

### Check-In Sheet

- What are you grateful for today? \_\_\_\_\_
  
- What good coping skills did you use since last group? (Refer to your "Taking Care of Me" list)
  - 1. \_\_\_\_\_ 4. \_\_\_\_\_
  - 2. \_\_\_\_\_ 5. \_\_\_\_\_
  - 3. \_\_\_\_\_ 6. \_\_\_\_\_
  
- Have you had any unsafe behavior or substance use since last group? (unsafe behavior examples: rumination, negative self-talk, risky or dangerous situations, unhealthy habits, etc.)  
\_\_\_\_\_  
\_\_\_\_\_
  
- Last Group Session's goal: \_\_\_\_\_ Did you accomplish it? Y/N \_\_\_\_\_
- Today's goal: \_\_\_\_\_

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