



HOPE RECOVERY NETWORK

Sufficient Cause for Concern for a HRN Peer Recovery Support Specialist's ongoing Wellness & Safety warrants this Self-Evaluation tool and support safety for all parties concerned in accordance with appropriate laws and HRN policy.



PEER RECOVERY SUPPORT SPECIALIST: WELL-BEING SELF-EVALUATION

PRS SPECIALIAST NAME:

HRN SUPERVISOR NAME:

SELF-EVALUATION DATE:

CAUSE FOR CONCERN SUMMARY:

EMPLOYEE RESPONSE TO CONCERN: Does Employee Feel the Cause For Concern Is Valid? **Y / N** What Is Employee's Understanding of the Cause For Concern?

CONSIDER THESE COMMON AREAS OF CONCERN FOR SUPPORT SPECIALISTS WELLNESS & SAFTEY AND RATE CONCERN BASED ON YOURSELF

1: SLIGHT & NOT IMPACTFUL **2:** NOTICEABLE BUT MANAGEABLE **3:** MEASURABLE & REQUIRES MEASURED ACTION **4:** SIGNIFICANT & REQUIRES COMMITTED ACTION **5:** OVERWHELMING

MENTAL / EMOTIONAL WELLBEING 1 2 3 4 5	LIFE CHANGE / OTHER OBLIGATIONS 1 2 3 4 5	NEED MORE TRAINING / SUPERVISION 1 2 3 4 5
PHYSICAL HEALTH / SAFETY ISSUES 1 2 3 4 5	WORK ENVIRONMENT COMPLICATIONS 1 2 3 4 5	ETHICAL / BOUNDARY CONSIDERATIONS 1 2 3 4 5
CURRENT UNSTABLE PERSONAL LIFE 1 2 3 4 5	COMPLICATIONS WITH PARTICIPANT(S) 1 2 3 4 5	OTHER: _____ 1 2 3 4 5

EMPLOYEE RESPONSE TO AREAS & RATINGS:

DOES EMPLOYEE FEEL SAFE & SUPPORTED? **Y / N** DOES EMPLOYEE NEED ASSISTANCE OR ACCOMMODATION? **Y / N** HOW CAN HRN HELP?

DISCUSSION NOTES:

PROGNOSIS: **1.** NO ACTION REQUIRED **2.** MUTUALLY AGREED UPON ACTION (DETAILS BELOW) **3.** ADMINISTRATIVE LEAVE (DATES BELOW)

EMPLOYEE CENTERED ACTION PLAN	<u>ADDITIONAL MONTHLY SUPERVISION</u> (ADMINISTRATIVE / SUPPORTIVE / EDUCATIVE)	<u>DOCUMENTATION REQUESTED:</u>
HRN EMPLOYEE ASSISTANCE PLAN (EAP)		AUTHORIZATION TO RELEASE (For Health Provider Clearance)
PARTICIPANT SAFETY POLL & CONSULT	<u>EMPLOYEE EMERGENCY PLAN</u>	ACCIDENT REPORT / POLICE REPORT / DRUG TEST
OTHER:	REVIEW, UPDATE & EMERGENCY CONTACT CONSULT	PARTICIPANT JOINT PLANS / OTHER: _____

PROGNOSIS DETAILS:

FOLLOW-UP SUPERVISION PLAN FOLLOW-UP DATE: NEED TO SET PERFORMANCE IMPROVEMENT PLAN ? **Y / N**

Notes:

EMPLOYEE CLOSING COMMENTS:

I acknowledge receiving this form, I understand the content even if I don't agree with it, and was given opportunity to comment.

SIGNATURE DATE	SUPERVISOR SIGNATURE	SPECIALIST SIGNATURE
	X	X