Self-Care Strengths

What are you currently doing well? Physical:	What do you like about what you are doing?
Emotional:	
Finding Balance:	
Relationships:	
Self-Compassion:	
•••• •••• •	How do you feel when you are taking care of yourself?
Managing Stress:	,
:	
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Self-Care Vision

Describe your perfect day in detail. Picture yourself happy, relaxed and rejuvenated. Where are you? What are you doing? Who and what is surrounding you? How do you feel?

What aspects of your vision do you value most? Why?

If you were consistently practicing self-care, how would your life change? What challenges would you have overcome if you were practicing self-care consistently?

Self-Care Plan

How can you incorporate pieces of your perfect day into your everyday life as self-care?

What elements will y	our self-care plan consis	t of? For example, nutrition, mo	vement, play, rest, reflection, etc.

Element:		For each element, brainstorm three things that you can do for self-care. Focus on things that make you feel happy, balanced, and revitalized.
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From your brainstorm, how can you take care of yourself today?

What about this week?

How can you commit to self-care for the remainder of the semester?

How will you know if your self-care plan is working?