



**CORNERSTONES**  
OF CARE

**S.E.L.F. in Individual Supervision**



Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Complete S.E.L.F. and Toolkit check-in sections, reflecting on your experiences since your last supervision.

**COMMUNITY MEETING**

**S.E.L.F.**

**Safety**

I do NOT feel safe. |-----| I feel safe.  
*Move the "X" by adding/removing spaces to the left of it.*  
 Comments:

**Emotion Management (Ability to Manage)**

I am NOT managing. |-----| I manage well.  
*Move the "X" by adding/removing spaces to the left of it.*  
 Comments:

**Loss (Impact on Self, Client, Organization)**

I am experiencing loss. |-----| I am NOT experiencing loss.  
*Move the "X" by adding/removing spaces to the left of it.*  
 Comments:

**Future (How Hopeful Do I Feel?)**

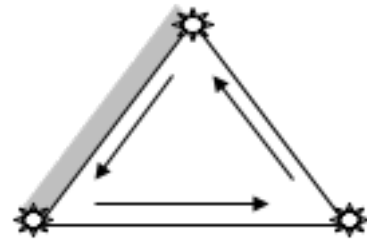
I am NOT hopeful. |-----| I am hopeful.  
*Move the "X" by adding/removing spaces to the left of it.*  
 Comments:

**Reenactment Triangle**

Click any roles you have found yourself in.

How have I functioned?

- Rescuer  Coach



How did I feel and respond to stress?

- Victim  Driver

Did I attack/hurt or offer guidance & information?

- Persecutor  Guide

**Toolkit Check-in**

**Safety Plan**

- Used it well.  Struggled to use it.  Not using it.  Needs updated.

**Self Care (Physical, Psychological, Social, Moral, Professional)**

Rate yourself on a scale of 0–10 where 10 = daily self-care activities and 0 = no self-care activities since your last supervision.

0 ←-----→ 10  
 Not participated in self-care activities. *Move the "X" by adding/removing spaces to the left of it.* Participated in daily self-care activities.

What brings you up to this number? (Refer to self-care plan as needed.)

**Green Flags**