SPONSOR REPORT

Please Print

Sponsee's Name:

_____

Instructions: This report is due in the TnPAP office by the 30th of each of the following months: September, December, March, and June. The report may be mailed, faxed or emailed as an attachment.

Report Period Select one: ☐ July – September ☐ October – December ☐ January – March ☐ April – June

1. Do you think that the sponsee is utilizing you as a sponsor appropriately?
   a. ☐Yes ☐No
2. Do you think that the sponsee is working the 12 steps effectively?
   a. ☐Yes ☐No
3. In your opinion is the sponsee currently in the recovery process?
   a. ☐Yes ☐No
4. Additional comments (if any):

   _____

   _____

I acknowledge that the above information is correct to the best of my knowledge. I understand that TnPAP will hold the information in strictest confidence.

Sponsor's Name (Print) _____ Day Phone Number

Sponsor's Signature _____ Date

Tennessee Professional Assistance Program
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Nashville, TN 37228-1219
615-720-4001