Check-In Statement Form

Stephen Ministry® Form

Write one- or two-sentence answers to the following questions, then share those answers briefly with your Supervision Group at the check-in time.

1. Describe your care receiver's primary need or problem.

2. What does your care receiver need from the caring relationship?

3. What are your current process-oriented goals for the caring relationship?

4. What is going well in the caring relationship, and what is not going well?

5. How can your Supervision Group help you be a better caregiver in this caring relationship, now, or the next time you report in-depth?

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