

Check-In Statement Form

Stephen Ministry Form

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?