



Compassionate Care Provider Program

The Strengths We See In You

Employee Name: _____ Position: _____
Completed By: _____ Position: _____
Date: _____

A specific strength I consistently see in you:

A time I saw that strength in action:

The impact your strength has on our team, clients, or patients:

Something I hope you never forget about yourself:

Focus on observable strengths, specific examples, and positive impact.



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Examples might look like:

Strength: Calm under pressure

Strength in Action: During a difficult euthanasia appointment last month, you remained steady and compassionate while helping both the family and the team navigate an emotional situation.

Impact: Your calm presence helped everyone feel supported and focused during a difficult moment.

Never Forget: Your steadiness helps people feel safe, even when circumstances are hard.

Or:

Strength: Encouragement

Strength in Action: You consistently notice when coworkers are struggling and find ways to encourage them without drawing attention to yourself.

Impact: You make our workplace feel more connected and supportive.

Never Forget: The kindness you show others matters more than you probably realize.

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