



Person Centered Thinking Training Reflection Sheet

Please tell us about your current skill set. What type of care do you prefer to provide, medical or behavioral or no preference. Do you have life experience as a caregiver such as being a parent or sibling. Do you have the desire to increase your skill set?

Speciality of care? Certain diagnosis that you prefer to work with or avoid?

Locations you will serve?

Hobbies?

Quirks?

Name:			
Skills:			
Desire to increase skills:			
Life Experience:			
Speciality of Care:			
Locations desired:			
Hobbies:			
Quirks:			
Ages of individuals you want to serve:			
Anything you would like for potential individuals to know?			

