

VIS Meeting Self-Progress Report

VIS Meeting Date:		
Veteran Name:		VIS Start Date:
Track:	Phase:	_
Progress since last V	IS meeting appearance:	
1a. Are you required	to attend a treatment group?	
1b. If yes, which treat	tment group(s) did you attend	? Name(s) & dates:
1c. Did you miss any	treatment group meetings?	
1d. If yes, which date	s and what was your reason(s) for missing:
2a. Are you required	to attend a support group?	
2b. If yes, which supp	oort group(s) did you attend? N	Name(s) & dates:
2c. Did you miss any	support group meetings?	
2d. If yes, which date	s and what was your reason(s) for missing:
3a. Are you required	to pay restitution?	
3b. Have you been m	aking payments?	

3c. If no, what is preventing you from making payments?		
4. Coping Skills Used: •		
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5. Plan of Action before next VIS Meeting appearance •		
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•		
6. Do you have anything you would like to share with the VIS team? Successes or Challenges:		
7. Do you have any questions for the VIS team?		

This document must be completed and dropped off at the DA's Office by noon on the Tuesday prior to your scheduled VIS meeting. The same deadline applies, if you complete and submit the form electronically (https://www.cognitoforms.com/DeschutesCounty2/visselfprogressreport).