



# SELF-STATUS REPORT

Month Submitted for: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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: \_\_\_\_\_

Reports are due the 4<sup>th</sup> of each month

**Email:** reports@peerassist.org

**Reports may be submitted via:**  
**Fax:** Last name A-L 720.213.1007  
Last Name M-Z 720.213.0002

**Mail:** Peer Assistance Services  
2170 S. Parker Road, Suite 229  
Denver, CO 80231

**In Person:** Peer Assistance Services, Inc.  
2170 S. Parker Road, Suite 229  
Denver, CO 80231

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200 Grand Avenue, Suite 270  
Grand Junction, CO 81501