**SAMPLE SELF CARE PLAN**

**SPECIFIC SELF-CARE TO-DO TASKS**

|  |  |  |
| --- | --- | --- |
| **What** | **By When** | **Completed?** |
| I will download a mindfulness/meditation app for my phone | September 1st |  |
| I will meet my former supervisor for coffee | December 15th  |  |
| I will attend this year’s state school psychology conference | May 15th  |  |

**ONGOING SELF CARE GOALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What** | **When** | **Where** | **How Much/****How Often?** | **Evaluation** |
| I will practice mindfulness | When I arrive at school | In my office | Daily for 5 minutes | * **I did this consistently**
* **I did this intermittently**
* **I did this not often or at all**
 |
| I will attend Pilates class | Tuesdays at 4:30pm | Pilates Plus | Weekly | * **I did this consistently**
* **I did this intermittently**
* **I did this not often or at all**
 |
| I will visit a kindergarten classroom | During afternoon free play time | Mrs. Kindergarten Teacher’s room | Twice a month for 20 minutes | * **I did this consistently**
* **I did this intermittently**
* **I did this not often or at all**
 |
| I will get a massage | At the end of the semester | The spa in Anytown, USA | Twice per school year | * **I did this consistently**
* **I did this intermittently**
* **I did this not often or at all**
 |
| I will attend group supervision with other district psychologists | First Friday of each month | Central office building | Monthly for 90 minutes | * **I did this consistently**
* **I did this intermittently**
* **I did this not often or at all**
 |

**NOTES (e.g., things that worked, things that didn’t, things to add or change)**

|  |  |
| --- | --- |
| **September** |  |
| **October** |  |
| **November** |  |
| **December** |  |
| **January** |  |
| **February** |  |
| **March** |  |
| **April** |  |
| **May** |  |
| **June** |  |

**SELF CARE PLAN**

**For \_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIFIC SELF-CARE TO-DO TASKS**

|  |  |  |
| --- | --- | --- |
| **What** | **By When** | **Completed?****** |
|  |  |  |
|  |  |  |
|  |  |  |

**ONGOING SELF CARE GOALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What** | **When** | **Where** | **How Much/****How Often?** | **Evaluation** |
|  |  |  |  | * **I did this consistently**
* **I did this intermittently**
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**NOTES (e.g., things that worked, things that didn’t, things to add or change)**

|  |  |
| --- | --- |
| **September** |  |
| **October** |  |
| **November** |  |
| **December** |  |
| **January** |  |
| **February** |  |
| **March** |  |
| **April** |  |
| **May** |  |
| **June** |  |