



SELF-STATUS REPORT

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

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 either in your professional practice or in your 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 your professional practice?

What concerns you 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: _____

Mail or Fax Original To: 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

*Reports are due _____ of every month.
See web site for due dates*