



FaithWorks Counseling

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Self-Esteem Check-In

Name: _____

Date: _____

Complete this section each week.

Week 1:

This week, I felt most confident when:

This week, I honored myself by:

One thing I'm proud of this week is:

One way I will take care of myself next week is:

Week 2:

This week, I felt most confident when:

This week, I honored myself by:

One thing I'm proud of this week is:

One way I will take care of myself next week is:

Week 3:

This week, I felt most confident when:

This week, I honored myself by:

One thing I'm proud of this week is:

One way I will take care of myself next week is:

Week 4:

This week, I felt most confident when:

This week, I honored myself by:

One thing I'm proud of this week is:

One way I will take care of myself next week is:

Week 5:

This week, I felt most confident when:

This week, I honored myself by:

One thing I'm proud of this week is:

One way I will take care of myself next week is:

Week 6:

This week, I felt most confident when:

This week, I honored myself by:

One thing I'm proud of this week is:

One way I will take care of myself next week is:

"...you are precious in My eyes, you are honored, and I love you..." Isaiah 43:4