





## **Explanation of Categories**

### **Contact Number**

Beginning with your first contact, all encounters with your care receiver should appear on this sheet regardless of their nature (phone, in person, or correspondence, for example).

### **Date**

Date of contact

### **Initiated by**

Note whether the Stephen Minister, the care receiver, or a third party initiated the contact. Be sure not to use the care receiver's name or initials.

### **Type of Contact**

Phone call, visit, correspondence, happenstance encounter, or other

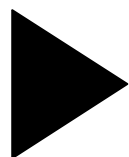
### **Length of Contact**

Amount of time taken for the encounter in minutes

### **Notes**

Record here, very briefly, notes for future reference. They can serve also as a "memory jogger" for your preparation of check-in statements and in-depth reports on the caring relationship. You might include such matters as these:

- ▶ The primary impression you received from the contact
- ▶ The location of the visit
- ▶ Anything special that took place during the contact
- ▶ A special need, concern, question, or issue that was raised
- ▶ An intense feeling you or the care receiver experienced
- ▶ The reason for the contact
- ▶ Any follow-up activities that are necessary
- ▶ Any change in the care receiver's situation, attitude, feeling, or behavior



# Distinctively Christian Care Report

Stephen Ministry® Form

1. How many weeks have you been meeting with your care receiver? \_\_\_\_\_
2. How often have you been meeting with your care receiver? (Weekly, more than weekly, less than weekly) \_\_\_\_\_
  - ▶ Has your pattern of visitation changed since your last in-depth report?  Yes  No  
If yes, what brought about the change?
3. What other caregivers are involved in caring for your care receiver? (Professional therapist or counselor, social worker, medical doctor, visiting nurse, or others)
  - ▶ Has this changed since your last in-depth report?  Yes  No  
If yes, what brought about the change?
4. In one paragraph, tell how you understand your care receiver's current need, concern, or challenge.
5. Say more about your process-oriented ministry goals for working with your care receiver.
6. In one paragraph, summarize what you are doing to carry out those goals.
7. What happens in your caring relationship that you would describe as distinctively Christian?
8. How well do you think you understand your care receiver's spiritual needs right now?

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9. What does your care receiver need from God right now?

▶ How do you know?

10. Briefly describe how you are using a distinctively Christian caring tool—the Bible, prayer, forgiveness, blessings, “a cup of cold water”—in your caring relationship.

▶ How has your care receiver let you know that he or she needs you to use that tool?

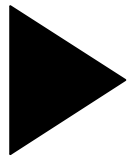
▶ How has your care receiver responded to your use of that tool?

▶ How might your Supervision Group help you use the tool more effectively?

11. Do you notice your care receiver growing in faith, trust, and obedience to God through your caring relationship? If so, what is the nature of that growth? If not, what might be some reasons for the lack of growth?

12. How are you growing in faith, trust, and obedience to God through your caring relationship?

13. What Focus Question Set and Focus Questions might your Supervision Group use to discuss your caring relationship?



# Stephen Minister's Progress Report

Stephen Ministry® Form

1. How many weeks have you been meeting with your care receiver? \_\_\_\_\_
2. How often have you been meeting with your care receiver? (Weekly, more than weekly, less than weekly) \_\_\_\_\_
  - ▶ Has your pattern of visitation changed since your last in-depth report?  Yes  No  
If yes, what brought about the change?
3. What other caregivers are involved in caring for your care receiver? (Professional therapist or counselor, social worker, medical doctor, visiting nurse, or others)
  - ▶ Has this changed since your last in-depth report?  Yes  No  
If yes, what brought about the change?
4. In one paragraph, tell how you understand your care receiver's current need, concern, or challenge.
5. Say more about your process-oriented ministry goals for working with your care receiver.
6. In one paragraph, summarize what you are doing to carry out those goals.
7. Evaluate the progress of your caring relationship.
  - a. How do you feel about your relationship with your care receiver?

*(continued on the next page)*



- b. How has your care receiver responded to your ministry?
  
  - c. What has been going well in your caring relationship?
  
  - d. What has been challenging, frustrating, or problematic for you in your caring relationship?
  
  - e. What do you believe should be the future focus of your caring relationship? (Continuing with your current focus? Closure? Referral to a mental health professional or other community resource? Focusing on spiritual concerns? Something else?)
8. With what questions, concerns, issues, or areas of need do you want the Supervision Group to help you at this time?
9. What Focus Question Set and Focus Questions might your Supervision Group use to discuss your caring relationship?



# Wrap-Up Form

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CONFIDENTIAL

Stephen Ministry® Form

Date \_\_\_\_\_

1. Name of caregiver \_\_\_\_\_
2. Caring relationship originally initiated by \_\_\_\_\_
3. Date of initial contact \_\_\_\_\_
4. Date of final contact \_\_\_\_\_
5. Total number of caring contacts \_\_\_\_\_ Number of hours spent with care receiver \_\_\_\_\_
6. Type of caring \_\_\_\_\_

7. Reason for bringing closure:

- |   |   |
|---|---|
| <input type="checkbox"/> completed formal caring relationship | <input type="checkbox"/> withdrawal by care receiver    |
| <input type="checkbox"/> referral to another Stephen Minister | <input type="checkbox"/> referral to community resource |
| <input type="checkbox"/> other                                |   |

Explain:

8. Type of follow-up (check all applicable):

- |   |  |
|---|--|
| <input type="checkbox"/> visits by Stephen Minister | <input type="checkbox"/> phone calls by Stephen Minister |
| <input type="checkbox"/> social meeting             | <input type="checkbox"/> other                           |
| <input type="checkbox"/> no follow-up               |  |

Explain:

9. If you do plan follow-up, how often do you plan to follow up? \_\_\_\_\_

10. Name (or code number) of care receiver \_\_\_\_\_

*(continued on the next page)*



## **How to Use the Wrap-Up Form**

1. Write in the name of the caregiver.
2. Record who originally initiated the caring relationship, e.g., the care receiver, the minister, a relative, or a friend.
3. Fill in the date of the first caring visit.
4. Fill in the date of the last formal caring visit.
5. Fill in the total number of caring visits and number of hours spent with the care receiver.
6. Record the type(s) of caring that went on, e.g., caregiver visiting care receiver, phone calls, a combination of both visits and phone calls.
7. Check the reason for bringing closure and explain.
8. Indicate the type of follow-up you plan to have with the care receiver, if any.
9. If you plan to have a follow-up, record how often you plan to have contact with the care receiver.
10. Fill in the name of the care receiver. Your Referrals Coordinator may have assigned an identifying code number for your care receiver to maintain confidentiality during supervision. If so, use that number here.
11. This form should be filled out and turned in as soon as possible after the date of the last formal caring visit.