



Self-Management Programs Quarterly Progress Report

Program(s): LWCC Tomando Control LWD Manejo

Agency: _____

Program Coordinator Information: (Name/Phone) _____

Quarter/Year: 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

of Current Leaders: _____ English _____ Spanish _____ Other

of Leaders Trained during Quarter: _____ English _____ Spanish _____ Other

of Workshops Scheduled: _____ English _____ Spanish _____ Other

of Workshops Conducted: _____ English _____ Spanish _____ Other

of Participants: _____ English _____ Spanish _____ Other

of Completers: _____ English _____ Spanish _____ Other

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.