

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. |
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| 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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