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

I do NOT feel safe

I DO feel safe

EMOTIONS

I am NOT managing my emotions well

I AM managing my emotions well

LOSS

I AM experiencing loss

I am NOT experiencing loss

FUTURE

I am NOT hopeful

I AM hopeful

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: