

SELF OBSERVATION FORM- CAREGIVER

Your name: _____ Date: _____

Initials of client: _____

Track the caregiver check-in session: (Describe content of conversation, hypo/hyper/regulated states, your reflections, ways you co-regulated, etc)

Did you mention the agreed upon treatment goals? Did you link them to the session(s) in some way? Did you communicate in terms of what is most meaningful to the caregiver?

Upon reflection was there anything not named/acknowledged/confronted?

What was your experience watching this caregiver session from an observer standpoint? How did you feel? What did you notice in your body?

In 2 sentences or less, what was the caregiver setting you up to feel? What did the caregiver want you to know about their emotional state?

Your Strengths-

What do you want to work on for the next caregiver session(s)?