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| --- | --- | --- | --- | --- |
| **Charlotte Spirituality Center** | **Director:** | *Your Name* | | |
| **Spiritual Direction Verbatim** | **Directee:** | *Code Name* | | |
|  | **Date of Session:** | *Date* | **Session #** | \_\_\_ |
| **Session Location:** | *Place* | | |

**Introduction:** *Give a brief description of the life-context and characteristics of the directee – those that particularly contribute to an understanding of the experience upon which you are focusing. e.g. family of origin, current family structure, age, gender, cultural background, career, faith community, energetic presence, grief, theological constructs, etc.*

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| **Dialogue** | **Thoughts of Director** | **Feelings of Director** | **Body Response in Director** | **Body Response in Directee** | **Intuition** |
| SD 1 - |  |  |  |  |  |
| D 1 - |  |  |  |  |  |
| SD 2 - |  |  |  |  |  |
| D 2 - |  |  |  |  |  |
| SD 3 - |  |  |  |  |  |
| D 3 - |  |  |  |  |  |
| SD 4 - |  |  |  |  |  |
| D 4 - |  |  |  |  |  |
| SD 5 - |  |  |  |  |  |
| D 5 - |  |  |  |  |  |
| SD 6 - |  |  |  |  |  |
| D 6 - |  |  |  |  |  |
| SD 7 - |  |  |  |  |  |
| D 7 - |  |  |  |  |  |
| SD 8 - |  |  |  |  |  |
| D 8 - |  |  |  |  |  |
| SD 9 - |  |  |  |  |  |
| D 9 - |  |  |  |  |  |
| SD 10 - |  |  |  |  |  |
| D 10 - |  |  |  |  |  |
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*Reflections*