

Gender Identity Therapy Worksheet

Name: _____ Date: _____



Current understanding

How would you describe your relationship with gender at this moment?

On a scale of 1-10, how comfortable do you feel discussing gender-related topics?

1 2 3 4 5 6 7 8 9 10

What would be most helpful for us to focus on in our sessions regarding gender?

Exploration

What aspects of gender (identity, expression, roles, etc.) are you most interested in exploring?

Are there any particular experiences or feelings related to gender that stand out to you?

What questions about gender are currently on your mind?

Support & resources

What support systems do you currently have regarding gender exploration?

What additional support might be helpful for you?

Therapeutic goals

What would you like to achieve through our work together regarding gender?

How will you know when you're making progress toward these goals?

Reflection

What brings you comfort when thinking about or expressing your gender?

What challenges have you experienced related to gender?

What would feel like a meaningful next step in your journey?

Personal notes