

Signature: _____ Date: _____

E-Mail Address: _____

Mail or Fax Original To:
Metro Denver, Northern and Southern:

Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231
Phone: 303.369.0039 or 866.369.0039
Fax: 720.213.1007

Western Slope Clients Only:

Peer Assistance Services, Inc.
200 Grand Avenue, Suite 260
Grand Junction, CO 81501
Phone: 970.986.4360
Fax: 970.241.9094

Reports are due ___ day of every month.
(See web site for due dates)