



SELF-MANAGEMENT PROGRAMS Quarterly Progress Report



Program(s):

Living Well with Chronic Conditions (LWCC)
Living Well with Diabetes (LWD)

Tomando Control de su Salud
Manejo Personal de la Diabetes

Agency:

Date (mm/dd/yyyy):

Program Coordinator: Name

Phone Number:

Quarter:

Q1, July-September

Q2, October-December

Q3, January-March

Q4, April-June

Site names where workshops were held: _____

Describe Progress as it relates to the Reporting Quarter

	LWCC	LWD	Tomando	Manejo
# of Current Leaders:				
# of Leaders Trained during Quarter:				
# of Workshops Scheduled:				
# of Workshops Conducted:				
# of Participants:				
# of Completers:				

Please describe your efforts to promote the workshops (including types of promotion, # of materials distributed, partners you worked with, etc.): _____

Please describe your successes: _____

Please describe your challenges/barriers: _____

Please email this to rtanner@utah.gov, cweiss@utah.gov, & rcastlet@utah.gov or fax to 801-538-9495.