



Tennessee Professional Assistance Program

545 Mainstream Drive • Suite 414 • Nashville, TN 37228
 Phone 615-726-4001 • Fax 615-726-4003
 www.TnPAP.org

Progress Evaluation

Beginning report date _____ Ending report date: _____
 TnPAP Case Manager: _____

Instructions:

- To be completed by **continuing treatment provider** (psychiatrist, therapist, aftercare counselor, peer support group facilitator, etc.)
- Complete both page 1 and page 2 in their entirety.
- Mail or fax to TnPAP case manager.

TnPAP participant's name _____ SSN _____

Person completing this evaluation _____ Title _____

Phone # + area code _____ Facility _____

Street address _____

City/State/Zip _____

Service(s) provided to TnPAP participant _____

- *Comment on each category listed below. If space is inadequate, any additional comments can be made in the space provided on the back of this form..*

ABILITY TO PRACTICE SAFELY IN PARTICIPANT'S HEALTH CARE FIELD	COMMENTS THIS SECTION IS MANDATORY
Stability in Recovery	
Support Systems	
Problem Solving Ability	
Cognitive Functioning	
Judgment	
Ability to cope with stressful situations	
Decision making ability during a crisis	

Complete page 2 →→

