Establishing Resources for Support and Supervision

Y	our NameDate		
If 1.	f you need more room use the back of the page to answer the questions. Your intention for the whole training: What do you want for yourself by taking this training? What do want for yourself personally?		
	What do you want for yourself professionally ?		
2.	Your intention for this module: What do you want for yourself during this training module? What to you want personally?		
	What do you want professionally?		
3.	What support do you think you will need from yourself to support your personal and professional intentions during this training module? Include your spiritual, mental, emotional and physical ne		
4.	What support do you think you will need from your peers and your buddy to support your personand professional intentions during the whole training? Include your spiritual, mental, emotional aphysical needs.	nal ınd	
5.	. What support do you think you will need from your family and primary relationships during the module and the whole training? Include your spiritual, mental, emotional and physical needs.	is	

6.	What professional support or supervision support do you feel you will need during this training? During this module? Include your spiritual, mental, emotional and physical needs.
7.	Is there anyone in this training with whom you have dual or complementary relationships ? If yes, who are they?
8.	What boundaries do you feel you need for yourself with the people you have dual or complementary relationships with? What do you plan to do to support clear an appropriate communication with the people you have dual relationships with in the training?
9.	Look back at all these questions. Make a plan for how you will go about getting and receiving the support you need from yourself, your peers, your family, and from professional sources. What do you plan to do in order to receive the support you need during this training module? Outline your plan below and on the back of the page. When you are done, sign and date it. Have your dyad partner sign and date it.
10.	What are you willing to do to support your peers during the training?
	gned: Date:
W	itnessed by: Date: