



COACHING & SUPERVISION

Name:

Supervisor:

Date:

Community Meeting

Review Safety Plan:

- Using Well
- Struggling to Use
- Not Using
- Needs Updated

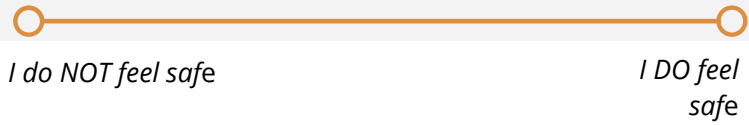
COMMENTS:

Review Self-Care:

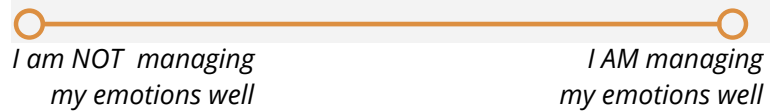
- Practicing Consistently
- Practicing Sometimes
- Not Practicing
- PL Review

COMMENTS:

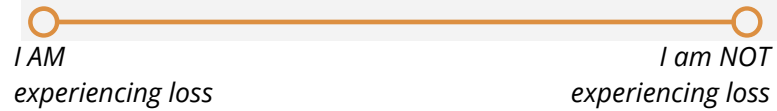
SAFETY



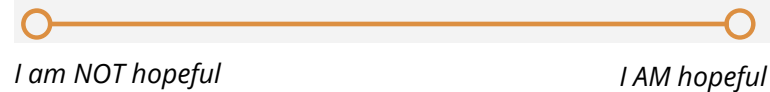
EMOTIONS



LOSS



FUTURE



Short Term Goal for Growth:

Long Term Goal for Growth:

What is going well? What is Not going well?

What supports do you need?

Goals Accomplished for today's check in?

Next Meeting:

Employee Signature:

Supervisor Signature: