**CHECK IN STATEMENT & VISITATION LOG**

Please Email Completed Form to [stephenministry@holytrinitychapelhill.org](mailto:stephenministry@holytrinitychapelhill.org) before our next meeting.

**LIST CARING VISITS  
DATE-** Click or tap here to enter text. **LENGTH OF VISIT-** Click or tap here to enter text.

**BRIEF DESCRIPTION OF VISIT -**Click or tap here to enter text.

**DATE-** Click or tap here to enter text. **LENGTH OF VISIT-** Click or tap here to enter text.

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**BRIEF DESCRIPTION OF VISIT -**Click or tap here to enter text.

**CHECK IN STATEMENT**

**Name:** Click or tap here to enter text.

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| 1. Describe your care receiver’s primary need or problem? |
| Click or tap here to enter text. |
| 1. What does your care receiver need form the caring relationship? |
| Click or tap here to enter text. |
| 1. What are your current process-oriented goals for the caring relationship? |
| Click or tap here to enter text. |
| 1. What is going well in your relationship, what is not going well? |
| Click or tap here to enter text. |
| 1. How can your supervision group help you be a better care giver in this caring relationship, now, or the next time you give and in-depth report? |
| Click or tap here to enter text. |